Delta Premier Benefit Outline – Plan B (High Option)

Benefit Summary

<table>
<thead>
<tr>
<th></th>
<th>First</th>
<th>Second</th>
<th>Third</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>Year</td>
<td>Year</td>
<td>Year</td>
</tr>
<tr>
<td>Individual Deductible</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Waived for Coverage A</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Dental Services</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Annual Maximum</td>
<td>Year</td>
<td>Year</td>
<td>Year</td>
</tr>
<tr>
<td>Individual Maximum</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Orthodontic lifetime max.</td>
<td>N/A</td>
<td>N/A</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

COVERED PERCENTAGES

Coverage A 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.
- Emergency palliative treatment as needed
- Space maintainers that replace prematurely lost teeth of eligible dependents under age 16, once in 5 years.
- Bitewing x-rays, one set in any benefit period

Coverage B 80%
- Periapical x-rays as required
- Full-mouth x-rays, once in any 36 consecutive months
- Simple extractions
- Fillings

Coverage C 10%
- Endodontics
- Periodontics
- Complex oral surgery
- Surgical extractions
- Crowns, Bridges, Dentures
- General anesthesia for covered surgical procedures

Coverage D 0%
- 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.