



Benefit Information

Prepared for



Introduction

Dear Member,

Welcome to Essex Dental Benefit!

The contents in this booklet outline important information regarding the coverage selected by your employer as well as policies concerning the privacy of your information.

For more accurate claim processing and unwanted payment delays, please share this information with your provider by presenting this booklet and your identification card at each office visit.

In addition, you may register your account online at www.essexdentalbenefits.com for access to real-time information regarding eligibility, claim status and coverage levels or to reprint an EOB.

We are pleased you have selected our dental benefit program and look forward to providing you with superior service.

Sincerely,

Customer Service Team

Essex Dental Benefits

Contact Information

Mailing Address

Essex Dental Benefits
P O Box 8510
St. Louis, MO 63126-0510

Customer Service

Phone	(314) 543-4900 (800) 501-3471
Fax	(314) 849-4830 (800) 501-8432
E-mail	customerservice@essexdental.com

Benefits underwritten by Essex Dental Benefits, P O Box 8510, St. Louis, MO 63126

www.essexdentalbenefits.com

Summary Plan Description

Company Name: WU-Danforth Campus
GroupID: 99070102
Effective Date: 4/1/2008
Provider Panel: Essex Dental Benefits
Eligible Employees*: All full-time employees who work have satisfied the waiting period.

Eligible Dependents: An employee's lawful spouse or domestic partner. Any unmarried child who is and continues to be both incapable of self-sustaining employment due to mental or physical handicap. Any unmarried child, primarily dependent upon the employee for support, until the end of the calendar month in which the child reaches age 24.

Waiting Period: Coverage is effective on the date you start work with the Company if you start with the Company on the first day of the month, or on the first day of the calendar month next following the date you start work with the Company if you start work other than on the first day of a month.

Late Entrant Limits: N/A

Product Type: PPO I

	In Network	Out of Network
A - Preventive Services	100	90
B - Basic Services	80	60
C - Major Services	50	50
D - Orthodontia Services	50	50
	Applies to adults & children	Applies to adults & children

Deductibles

Individual	\$50	\$50
Family	\$150	\$150
Apply to	Basic, Major and Orthodontia	Basic, Major and Orthodontia

Maximums

Annual Individual	\$1,500	\$1,500
Lifetime Ortho	\$1,250	\$1,250

All out of network claims are paid at the Fee Schedule.

*Any regular faculty member including visiting faculty who work 50% or more of the required full-time workload and are otherwise benefits eligible; a staff employee who regularly works 20 or more hours per week and is otherwise benefits eligible; a former employee who is retired in accordance with University policy or permanently disabled; the surviving spouse of a retired employee; an individual with a post-doctoral appointment or an employee of a Participating Employer who regularly works 20 or more hours per week and is otherwise benefits eligible.

An eligible person does not include a person whose employment is incidental to his or her educational or training program unless such individual has a post-doctoral appointment; any leased employee deemed to be an employee of the University as provided in Code Section 414(n) or (o) or an individual who is deemed to be an independent contractor as determined by the Plan Administrator in its sole discretion in accordance with applicable laws and regulations; a individual performing services for the Employer pursuant to an agreement that provided that such an individual shall not be eligible to participate in the benefit plans of the Employer.

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Erisa Information

Plan Administrator: WU-DANFORTH CAMPUS

Plan Type: Fully Insured

Employer Identification Number: 43-0653611

Type of Plan Administration: The Plan is administered by the Plan Administrator and, to the extent delegated by the Plan Administrator, Essex Dental Benefits.

Plan Year: January

Plan Funding: The Plan is insured and funded by contributions from employees and from the general assets of the plan sponsor.

Agent for Service of Legal Process: The Plan Administrator

General Provisions

ID Card

Your card should be provided to the dentist at the start of each visit to ensure accurate processing and payment of your benefits. Although your card lists the name of the employee only, it also serves as identification for spouse and dependent visits.

In Network Providers

You can maximize your benefits by selecting a participating network provider. Providers have agreed to file claims for you, accept reimbursement directly from Essex Dental Benefits and not balance bill you for charges that exceed our maximum allowable.

Out of Network Providers

You may be responsible for paying the provider and possibly filing your own claim form. In addition, the provider may bill you for charges that exceed our maximum allowable.

