



Delta Dental of Missouri

Print Date: 7/10/2023

Mailing Address: PO Box 8690, St. Louis, MO 63126

Electronic Payer ID: MO 43090 SC 43091

Customer Service: 1.800.335.8266 314.656.3000

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SUBSCRIBER BENEFIT REPORT

Current Eligible Members

Name	Relationship	Date Of Birth	Enrollment Effective Date	Waiting Period End Date	Eligible
STAGE, BRANDEN	Subscriber	05/18	01/01/2021	01/01/2021	Yes
STAGE, AMBER	Spouse	04/24	01/01/2021	01/01/2021	Yes
STAGE, MASON	Child	08/16	01/01/2021	01/01/2021	Yes
STAGE, IVYANNE	Child	10/20	01/01/2021	01/01/2021	Yes

General Group Information

Group Name: CHARTER COMM, INC. -
ACTIVE EMPLOYEES - EP
Missing tooth clause does not
apply
Group Number: 22562000
Program Type: Delta Dental (PPO)
Benefit Cycle: Calendar Year 01/01
COB Type: Processed with a non-duplication
of benefits provision
Healthy Smiles Healthy Lives Yes
Program:

Age Limits

Dependent Children Covered: 26 End of Month
Full Time Students Covered: 26
Qualifying Children Covered: N
Orthodontic Age Limit: For confirmation of
Orthodontic age limit,
please contact our
Customer Service
Department at
866.991.7345

Other Information Where Applicable

Special Group Comments

None

Maximums, Deductibles and Typical Coverage Levels for this Plan

Important: This list is not meant to be all-inclusive. It lists the most frequently used procedures that are covered by this Plan. If a procedure is not listed, but you think it may be covered, please contact Delta Dental Customer Service or file a Predetermination. All claims submitted are subject to Delta Dental's standard processing policies and reviews. Delta Dental has unique participating agreements with practicing dentists nationwide. Optimum benefits are received when services are rendered by a participating dentist. Procedures may be subject to review.

Individual Maximums - Per Benefit Period

	Individual PPO Network	Individual Premier Network	Individual Non Par	Individual PPO Network Lifetime	Individual Premier Network Lifetime	Individual Non Par Lifetime
Regular	\$3,000.00	\$3,000.00	\$3,000.00	\$0.00	\$0.00	\$0.00
Orthodontic	\$0.00	\$0.00	\$0.00	\$2,000.00	\$2,000.00	\$2,000.00
TMJ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Periodontic	Shared	Shared	Shared	\$0.00	\$0.00	\$0.00

Family Maximums - Per Benefit Period

	Family PPO Network	Family Premier Network	Family Non Par	Family PPO Network Lifetime	Family Premier Network Lifetime	Family Non Par Lifetime
Regular	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Orthodontic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TMJ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Periodontic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Individual Deductibles - Per Benefit Period

	Individual PPO Network	Individual Premier Network	Individual Non Par	Individual PPO Network Lifetime	Individual Premier Network Lifetime	Individual Non Par Lifetime
Regular	\$50.00	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00
Orthodontic	Shared	Shared	Shared	\$0.00	\$0.00	\$0.00
TMJ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Periodontic	Shared	Shared	Shared	\$0.00	\$0.00	\$0.00

Family Deductibles - Per Benefit Period

	Family PPO Network	Family Premier Network	Family Non Par	Family PPO Network Lifetime	Family Premier Network Lifetime	Family Non Par Lifetime
Regular	\$150.00	\$150.00	\$150.00	\$0.00	\$0.00	\$0.00
Orthodontic	Shared	Shared	Shared	\$0.00	\$0.00	\$0.00
TMJ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Periodontic	Shared	Shared	Shared	\$0.00	\$0.00	\$0.00

Typical Coverage Levels

Procedure	Delta Dental PPO	Delta Dental Premier	Non Par Dentist	Frequency if Applicable	Age Limit if Applicable	Limitations / Notes if Applicable - See Code List
Periodic Exams	100%	100%	80%	2 per Calendar Year		1
Full-Mouth X-Rays	100%	100%	80%	1 every 36 Months from the last date of service of the same treatment		1
Bite-Wing X-Rays	100%	100%	80%			1
Cleanings - Adult	100%	100%	80%	2 per Calendar Year	14+	1
Cleanings - Child	100%	100%	80%	2 per Calendar Year	0 to 13	1
Fluoride	100%	100%	80%	1 per Calendar Year	0 to 18	1

Sealants	80%	80%	70%	1 every 60 Months from the last date of service of the same treatment	0 to 18	3
Space Maintainer	100%	100%	80%	1 every 60 Months from the last date of service of the same treatment	0 to 15	1
Amalgam	80%	80%	70%	1 every 24 Months from the last date of service of the same treatment		
Composite/Resin	80%	80%	70%	1 every 24 Months from the last date of service of the same treatment		4
Root Canals (submit on completion date)	80%	80%	70%			
Perio Root Planing	80%	80%	70%			
Surgical Perio	80%	80%	70%			
Periodontal Maintenance (Following active therapy. May be combined with routine cleaning frequency.)	100%	100%	80%	2 per Calendar Year		1
Simple Extractions	80%	80%	70%			
Surgical Extractions Impacted Teeth	80%	80%	70%			
Crowns (submit on seat date)	50%	50%	40%	1 every 60 Months from the last date of service of the same treatment	12+	
Bridges (submit on seat date) - I	50%	50%	40%	1 every 60 Months from the last date of service of the same treatment	16+	20
Bridges (submit on seat date) - R	50%	50%	40%	1 every 60 Months from the last date of service of the same treatment	16+	20
Partials/Dentures (submit on seat date) - I	50%	50%	40%	1 every 60 Months from the last date of service of the same treatment	16+	
Partials/Dentures (submit on seat date) - R	50%	50%	40%	1 every 60 Months from the last date of service of the same treatment	16+	
Orthodontics	50%	50%	40%			13
Non Surgical TMJ	0%	0%	0%			
Surgical TMJ	0%	0%	0%			

