

**Missouri State University**  
**2022 Dental Benefits**  
**Member Responsibility**

<b>Dental Plan</b>	<b>Participating and Non-Participating Providers</b>
<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)	\$50
Family (maximum)	\$150
<b>Type II / Class B</b>	
Basic Restorative Services	20%
Fillings, Extractions, Periodontics, Endodontics	+ deductible
<b>Type III / Class C</b>	
Major Restorative Services	50%
Crowns, Dentures	+ deductible
<b>Type IV / Class D</b>	
TMJ (Temporomandubular Joint Dysfunction)	50%
	+ deductible
<b>Deductible - Type V / Class E</b>	
Individual (maximum)	\$50
Family (maximum)	\$150
<b>Type V / Class E</b>	
Orthodontia and Implants	50%
	+ deductible
<b>Maximum Benefit Paid by Plan</b> (Per Calendar Year)	\$3,000
<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