

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.