



Group # 7620-1000



Delta Dental of Missouri

**Delta Premier Benefit Outline – Plan A (Low Option)**

**Benefit Summary**

<b>Annual Deductible</b> per Person per Subscriber Year	None
<b>Annual Maximum</b> per Person per Subscriber Year	\$1,000

**COVERED PERCENTAGES**

**Coverage A ONLY** 100%

- Oral examinations, *twice in any benefit period*
- Dental prophylaxis, *twice in any benefit period*
- Topical fluoride for patients under age 14, *once in any benefit period.*
- Sealants for dependent children under age 16, limited to caries-free occlusal surfaces of the first and second permanent molars, *once in 5 years.*
- Bitewing x-rays, *one set in any benefit period*
- Emergency palliative treatment *as needed.*
- Space maintainers that replace prematurely lost teeth of eligible dependent children under age 16, *once in 5 years.*

**Benefit period:** Your dental benefits are provided according to a subscriber year benefit period, which begins on the date your Delta Dental of Missouri membership is effective and continues for 12 consecutive months. A new benefit period renews on the first day of your anniversary month.