



SAINT LOUIS
UNIVERSITY™

for some of the more frequently performed dental procedures. Under this plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the PPO participating dentists have agreed to provide care for covered services at the negotiated fee schedule.

All students are eligible for dental care.

Covered students may also enroll their lawful spouse, and dependent children up to the age of 26, as long as they full-time students at Saint Louis University.

Your dependent's coverage will take effect on the date we receive a completed enrollment application and you pay any required premium (interim) for the year.

If you enrolled on or before the effective date of the student policy and you were eligible for dental benefits at the time, your coverage will take effect as of the effective date of the student policy. Your coverage will take effect on this date if we r

You have to meet your policy year deductible before this plan pays for benefits.

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	Individual \$50 Family \$150	Individual \$50 Family \$150
Deductible and Policy Year Maximum cross-apply between In-Network and Out-of-Network		

The

- Prefabricated crowns, primary teeth only (excluding temporary crowns)

- Periodontal maintenance (following active therapy, 2 per year)
- Occlusal

- Molar

- The first installation of dentures and bridges is covered only if needed to replace teeth extracted while coverage was in force and which were not abutments to a denture or bridge less than 8 years old. (See the *Tooth missing but not replaced rule*.) Replacement of existing bridges, implants, or dentures is limited to 1 every 8 years. (See the *Replacement rule*.)

- Bridge abutments
- Pontics
- Dentures and partials (fees for dentures and partial dentures include relines, rebases and adjustments within 6 months after installation. Fees for relines and rebases include adjustments within 6 months after installation. Specialized techniques and characterizations are not eligible).
 - Complete upper and lower denture
 - Partial upper and lower (including 360 Tw 1 ParPar[(u)7j-0.002 Tcn-1.361 Td[(3Tw 3.3226pc)-1.45 0

The following areeing a

- Acupuncture, acupressure and acupuncture therapy
- Asynchronous dental treatment
- Crown, inlays and onlays, and veneers unless for one of the following:
 - It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material
 - The tooth is an abutment to a covered partial denture or fixed bridge
- Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards, and other devices to protect, replace or reposition teeth and removal of implants
- Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or correcting attrition, abrasion, or erosion
- First installation of a denture or fixed bridge, and any inlay and crown that serves as an abutment to replace congenitally missing teeth or to replace teeth, all of which were lost while you were not covered
- General anesthesia and intravenous sedation, unless specifically covered and done in connection with another eligible dental service
- Instruction for diet, tobacco counseling and oral hygiene
- Mail order and at-home kits for orthodontic treatment
- Orthodontic treatment except as covered in the *Eligible Dental Services* section of the schedule of benefits
- Dental services and supplies made with high noble metals (gold or titanium) except as covered in the *Eligible Dental Services* section of the schedule of benefits
- Services and supplies provided in connection with treatment or care that is not covered under the plan
- Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures
- Replacement of teeth beyond the norm.

covered even if they are covered in the United States under this certificate of coverage.

- Any services or supplies given by providers as a result from play or practice of collegiate or intercollegiate sports, not including intercollegiate club sports and intramurals.
- Services and supplies covered by any other valid and collectible medical, dental, health, or accident insurance but only to the extent that benefits are payable under other valid and collectible insurance. This applies whether or not a claim is made for such benefits.
- Coverage available to you under workers' compensation or under a similar program under local, state or federal law for any illness or injury related to employment or self-employment.
- A source of coverage or reimbursement will be considered available to you even if you waived your right to payment from that source. You may also be covered under a workers' compensation law or similar law. If you submit proof that you are not covered for a particular illness or injury under such law, then that illness or injury will be considered "not work related" regardless of cause.

Eligible dental services include dental services provided for a dental emergency. The care provided must be a covered benefit.

If you have a dental emergency, you should consider calling your dental in-network provider who may be more familiar with your dental needs. However, you can get treatment from any dentist including one that is an out-of-network provider. If you need help in finding a dentist, call Member Services at the toll-free number on the back of your ID (ID Card).

Several rules apply to the dental benefits. Following these rules will help you use your plan to your advantage by avoiding expenses that are not covered by your plan.

Sometimes there are several ways to treat a dental problem, all of which provide acceptable results.

If a charge is made for a non-eligible dental service or supply and an eligible dental service that would

professional services than for facility services.

Some _____ are subject to your plan's replacement rule. The replacement rule applies to replacements of, or additions to existing:

- Crowns
- Inlays
- Complete dentures
- Removable partial dentures
- Fixed partial dentures (bridges)
- Other prosthetic services

These _____ are covered only when you give us proof that:

- While you were covered by the plan:
 - You had a tooth (or teeth) extracted after the existing denture, bridge, or other prosthetic item was installed.
 - As a result, you need to replace or add teeth to your denture, bridge, or other prosthetic item.
 - The tooth that was removed was not an abutment to a removable or fixed partial denture, bridge, or other prosthetic item installed during the prior 8 years.
- The present item cannot be made serviceable, and is:
 - A crown installed at least 8 years before its replacement.
 - An inlay, complete denture, removable partial denture, fixed partial denture (bridge), or other prosthetic item installed at least 8 years before its replacement. r28

The first installation of complete dentures, removable partial dentures, fixed partial dentures (bridges), and other prosthetic services will be covered if:

- The dentures, bridges or other prosthetic items are needed to replace one or more natural teeth that were removed while you were covered by the plan. (The extraction of a third molar tooth does not qualify.)
- The tooth that was removed was not an abutment to a removable or fixed partial denture installed during the prior 8 years.

Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

Non-Discrimination

às Wù ù/Bassa

Dè d nìà k dye e gbo: j ke m dyi às -wù ù-po-ny j ni, nì à wu u kà kò ò po-po m gbo kpaà.
a 1-877-480-4161 (TTY: 711).

/Chinese

Tagalog

Paunawa: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-480-4161** (TTY: 711).

/Urdu

1-877-480-4161 (TTY: 711)

Tiếng Việt/Vietnamese

Lưu ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-877-480-4161** (TTY: 711).

Yorùbá/Yoruba

Àkíyèsí: Bí o bá ns èdè Yorùbá, irànl w lórí èdè, lóf , wà fún . Pe **1-877-480-4161** (TTY: 711).

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