

Delta Dental of Missouri - Schedule of Benefits

PPO – Dentacare M

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

For members of: Drury University

Group Number: 1874-1000

Coverage Levels and Percentages:	PPO Dentist	Premier Dentist	Non-Participating Dentist
Coverage A:	100%	100%	100%
Coverage B:	80%	80%	80%
Coverage C:	50%	50%	50%
Coverage D:	N/A	N/A	N/A

Deductible:	\$50	\$50	\$50
Applies to:	B & C Coverage	B & C Coverage	B & C Coverage
Family limit:	\$150	\$150	\$150

Amounts paid by Member towards the deductible apply to all deductible categories (PPO, Premier, and Non-Participating Dentist).

Benefit Maximum:

Coverage A, B, and C (if applicable):	\$1,500	\$1,500	\$1,500
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Amounts paid by Delta are applied to all benefit maximums (PPO, Premier, and Non-Participating Dentist).

Orthodontic Lifetime Maximum:	N/A	N/A	N/A
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Amounts paid by Delta are applied to all orthodontic benefit maximums (PPO, Premier, and Non-Participating Dentist).

Dependent Age Limit: 19; 26 if full-time student

Effective Date of Program: 6/1/11

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.

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:

- The Plan does not have an open enrollment period. If coverage is dropped at any time, members or their dependents may not reenroll unless their request for enrollment is received by the Benefits Manager in Human Resources within 31 days of a qualifying event, such as marriage, divorce, or loss of coverage.
- Unmarried dependent children are eligible for coverage until the end of the month in which they reach the dependent age limit or until the end of the month in which they cease to be a full-time student, whichever occurs first.
- Sealants covered under Coverage A.
- Oral surgery covered under Coverage B.
- Surgical extractions covered under Coverage C.
- Periodontics covered under Coverage C.
- MAXAdvantageSM Benefit Option is included in this program. Charges for exams, cleanings, x-rays, and fluoride treatments do not apply towards your annual maximum.

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 Drury University Dental Plan referred to herein as the Plan.

Plan Number: None provided

Dental Plan for Members of: Drury University

Group Address: 900 North Benton
Springfield, MO 65802

Tax ID Number: 44-0552049

Type of Plan and Administration:

The Plan is a group dental plan. The Plan is administered by the Plan Administrator through an insured contract with DDMO. 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: Drury University
Attention: Jennifer Kirtlink
900 North Benton
Springfield, MO 65802

Agent of Legal Service: Drury University
Attention: Bill Scorse
900 North Benton
Springfield, MO 65802

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

Trustee: N/A

Plan's Fiscal Year Ends: 5/31

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.

ERISA Information (Continued)

If your Plan is subject to The Employee Retirement Income Security Act of 1974 (ERISA), the following applies. ERISA entitles you, as an enrollee in this program, to certain rights and protections. For more information, please contact your Plan Administrator's office.

ERISA provides that all Plan enrollees shall be entitled to:

Receive Information About Your Plan And Benefits

Examine without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts, collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and an updated Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each enrollee with a copy of this summary annual report.

Continue Group Health Plan Coverage

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this Summary Plan Description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

Reduction or elimination of exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have creditable coverage from another plan. You should be provided with a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the Plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollment enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan enrollees, ERISA imposes duties upon the people who are responsible for operating the Plan. The people who operate the Plan, called

"fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan enrollees and beneficiaries. No one, including your group, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or from exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and may pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a State or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance With Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.