

**Missouri State University**  
**2026 Dental Benefits**  
**Member Responsibility**

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