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: VantageLinks, LLC

Group Number: 1950-1370

Coverage Levels and Percentages:	**PPO Dentist**	**Premier Dentist**	**Non-Participating Dentist**
Coverage A:	100%	80%	80%
Coverage B:	80%	50%	50%
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):	$1,000	$1,000	$1,000

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

Amounts paid by Delta are applied to all orthodontic benefit maximums (PPO, Premier, and Non-Participating Dentist).

Dependent Age Limit: 26

Effective Date of Program: 5/1/2020

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.

If coverage is dropped at any time, members or their dependents may not reenroll until the first open enrollment following one year.

New members and their dependents become eligible for this coverage on the first of the month following the 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:

- MAX*Advantage*SM Benefit Option is included in this program. Charges for exams, cleanings, x-rays, and fluoride treatments do not apply towards your annual maximum.
- Implants and implant abutments (posts) are not a covered benefit; however, individual crowns over implants are covered at the prosthodontic coverage level.
- Dependent Children – Notwithstanding anything to the contrary contained in this SPD, Schedule of Benefits, or the Plan document, effective 5/1/2020, a dependent child (natural, stepchildren or legally adopted) is eligible for coverage from birth to the end of the month in which he or she reaches the dependent age limit of 26.

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 VantageLinks, LLC Dental Plan referred to herein as the Plan.

Plan Number: None Provided

Dental Plan for Members of: VantageLinks, LLC

Group Address: 1801 Park 270 Drive, Suite 350
St. Louis, MO 63146

Tax ID Number: 20-5435012

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: VantageLinks, LLC
Attention: Jake Amir
1801 Park 270 Drive, Suite 350
St. Louis, MO 63146
314-785-0055

Agent of Legal Service: VantageLinks, LLC
1801 Park 270 Drive, Suite 350
St. Louis, MO 63146

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

Trustee: N/A

Plan's Fiscal Year Ends: 12/31

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.