



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 Year			
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	\$1,000
Orthodontic lifetime maximum:	N/A	N/A	\$1,500

COVERED PERCENTAGES

Coverage A	100%	100%	100%
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- 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%	80%	80%
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- Periapical x-rays *as required*
- Full-mouth x-rays, *once in any 36 consecutive months*
- Simple extractions
- Fillings

Coverage C	10%	25%	50%
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- Endodontics
- Periodontics
- Complex oral surgery
- Surgical extractions
- Crowns, Bridges, Dentures
- General anesthesia for covered surgical procedures

Coverage D	0%	0%	50%
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- Orthodontic care for dependent children to age 19
- Coverage is for orthodontic care started 1/1/04 or after

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.

Dependent age limit: 19; 25 if full-time student

10 Pay Rates: EE - \$26.54 EE/SP - \$52.40 EE/CH - \$66.44 EE/FAM - \$95.75

12 Pay Rates: EE - \$22.12 EE/SP - \$43.67 EE/CH - \$55.37 EE/FAM - \$79.79