General Anesthesia	80%	80%	70%			11
Occlusal Guard By Report	0%	0%	0%			
Implants	50%	50%	40%	1 every 60 Months from the last date of service of the same treatment	16+	20
Implant Crowns	50%	50%	40%	1 every 60 Months from the last date of service of the same treatment	16+	20

Limitation Code List

- | | |
|--|---|
| 1. Deductible Exempt. | 2. Condition Form on file for this member, 4 cleanings allowed per benefit period. (Healthy Smiles Healthy Lives) |
| 3. On first and second permanent caries free molars only. | 4. Covered as amalgam on molars. |
| 5. On posterior teeth only. | 6. 6 month waiting period on replacements. |
| 7. 12 month waiting period on replacements. | 8. 24 month waiting period on replacements. |
| 9. 6 month waiting period. | 10. 12 month waiting period. |
| 11. Benefits for extraction and surgical procedures. | 12. Payment method is annual. |
| 13. Payment method is quarterly. | 14. Payment method is semi - annual. |
| 15. (MaxAdvantage) Will not be deducted from annual maximum. | 16. 3 month waiting period on replacements. |
| 17. 3 month waiting period. | 18. 24 month waiting period. |
| 19. Medically Necessary. | 20. Alternate Benefit May Be Provided. |
| 21. Missing Tooth Clause Applies. | |

Individual Annual/Lifetime Maximum and Deductible Status

Selected Member: STAGE, MASON

Annual Maximum and Deductible Status

	Individual Annual Deductible Met PPO Network	Individual Annual Deductible Met Premier Network	Individual Annual Deductible Met Non Par	Individual Annual Maximum Met PPO Network	Individual Annual Maximum Met Premier Network	Individual Annual Maximum Met Non Par
Regular	\$50.00	\$50.00	\$50.00	\$428.60	\$428.60	\$428.60
Orthodontic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TMJ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Periodontic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Lifetime Maximum Status

	Individual Lifetime Maximum Met PPO Network	Individual Lifetime Maximum Met Premier Network	Individual Lifetime Maximum Met Non Par
Regular	\$0.00	\$0.00	\$0.00
Orthodontic	\$0.00	\$0.00	\$0.00
TMJ	\$0.00	\$0.00	\$0.00
Periodontic	\$0.00	\$0.00	\$0.00

Patient History (Prior Seven Years Only)

History for STAGE, MASON

Date of Service	Tooth	Surface	Procedure	Description
06/21/2023	J	MO	D2150	Amalgam - Two Surfaces, Primary Or Permanent
04/24/2023	K		D2930	Prefabricated Stainless Steel Crown - Primary Tooth
04/24/2023	L		D2930	Prefabricated Stainless Steel Crown - Primary Tooth
02/13/2023	00		D0120	Periodic Oral Evaluation - Established Patient
02/13/2023	00		D1120	Prophylaxis - Child
02/13/2023	00		D0272	Bitewings - Two Radiographic Images
02/13/2023	00		D1206	Topical Application Of Fluoride Varnish
02/13/2023	00		D0220	Intraoral - Periapical First Radiographic Image
09/28/2022	T	BDO	D2160	Amalgam - Three Surfaces, Primary Or Permanent
09/28/2022	30	O	D2140	Amalgam - One Surface, Primary Or Permanent
09/14/2022	3	DO	D2150	Amalgam - Two Surfaces, Primary Or Permanent
08/08/2022	00		D0272	Bitewings - Two Radiographic Images
08/08/2022	00		D1120	Prophylaxis - Child
08/08/2022	00		D0120	Periodic Oral Evaluation - Established Patient
03/21/2022	S		D3220	Therapeutic Pulpotomy
03/21/2022	S		D2930	Prefabricated Stainless Steel Crown - Primary Tooth
02/09/2022	00		D0120	Periodic Oral Evaluation - Established Patient
02/09/2022	00		D1120	Prophylaxis - Child
02/09/2022	00		D0272	Bitewings - Two Radiographic Images
02/09/2022	00		D1206	Topical Application Of Fluoride Varnish
02/09/2022	00		D0220	Intraoral - Periapical First Radiographic Image
08/17/2021	I	DO	D2150	Amalgam - Two Surfaces, Primary Or Permanent
08/17/2021	K	BO	D2150	Amalgam - Two Surfaces, Primary Or Permanent
07/14/2021	00		D0120	Periodic Oral Evaluation - Established Patient
07/14/2021	00		D1120	Prophylaxis - Child
07/14/2021	00		D0272	Bitewings - Two Radiographic Images
07/14/2021	00		D1206	Topical Application Of Fluoride Varnish
12/03/2018	S	DO	D2150	Amalgam - Two Surfaces, Primary Or Permanent
10/23/2018	00		D0120	Periodic Oral Evaluation - Established Patient
10/23/2018	00		D1120	Prophylaxis - Child
10/23/2018	00		D0272	Bitewings - Two Radiographic Images
10/23/2018	00		D1206	Topical Application Of Fluoride Varnish