



**CITY OF ST PETER  
Summary of January 2024**

**Dental Benefit Plan**

Group No: S171

Plan year: January 1 thru December 31

At Simple Dental Plans we want you to make the right choice for your dental benefits. This is a description of the Simple Dental Plan. It is different from any other dental plan you may have had before.

- All procedures are covered except cosmetic procedures
- You may use any dentist
- Benefits can be paid directly to the dentist
- There are no limits on how often you can have dental care
- The patient and the dentist make all decisions on procedure & frequency of care.

**DENTAL PLAN**

100% of the first \$250 of eligible dental expenses, then  
60% of the remaining expenses  
\$1,250 Annual Plan Maximum  
Orthodontics is not covered  
80<sup>th</sup> Percentile UCR

**CLAIMS**

Most Dentist will file the claim directly with Simple \*\*

Electronically: Payer ID 58102

Fax: 1-888-308-6009

Mail: Simple, 2810 Premiere Parkway, Suite 400, Duluth GA 30097

\*\* If the provider's office cannot submit the claim, obtain a completed ADA claim form from the provider at the time of service to submit to Simple.

Register at [www.90degreebenefits.com](http://www.90degreebenefits.com)

1. To view & print a temporary copy of the ID card.
2. To view claims history processed or pending.
3. View eligibility & benefits available.