

SAINT LOUIS UNIVERSITY

Benefits	OPTION 1 Flex Option		OPTION 2 Basic Plus Option	OPTION 3 Basic Option
Type of Plan	Delta Dental PPO		Delta Dental PPO <i>(with no out of network benefit)</i> Preferred (EPO Plan)	Delta Dental PPO <i>(with no out of network benefit)</i> Preferred (EPO Plan)
Network Considerations	In <i>PPO</i> Network	Out of PPO Network (<i>Delta Premier Network</i> or Non-participating providers)	In Delta Dental <i>PPO</i> Network Only	In Delta Dental <i>PPO</i> Network Only
Co-Insurance (Plan Pays)				
Type A: Preventive Care	100%	100%	100%	100%
Type B: Basic Restorative Services	90%	70%	70%	70%
Type C: Major Restorative Services	60%	40%	35%	Not Covered
Type D: Orthodontics	50%	40%	50%	Not Covered
Deductible				
Applies to:	B & C Services	B & C Services	B & C Services	B Services
Per Person	\$50	\$50	\$25	\$25
Per Family	\$150	\$150	\$75	\$75
Benefit Maximums				
Annual Benefit Maximum Per Person	\$1000	\$1000	\$1000	\$750
Lifetime Orthodontia Benefit Maximum	\$1000 Adult & Child	\$1000 Adult & Child	\$1000 Child Only	Not Covered
Rates:				
	Monthly	(BiWeekly)	Monthly (BiWeekly)	Monthly (Bi Weekly)
Employee	\$28.98	(\$13.38)	\$18.92 (\$8.73)	\$13.40 (\$6.18)
Employee + 1	\$56.73	(\$26.18)	\$35.91 (\$16.57)	\$26.24 (\$12.11)
Family	\$97.11	(\$44.82)	\$61.08 (\$28.19)	\$46.94 (\$21.66)