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Our Missouri Prime for Individuals and Families

is a great choice if you're looking to save money. With three options, you can choose from a plan that covers only the basics (like cleanings) to plans that cover more in-depth services. With all plans, you'll have access to about 940 general dentists and specialists in Missouri and more than 63,500 nationwide.

<u>Prime Plan A</u>	<u>Prime Plan B</u>	<u>Prime Plan C</u>
\$ 22 .60 per month	\$ 34 .75 per month	\$ 43 .90 per month
\$ 257 .65 per year	\$ 396 .15 per year	\$ 500 .45 per year

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	Coverage Level		Coverage Level		Coverage Level	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Diagnostic and preventive services						
Exams	100%	100%	100%	100%	100%	100%
Cleanings	100%	100%	100%	100%	100%	100%
X-rays	100%	100%	100%	100%	100%	100%
Sealants	100%	100%	100%	100%	100%	100%
Fluoride treatments	100%	100%	100%	100%	100%	100%
Basic services *						
Amalgam fillings (silver)	Not covered	Not covered	80%	80%	80%	80%
Space maintainers	Not covered	Not covered	80%	80%	80%	80%
Basic tooth extractions	Not covered	Not covered	80%	80%	80%	80%
Brush biopsy	Not covered	Not covered	80%	80%	80%	80%
Emergency palliative treatment (emergency treatment of dental pain)	Not covered	Not covered	80%	80%	80%	80%
Complex and major services *						
Endodontic therapy (root canals)	Not covered	Not covered	50%	50%	50%	50%
Periodontal (gum) services	Not covered	Not covered	50%	50%	50%	50%
Complex oral surgery (includes root removal, treatment of abscess)	Not covered	Not covered	50%	50%	50%	50%
Major restorative services (replacing natural teeth)	Not covered	Not covered	Not covered	Not covered	50%	50%
Prosthetic services (dentures, partials and bridges)	Not covered	Not covered	Not covered	Not covered	50%	50%
Prosthetic repairs	Not covered	Not covered	Not covered	Not covered	50%	50%
Deductible						
Deductible per person - applies to all eligible services	None	None	\$50	\$50	\$50	\$50
Plan maximum						
Annual plan payment maximum per person (this is the annual amount we'll pay for your covered dental services)	\$500	\$500	\$1,000	\$1,000	\$1250	\$1250

* Waiting periods may apply. Please View Plan Details for more information.

NOTE

- These policies DO NOT include coverage of pediatric dental services as required under the Affordable Care Act. Addition of the Pediatric Essential Health Benefit is in process and is currently pending regulatory review and approval.
- This Benefit Comparison Table has been simplified so you can easily compare plans. Some of the covered services in the chart have limitations or exclusions, such as limits as to how often you can get them done. And there are some other terms you should know about. Please see the product detail page and the Dental Benefit Policy for full details. Claim payments are based on the amount charged by the dentist or our allowable charge, whichever is less. If a non-network dentist charges more than our allowable charge, the patient is responsible for the difference.

Costs and benefits stated above are based on the rates and benefits in effect on your coverage start date. Today's date is 05/19/2014.

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