Explanation of Benefits

After a claim is processed on you or your covered dependent(s) behalf, an Explanation of Benefits (EOB) detailing services, charges, paid amounts etc. will be generated and mailed to you.

Claim Predetermination

It is strongly recommended that your provider submit a pre-treatment estimate outlining proposed, non-urgent, service(s) expected to exceed \$300. Essex Dental Benefits will evaluate coverage and estimate the amount of benefit.

Coordination of Benefits

When primary coverage exists under another benefit plan, Essex Dental Benefits will coordinate benefits up to the higher allowable of both plans, not to exceed the amount Essex Dental Benefits would pay as primary

Claim Appeal Process

If a claim is denied or reduced, you or your beneficiary will be notified in writing within 30 days. A specific reason or reference from your plan provisions will be cited for the denied or reduced benefit. Within 180 days after receiving notice, you or your authorized representative may submit a written request for review. Please include reasons for which you believe the claim was denied or reduced improperly as well as any additional information, material or comments you consider appropriate. A decision will be made within 30 days of receipt of your request. If special circumstances require extended review, you will be notified within 30 days. A written explanation of the final decision including references to pertinent plan provisions will be sent to you no later than 60 days after receipt of your request.

Benefit Provisions

Please refer to the Summary Plan Description for details regarding coinsurance percentages, deductibles and maximums.

Preventive Services

Comprehensive oral examinations: one per 36 consecutive month period.

Periodic routine examinations: 2 exams per 12 consecutive month period.

Bitewing x-rays: 2 series of 4 per 12 consecutive month period.

Full-mouth/panoramic x-rays: one per 36 consecutive month period.

Prophylaxis: 2 per 12 consecutive month period.

Topical fluoride treatment: once per 12 consecutive month period for a dependent child under 16 years of age.

Adjunctive pre-diagnostic test for detection of mucosal abnormalities, not including, cytology/biopsy procedures:
One per 24 consecutive month period for members 18 years of age and older.

Basic Services

Space maintainers: limited to once per 5 years for replacement of prematurely lost teeth on a dependent child under 16 years of age.

Emergency palliative treatment: as required for treatment of severe pain, swelling or bleeding.

Sealants for permanent posterior teeth: 1 treatment per tooth during a 36 consecutive month period for a dependent child under 16 years of age

Restorations: amalgam, silicate, acrylic or plastic restorations (excluding gold).

Extractions: simple and surgical extractions including extractions connected with orthodontia.

Surgical & Non-surgical Endodontics: direct pulp capping, pulpotomy and root canal therapy.

Non-surgical Periodontics: procedures necessary for the treatment of diseases of the gums and bone supporting teeth; includes periodontal scaling as well as root planing and splinting once per quadrant for every 24 consecutive month period.

Periodontal maintenance following active therapy: once per 12 consecutive month period.

Surgical Periodontics: procedures necessary for the treatment of diseases of the gums and bone supporting teeth; gingivectomy/gingivoplasty; osseous surgery/osseous graft.

All other oral surgery services.

Anesthesia: general anesthesia and IV sedation are covered when medically necessary and administered in conjunction with oral or dental surgery.

Occlusal guard for treatment of Bruxism, (harmful habits) and splint therapy: One per five (5) consecutive years.

Major Services

Dentures: replacement for partial or full upper and lower dentures is limited to once during any 5 consecutive year period, but not during the first year of coverage for new hires.

Maintenance of prosthodontics: repair or recementing of crowns, onlays, bridgework or dentures when performed more than 6 months after installation.

Relining or rebasing of dentures: covered when performed more than 6 months after installation, but not more than once during any 36 consecutive month period.

First installation of removable dentures to replace one or more natural teeth extracted while the person is covered. This includes adjustments after the 6 month period following the date they were installed.

Replacement of an existing removable denture by a new denture or the adding of teeth to a partial removable denture.

Inlays and onlays: Covered only if teeth cannot be restored with a filling material; replacement of an inlay or onlay is covered once during any 5 consecutive year period and otherwise only when it cannot be made satisfactory, except in the case of accidental injury (see limitations and exclusions).

Crowns: Covered only if teeth cannot be restored with a filling material; replacement of a crown is covered once during any 5 consecutive year period and otherwise only when it cannot be made satisfactory, except in the case of accidental injury.

