

***Delta Dental Of Missouri - Schedule of Benefits
Dentacare M - ASC***

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

For members of:

Citizens Memorial Hospital: 1462-1000, -3000
Citizens Memorial Foundation: 1462-1001, -3001

Group Number:

Deductible:

Applies to:
Family Limit:

Coverage Levels and Percentages:

Coverage A:
Coverage B:
Coverage C:
Coverage D:

Benefit Maximums:

Coverages A, B, and C (if applicable):

Orthodontic Maximum:

Dependent Age Limit:

Effective Date of Program:

Prior to 1/1/2011:
On and after 1/1/2011:

<u>Quality</u>	<u>Premium</u>
1462-1000, 1001	1462-3000, 3001
\$25	None
B Coverage	N/A
\$75	N/A
100%	100%
80%	80%
N/A	50%
N/A	50%
\$750	\$1,000
N/A	\$1,500

26

19; full-time students covered to age 23
26

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 1/1/2011, a dependent child (natural, stepchildren or legally adopted) is eligible for coverage until the date on which he or she reaches the dependent age limit of 26.
- Two additional cleanings are covered per benefit period for patients who are pregnant, diabetic, have a suppressed immune system, or have a history of periodontal therapy. To be eligible for the additional cleaning benefits you must submit a completed Self-Report form which can be obtained at www.deltadentalmo.com by clicking on the *Healthy Smiles, Healthy Lives* logo or by contacting customer service. If periodontal therapy has already been reported on your claims, the Self-Report form is not necessary.
- Brush Biopsy to detect oral cancer is provided under Coverage A.
- Bitewing x-rays are limited to one set per benefit period. Dependent children age 15 and under will be allowed two sets per benefit period.

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 Citizens Memorial Healthcare Dental Plan referred to herein as the Plan.

Plan Number: None provided

Dental Plan for Members of: Citizens Memorial Healthcare

Group Address: 1500 North Oakland Ave.
Bolivar, MO 65613-3099

Tax ID Number: 43-1142176

Type of Plan and Administration:

The Plan is a group dental plan. The Plan is self-funded. The Plan is administered by DDMO through a self-funded contract with the Plan Administrator. 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: Citizens Memorial Healthcare
Attention: Donald J. Babb, Administrator
1500 North Oakland Ave.
Bolivar, MO 65613-3099

Agent of Legal Service: Citizens Memorial Healthcare
Attention: Donald J. Babb, Administrator
1500 North Oakland Ave.
Bolivar, MO 65613-3099

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

Trustee: N/A

Plan's Fiscal Year Ends: 12/31

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.