

2025 Dental Plans Offered for Active Employees*

Dental Care by Delta Dental of MO

	Standard Dental Plan**	Premier Dental Plan**
Active Employee Monthly Premiums		
Self Only	\$ 17.00	\$ 28.00
Self + Spouse	\$ 33.00	\$ 56.00
Self + Children	\$ 31.00	\$ 76.00
Family (self, spouse, & children)	\$ 51.00	\$ 111.00
Individual Deductible	\$ 50.00	\$ 50.00
Family Deductible	\$ 150.00	\$ 150.00
Calendar Year Maximum Benefit per Person	\$1,000.00	\$2,000.00
Orthodontia	N/A	Delta Dental pays 50% You pay 50% All ages \$2,000 lifetime max
Delta Dental DeltaDentalMO.com	Delta Dental In-Network (Standard & Premier Plans)	Out of Network
Preventive Services includes exams, routine cleanings, x-rays, & fluoride	Delta Dental pays 100% You pay 0%	Out of network pays 100% You pay 0% & amounts over UCR***
Basic Services includes fillings, minor surgeries, emergency care, extractions, anesthetics	Subject to deductible, then coinsurance Delta Dental pays 80% You pay 20%	Subject to deductible, then coinsurance Out of network pays 70% You pay 30% & amounts over UCR***
Major Services includes crowns, root canals, dentures, bridges, major surgeries, implants	Subject to deductible, then coinsurance Delta Dental pays 50% You pay 50%	Subject to deductible, then coinsurance Out of network pays 40% You pay 60% & amounts over UCR***

*This information provides a brief summary of benefits effective January 1, 2025. In the event of a discrepancy between this information & the plan documents or underlying insurance contracts, the plan document or underlying insurance contracts will control.

**The Standard (PPO) & Premier Networks offer the same coverage; however, you may experience greater savings by selecting a dentist in the Delta PPO Network.

***UCR = Usual, customary, & reasonable.