Bridges(pontics and abutment crowns): replacement of bridges is limited to once during any 5 consecutive year period, but not during the first year of coverage for new hires.

First installation of fixed bridgework to replace one or more natural teeth extracted while the person is covered. This includes onlays and crowns as abutments. It also includes precision attachments for dentures.

Replacement of a fixed bridgework by a new fixed bridgework or the adding of teeth to existing fixed bridgework.

Orthodontia Services

Ortho care: treatment necessary for the prevention and correction of malocclusion for employees (no age limit) and to the end of the calendar month in which age 24 is met for an eligible dependent or spouse.

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Limitations

The following services and procedures may be subject to limitations under your benefit program.

If dental care is received from more than one dentist for the same procedure, benefits will not exceed what would have been paid for one dentist for that procedure.

If alternate treatments are available, benefits will not exceed an amount otherwise payable for the least costly professionally satisfactory treatment.

A Gross Debridement will be paid as a basic procedure, limited to once in a lifetime.

Exclusions

The following services and procedures are excluded from your benefit program.

- Services provided solely to improve appearance or to correct congenital malformations.
Replacement of lost or stolen dentures and other dental appliances or duplicate appliances.
- Nitrous oxide
- Any services not specifically stated as covered dental services (i.e. hospital, medical, prescription and non-prescription drugs).
- Implants
- Treatment for malignancies, tumors or cysts.
- Maxillofacial or orthognathic surgery or any treatment for temporomandibular joint disorders (TMJ), craniomandibular disorders or other conditions of the joint linking the jawbone and skull.
- Services or supplies not reasonably necessary for the care of the covered person or charges that exceed the Maximum Allowable Fee limits.
- Coverage for treatment that is already in progress prior to the covered person's effective date or charges incurred for treatment provided after coverage terminates.
- Care covered under, or subject to, any worker's compensation law, federal employer's compensation or liability acts
- Services for which a covered person would normally incur no charge.
- Experimental services, procedures or supplies.
- Charges for hypnosis.
- Charges which were a direct or indirect result of any act of war.
- Charges for a partial or full removable denture, removable bridge or fixed bridgework if it includes replacement of one or more natural teeth missing prior to the covered person's effective date, unless the denture, bridge or bridgework also includes replacement of a natural tooth that is removed while the person is a covered person, was covered by another plan sponsored by the group immediately preceding the date of coverage under this plan or was not an abutment to a partial denture, removable bridge or fixed bridge installed during the prior 5 years.
- Charges for complete occlusal adjustments in conjunction with temporomandibular joint therapy and crowns for occlusal correction.
- To the extent permitted by law, care received with or without charge from the Veteran's Administration or from or through the state, country, city or political subdivision.
- Tooth preparation, temporary crowns, temporary appliances, bases, impressions and anesthesia or other services which are part of the complete dental procedure are considered components of, and included in the fee for, the complete procedure. Separate fees will not be eligible for benefits from the certificate.
- Charges for oral hygiene instructions, OSHA compliance or sterilization fees, missed appointments and duplication of xrays or dental records.

The benefit limitations and exclusions set forth above are not all-inclusive and certain exceptions may apply. For a complete listing of benefit limitations and exclusions, please consult the Group Master Policy available in your Human Resources office.

Privacy Policies Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Why am I receiving this notice?

Federal and state privacy laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Gramm-Leach-Bliley Act (GLBA) require that a reasonable effort be made to ensure the privacy of non-public Personal Health Information (PHI). It is required that we provide you this privacy policy explaining your rights as well as our rights and duties with respect to your PHI.

What is HIPAA?

HIPAA is a federal law with numerous safeguards in place to protect the privacy of your PHI.

Your Rights

You have the right to request* in writing...

- the disclosure of your PHI be restricted beyond those defined in this notice.
- all PHI correspondence be sent to an alternative location.
- all PHI correspondence be produced in a format other than normal methods such as mail, fax, e-mail and phone to the extent that Essex Dental Benefits possesses the appropriate tools to produce the format requested.
- copies of PHI in a designated record set for your review. This right does not apply when information is compiled in reasonable anticipation of a legal or administrative proceeding. A fee will be assessed to cover all costs inclusive of, but not limited to, labor, materials and postage.
- that your PHI be amended if incomplete or incorrect.
- a list summarizing how many times and to whom your PHI has been disclosed inclusive of six years prior to the date of your request. Such information is limited under federal law and does not include disclosures related to treatment, payment, processing or those that were pre-authorized beforehand.
- a paper copy of this notice (this can be viewed on line at <http://www.essexdentalbenefits.com/pdf/privacypolicy.pdf>).

