



Group # 7615-100X



Delta Dental of Missouri

Delta Premier Benefit Outline – Plan A (Low Option)

Benefit Summary

Annual Deductible per Person per Subscriber Year None

Annual Maximum 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.

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

10 Pay Rates: **EE - \$11.46** **EE/SP - \$24.61** **EE/CH - \$38.26** **EE/FAM - \$50.65**

12 Pay Rates: **EE - \$9.55** **EE/SP - \$20.51** **EE/CH - \$31.88** **EE/FAM - \$42.21**