

Dental Care: Delta Dental of Missouri

The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions. The network attached to the plan is the Delta Dental PPO Premier. To search the network, visit deltadentalmo.com.

	Delta Dental of Missouri	
	PPO	
	In-Network	Premier/Out-of-Network
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Per Individual Annual Maximum	\$1,250 Per Person	
	You pay	
Preventive Care		
Exams, Cleanings, X-rays, Fluoride Treatments (< Age 19), Sealants, Space Maintainers (< Age 16)	0%	0%
Basic Services		
Fillings, Extractions, Endodontics	20%	25%
Major Services		
Crowns, Inlays/Outlays, Dentures and Bridgework, Oral Surgery, Periodontics	40%	45%
Orthodontia		
Adults	40%; \$1,500 Lifetime Maximum	
Children (up to 26th birthday)		
Dental Monthly Premium – NO rate increase in 2025:		
	RETIRES & COBRA/LOA	
Retiree Only	\$50.32	
Retiree + Spouse	\$88.08	
Retiree & Spouse & 1+ Child(ren)	\$146.58	
Retiree 1+ child	\$108.76	