

Missouri State University
2024 Dental Benefits
Member Responsibility

Dental Plan	Participating and Non-Participating Providers
Dental Benefits	
Type I / Class A ---- Paid by Plan 100%	
Preventive Care Cleanings, Exams, X-Rays (limitations apply)	0%
Deductible - Type II, III, IV / Class B, C, D	
Individual (maximum)	\$50
Family (maximum)	\$150
Type II / Class B	
Basic Restorative Services	20%
Fillings, Extractions, Periodontics, Endodontics	+ deductible
Type III / Class C	
Major Restorative Services	50%
Crowns, Dentures	+ deductible
Type IV / Class D	
TMJ (Temporomandubular Joint Dysfunction)	50%
	+ deductible
Deductible - Type V / Class E	
Individual (maximum)	\$50
Family (maximum)	\$150
Type V / Class E	
Orthodontia and Implants	50%
	+ deductible
Maximum Benefit Paid by Plan (Per Calendar Year)	\$3,000
Monthly Premium	
Employee Only	\$0
Employee + Spouse	\$27.25
Employee + Child(ren)	\$21.22
Employee + Family	\$42.78