



SAINT LOUIS UNIVERSITY
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HUMAN RESOURCES

Benefits	OPTION 1 Flex Option		OPTION 2 New Basic Plus Option	
Type of Plan	Delta Dental PPO		Delta Dental PPO	
Network Considerations	In PPO Network	Out of PPO Network (Delta Premier Network or Non-participating providers)	In PPO Network	Out of PPO Network (Delta Premier Network or Non-participating providers)
Co-Insurance (Plan Pays)				
Type A: Preventive Care	100%	100%	100%	50%
Type B: Basic Restorative Services	90%	70%	70%	35%
Type C: Major Restorative Services	60%	40%	40%	20%
Type D: Orthodontics	50%	40%	50%	25%
Deductible				
Applies to:	B & C Services	B & C Services	B & C Services	B & C Services
Per Person	\$50	\$50	\$25	\$25
Per Family	\$150	\$150	\$75	\$75
Benefit Maximums				
Annual Benefit Maximum Per Person	\$1,500	\$1,500	\$1,000	\$1,000
Lifetime Orthodontia Benefit Maximum	\$1,000 Adult & Child (up to age 26)	\$1,000 Adult & Child (up to age 26)	\$1,000 Child Only (up to age 19)	\$1,000 Child Only (up to age 19)
Rates:	Monthly (Biweekly)		Monthly (Biweekly)	
Employee	\$37.45	(\$17.28)	\$21.91	(\$10.11)
Employee + 1	\$73.31	(\$33.84)	\$42.14	(\$19.45)
Family	\$125.52	(\$57.93)	\$75.50	(\$34.85)