

Missouri State University
2025 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) Family (maximum)	\$50 \$150
Type II / Class B Basic Restorative Services Fillings, Extractions, Periodontics, Endodontics	20% + deductible
Type III / Class C Major Restorative Services Crowns, Dentures	50% + deductible
Type IV / Class D TMJ (Temporomandubular Joint Dysfunction)	50% + deductible
Deductible - Type V / Class E Individual (maximum) Family (maximum)	\$50 \$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