Welcome to Delta Dental of Missouri

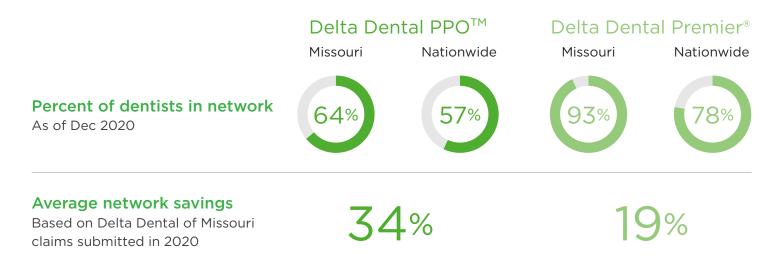
Use this guide and Smile.DeltaDentalMO.com to help you learn about your dental benefits and get started on your way to a healthier smile.



A DELTA DENTAL

Delta Dental networks

Delta Dental's dual network saves you money.



The network savings add up

The savings example below shows the potential savings when receiving a crown if covered at 50%.

Network options	Dentist's charge	Discount	Your share
Delta Dental PPO™ network	\$1000	34%	\$330
Delta Dental Premier® network	\$1000	19%	\$405
Non-network	\$1000	None	\$500
Without dental insurance	\$1000	None	\$1000

Please note - this example is for illustrative purposes only and only applies to Delta Dental PPO plans. Dentist charges, discounts and your share will be impacted by your benefits and the dentist you choose. Please check your summary plan description for detailed information on benefit coverage and limitations.

Cost matters

How much is it going to cost? Want to know before you set foot in the dentist's office? Our Dental Care Cost Estimator provides estimated cost ranges for common dental care needs. Get started by visiting DeltaDentalMO.com/Members and look for the "Cost Estimator" section or download the Delta Dental mobile app.



The Dental Care Cost Estimator provides an estimate and does not guarantee the exact fees for dental procedures, what dental benefits your plan will cover, or your out-of-pocket costs. Estimates should not be construed as financial or medical advice. For more detailed information on your dental care costs, please consult your dentist or Delta Dental.

Dental benefits summary

St. Joseph School District	Delta Dental PPO™ Network	Delta Dental Premier [®] Network	Out-of-Network
BASE PLAN	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on applicable Maximum Plan Allowance for Out-of- Network dentist - Balance billing is possible
 Preventive services Bitewing x-rays, two sets per benefit period Emergency palliative treatment Full mouth x-rays, once in any 36-month period Oral Examinations, twice in any benefit period Periapical x-rays, as required Prophylaxis (cleanings), twice in any benefit period Sealants for dependent children under age 14, once in 3 years Space maintainers for dependent children under age 16, initial appliance only Topical fluoride treatments for dependent children under age 19, twice in any benefit period 	100%	100%	100%
 Basic services Fillings, including composite fillings covered on all teeth Endodontics Periodontal maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) Non-Surgical Periodontics Surgical Periodontics Simple extractions Surgical extractions Other oral surgery Stainless steel crowns, once in 5 years General Anesthesia 	80%	60%	60%
 Major services Bridge repairs & recement Bridges, once in 5 years Crown repairs & recement Crowns, Inlays, Onlays, once in 5 years Denture repairs & adjustments Dentures, once in 5 years Implants, as well as bone grafts, are a covered benefit. Limited to once in 5 years. 	50%	40%	40%
Orthodontia Orthodontia for dependent children underage 19	50% up to \$1,000 Lifetime Maximum	50% up to \$1,000 Lifetime Maximum	50% up to \$1,000 Lifetime Maximum
Calendar year deductible (Applied to Basic and Major services)	\$50 per person	\$50 per person	\$50 per person
Annual maximum (Applied to Preventive, Basic and Major services)	\$1,000 per person	\$1,000 per person	\$1,000 per person
Dependent age limit: End of the calendar year following 26 th birthday	Monthly rates Coverage tier Employee Employee & spouse Employee & child(re Family	\$26.45 \$50.40 \$66.19 \$100.10	

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions. Orthodontic treatment in progress may be covered. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.

Dental benefits summary

St. Joseph School District	Delta Dental PPO™ Network	Delta Dental Premier [®] Network	Out-of-Network
<u>BUY UP PLAN</u>	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on applicable Maximum Plan Allowance for Out-of- Network dentist - Balance billing is possible
 Preventive services Bitewing x-rays, two sets per benefit period Emergency palliative treatment Full mouth x-rays, once in any 36-month period Oral Examinations, twice in any benefit period Periapical x-rays, as required Prophylaxis (cleanings), twice in any benefit period Sealants for dependent children under age 14, once in 3 years Space maintainers for dependent children under age 16, initial appliance only Topical fluoride treatments for dependent children under age 19, twice in any benefit period 	100%	100%	100%
 Basic services Fillings, including composite fillings covered on all teeth Endodontics Periodontal maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) Non-Surgical Periodontics Surgical Periodontics Simple extractions Other oral surgery Stainless steel crowns, once in 5 years General Anesthesia 	90%	80%	80%
 Major services Bridge repairs & recement Bridges, once in 5 years Crown repairs & recement Crowns, Inlays, Onlays, once in 5 years Denture repairs & adjustments Dentures, once in 5 years Implants, as well as bone grafts, are a covered benefit. Limited to once in 5 years. 	60%	50%	50%
 Orthodontia Orthodontia for dependent children under age 19 	50% up to \$1,500 Lifetime Maximum	50% up to \$1,500 Lifetime Maximum	50% up to \$1,500 Lifetime Maximum
Calendar year deductible (Applied to Basic and Major services)	\$50 per person	\$50 per person	\$50 per person
Annual maximum (Applied to Preventive, Basic and Major services)	\$1,500 per person	\$1,500 per person	\$1,500 per person
Dependent age limit: End of the calendar year following 26 th birthday	Monthly rates Coverage tier Employee Employee & spouse Employee & child(re Family	\$31.62 \$60.24 n) \$79.09 \$119.61	

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions. Orthodontic treatment in progress may be covered. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.

Delta Dental Mobile App

Manage your oral health anytime, anywhere

Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.





Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.



Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.

Dental Care Cost Estimator



Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.

Save your preferred dentist for quick access



Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.

Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



Scan to download Delta Dental Mobile App

24/7 Online access to benefits and service

Register today

Visit DeltaDentalMO.com/Members/Register to

receive electronic delivery of your benefit information. Once registered, log into your account online or with the Delta Dental mobile app.



You have access to important plan information

- Review and print your dental plan's coverage levels, deductibles, maximums, age limits and limitations
- Verify your eligibility



Log in to view your benefits

Visit www.DeltaDentalMO.com, and click on one of the Member or Sign In links. To register, follow the steps under Member Sign In.

- Request or download a claim form •
- Order or print an ID card
- View your Explanation of Benefits (EOB)
- Get answers to frequently asked questions



We are here to help every Monday through

- Friday from 7 am to 5 pm CT.
- 800-335-8266
- Service@DeltaDentalMO.com

We make finding a dentist easy

Finding a dentist is easy using any of the methods below.



Online

Visit DeltaDentalMO.com and click on "Find a Dentist"



Mobile app

To download, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.



Customer service

Our customer care team can assist via phone at 800-335-8266 or via email at service@deltadentalmo.com.

