

Delta Dental of Missouri - Schedule of Benefits

PPO - DentaFlex

Refer to the section, Benefit Outline, in this Summary Plan Description (SPD) for a more detailed explanation of levels of coverage.

For members of: Oak Grove R-VI School District

Group Number: 1968-1000

Coverage Levels and Percentages:	PPO Dentist	Premier Dentist	Non-Participating Dentist
Coverage A:	100%	100%	100%
Coverage B:	80%	80%	80%
Coverage C:	50%	50%	50%
Coverage D:	50%	50%	50%

Deductible:	\$50	\$50	\$75
Applies to:	B & C Coverage	B & C Coverage	B & C Coverage
Family limit:	\$150	\$150	\$225

Amounts paid by Member towards the deductible apply to all deductible categories (PPO, Premier, and Non-Participating Dentist).

Benefit Maximum:

Coverage A, B, and C (if applicable):	\$1,000	\$1,000	\$1,000
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Amounts paid by Delta are applied to all benefit maximums (PPO, Premier, and Non-Participating Dentist).

Orthodontic Lifetime Maximum:	\$1,000	\$1,000	\$1,000
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Amounts paid by Delta are applied to all orthodontic benefit maximums (PPO, Premier, and Non-Participating Dentist).

Dependent Age Limit: 26

Effective Date of Program: 7/1/2018

Renewal Date may sometimes be referred to as Anniversary Date.

Benefit Period: Dental benefits are provided according to a calendar year benefit period. The calendar year benefit period begins on the Effective Date and ends on December 31st of the year in which the Effective Date occurs. A new calendar year benefit period begins each year on January 1st.

Eligibility: To be eligible for this coverage, you must be an active full-time employee of the group or a designated affiliate. "Active" means an employee regularly working at least the number of hours in the normal work week set by your group (but not less than 20 hours). You must be actively at work, unless your group was enrolled in another DDMO program prior to changing to this program. If coverage is dropped at any time, members or their dependents may not reenroll until the first open enrollment following one year.

New members and their dependents become eligible for this coverage on the first of the month following date of employment. Coverage ends on the last day of the month of employment.

In lieu of the benefits described in this SPD, your customized program is as follows:

- **Dependent Children** – Notwithstanding anything to the contrary contained in this SPD, Schedule of Benefits, or the Plan document, effective July 1, 2013, a dependent child (natural, stepchildren or legally adopted) is eligible for coverage until the end of calendar year in which he or she reaches **the dependent age limit of 26** or is eligible to enroll or enrolled under any other employer-sponsored group health plan that provides dental benefits.
- X-rays are covered under Coverage A.
- Sealants are covered under Coverage A for eligible dependent children under age 16, limited to caries-free occlusal surfaces of the first and second permanent molars, once in five years.
- Endodontic procedures are covered under Coverage B.
- Periodontic procedures are covered under Coverage B.
- Oral surgery is covered under Coverage B.
- **Orthodontic benefits apply to all eligible participants.**
- Implants and implant abutments (posts) are not a covered benefit; however, individual crowns over implants are covered at the prosthodontic coverage level.

ERISA Information

The following sections contain information to meet the requirements of the Employee Retirement Income Security Act (ERISA) of 1974, as amended. It does not constitute a part of the Plan, nor of any insurance policy issued in connection with it. All inquiries relating to the following material should be referred directly to your Plan Administrator.

Name of Plan: The Oak Grove R-VI School District Dental Plan referred to herein as the Plan.

Plan Number: None Provided

Dental Plan for Members of: Oak Grove R-VI School District

Group Address: 601 S.E. 12th Street
Oak Grove, MO 64075

Tax ID Number: 44-6004990

Type of Plan and Administration:

The Plan is a group dental plan. The Plan is administered by the Plan Administrator through an insured contract with DDMO. Certain functions are performed on behalf of the Plan by DDMO. These functions include, but are not limited to, administration and payment of claims, customer service assistance, and issuing of Summary Plan Descriptions.

Plan Administrator: Oak Grove R-VI School District
Attention: Kerri Reinbold
601 S.E. 12th Street
Oak Grove, MO 64075
816-690-4156

Agent of Legal Service: Oak Grove R-VI School District
601 S.E. 12th Street
Oak Grove, MO 64075

In addition, service of process may be made upon the Plan Administrator or Trustee.

Trustee: N/A

Plan's Fiscal Year Ends: 06/30

Funding Is: Contributory

Contributions to the Plan are made by both the group and the member. The amount the group contributes to the plan will be determined at the group's discretion from time to time. This practice can be stopped or modified at any time without prior notice to the member.

**DELTA DENTAL OF MISSOURI
COVERAGE OF IN PROGRESS ORTHODONTIC SERVICES
RIDER TO MEMBERSHIP CERTIFICATE**

This Rider is issued by Delta Dental of Missouri (“DDMO”) for attachment to and inclusion as part of the Summary Plan Description (“SPD”), Number ASPD-PPO-DMDFD4-8, and Schedule of Benefits, and Membership Certificate (“Certificate”), Number MO-PPO-MC-08. The effective date of this Rider is July 1, 2018. Accordingly, all definitions, terms, limitations, exclusions and conditions of the SPD and Certificate apply to this Rider, unless superseded or modified by this Rider.

Coverage Of In Progress Orthodontic Services

A. Prior Coverage for Orthodontic Services.

Membership Benefits include orthodontic Dental Services provided to a Participant whose orthodontic treatment began prior to becoming a Participant when each of the requirements below are met.

1. Participant had prior coverage for orthodontic services.
2. Participant meets the criteria for coverage of orthodontic Dental Services, including any age limits.
3. After becoming a Participant, the orthodontic treatment continues and Participant incurs expenses under the payment plan entered into with the orthodontist for such treatment.
4. Proof of prior coverage and the total amount paid for orthodontic services before becoming a Participant is submitted to DDMO.

Membership Benefits are limited to the Orthodontic Lifetime Maximum shown in the Schedule of Benefits less the amount paid for orthodontic services under the Participant’s prior plan.

B. No Prior Coverage for Orthodontic Services.

If a Participant began orthodontic treatment prior to becoming a Participant, but does not meet all of the criteria in Section A (e.g., Participant did not have prior coverage for orthodontic services, Participant cannot provide proof of the amount paid under prior coverage, etc.), no Membership Benefits for orthodontic Dental Services are available during the first 12 months after becoming a Participant (“No Prior Coverage Penalty”).

Membership Benefits for orthodontic services begin after the expiration of the No Prior Coverage Penalty. Membership Benefits are limited to the Orthodontic Lifetime Maximum shown in the Schedule of Benefits less the amount paid by the Participant for orthodontic treatment under the payment plan entered into with the orthodontist for such treatment before becoming a Participant, as long as Participant meets the criteria for coverage of orthodontic Dental Services, including any age limits.