

Delta Premier Benefit Outline – **Plan B (High Option)**

Benefit Summary

	First <u>Year</u>	Second <u>Year</u>	Third <u>Year</u>
Annual Deductible per Person per Subscriber			
Individual Deductible Amount	\$50	\$50	\$50
Waived for Coverage A Dental Services	Yes	Yes	Yes
Annual Maximum per Person per Subscriber Year		\$1,000	\$1,000
Orthodontic lifetime maximum:	N/A	N/A	\$1,500

COVERED PERCENTAGES

Coverage A 100%		100%	100%
<ul style="list-style-type: none"> • Oral examinations, <i>twice in any benefit period</i> • Dental prophylaxis, <i>twice in any benefit period</i> • Topical fluoride for patients under age 14, <i>once in any benefit period.</i> • Sealants for dependent children under age 16, limited to caries-free occlusal surfaces of the first and second permanent molars, <i>once in 5 years.</i> • Emergency palliative treatment <i>as needed</i> • Space maintainers that replace prematurely lost teeth of eligible dependents under age 16, <i>once in 5 years.</i> • Bitewing x-rays, <i>one set in any benefit period</i> 			
Coverage B	80%	80%	80%
<ul style="list-style-type: none"> • Periapical x-rays <i>as required</i> • Full-mouth x-rays, <i>once in any 36 consecutive months</i> • Simple extractions • Fillings 			
Coverage C	10%	25%	50%
<ul style="list-style-type: none"> • Endodontics • Periodontics • Complex oral surgery • Surgical extractions • Crowns, Bridges, Dentures • General anesthesia for covered surgical procedures 			
Coverage D	0%	0%	50%
<ul style="list-style-type: none"> • Orthodontic care for dependent children to age 19 • Orthodontics is not covered for care started prior to the 3rd year of benefits 			

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.