Uses and Disclosures

PHI is used when necessary in order to execute the benefits of your plan including treatment, payments, administration and operations. The following sections detail the various uses of your PHI.

To Obtain Coverage – Information from you, your employer or your employer's agent or consultant or another insurance company may be utilized to enroll, underwrite, rate, renew or respond to a request or change regarding your dental program.

To Track Changes – Enrollment information must be kept up-to-date to avoid unnecessary delays in the processing of your benefits and to administer COBRA coverage, if applicable. Your PHI may be shared with your employer's COBRA administrator to process those benefits.

To Process and Pre-determination Claims – Your PHI may be shared with providers rendering services or to pre-determine benefits for certain procedures.

To Coordinate Benefits - Your PHI may be shared with other carriers to determine the appropriate rules to apply and to disburse the correct payment when coordinating benefits.

Privacy Policies (continued)

To Review Utilization – Your PHI may be used for concurrent case management and/or retrospective review to ensure dental services are being used appropriately.

To Conduct Customer Service - Your PHI may be requested prior to tending to any customer services issues regarding yourself, spouse or dependents.

To Seek Reimbursement –

To Administer Benefits and Conduct Periodic Audits – Your PHI may be shared with other organizations or persons in order to administer plan benefits. These organizations and persons are bound by the terms of a business associates agreement.

To Monitor Quality and Seek Improvement – Your PHI may be used for analytical purposes to develop or improve existing treatment management and wellness programs, to determine network adequacy, to identify program alternatives and/or to monitor the quality of care being delivered.

To Collect Insurance – Your PHI may be disclosed to your employer's stop-loss insurance carrier for claim or premium related purposes.

To a Law Enforcement or Government Official – PHI may be disclosed...

- in response to a subpoena, court or administrative agency summons, warrant or order.
- to identify or locate a suspect, fugitive, material witness or missing person.
- about a victim of a crime, in limited circumstances.
- about a death believed to be the result of criminal conduct.
- about criminal conduct at a hospital.
- in an emergency, to report a crime, location of a victim or crime or the identity of a person who committed a crime.
- to an authorized federal officer for intelligence, counterintelligence and other national security activities mandated by law.
- in response to a discovery request in a civil proceeding.

Will PHI be disclosed to my employer?

Essex Dental Benefits may disclose information such as group claim history to your employer for purposes related to the administration of your dental benefit program, to obtain competitive bids from other carriers and to select new or change existing benefits. No personal claim information will be disclosed to your employer without your prior consent.

What about the disclosure of HIV/AIDS status or genetic information?

Some states, including Missouri, have special laws that restrict when Essex Dental Benefits may disclose such particularly sensitive PHI without your prior written consent. When applicable, Essex Dental Benefits will obtain your authorization before releasing such PHI.

How much of my information is disclosed by Essex Dental Benefits?

Only the minimum amount of information necessary to resolve an issue will be disclosed.

Privacy Policies (continued)

Questions, concerns and complaints

If you have questions, concerns or a complaint, please forward them to us using the contact information below:

Essex Dental Benefits
Attn: Privacy Compliance Department
P. O. Box 8510
St. Louis, MO 63126-0510
Ph: (314) 543-4900 or (800) 501-3471
Fax: (314) 849-4830 or (800) 501-8432
E-mail: privacy@essexdental.com

You may also file a complaint with the Secretary of Health and Human Services.

No retaliation or action will be taken by Essex Dental Benefits or your employer for filing a complaint.

Essex Dental Benefits is required by law to maintain the privacy of your PHI and to abide by the terms of this notice.

Essex Dental Benefits must obtain your written consent to disclose PHI not outlined in this notice. Should you choose to authorize the release of any PHI, it can be revoked at any time.

Essex Dental Benefits may change the practices and policies contained in this notice at any time. Charges may apply to information already in possession at the time of the change.

**Essex Dental Benefits reserves the right to review all requests and is not required to agree with the request if it compromises privacy set forth in this policy or if existing information is deemed to be accurate and correct.*