



# MISSOURI EDUCATORS' TRUST

## Voluntary Dental Plan Options

Effective July 1, 2019

	Plan 1			Plan 2			Plan 3			Plan 4		
<b>TYPE 1</b>	100%			100%			100%			100%		
<b>TYPE 2</b>	80%			80%			100%			80%		
<b>TYPE 3</b>	N/A			50%			80%			50%		
<b>Deductible</b>	\$50/ Calendar Year Type 2			\$50/ Calendar Year Type 2 & 3			\$25/ Calendar Year Type 2 & 3			\$50/ Calendar Year Type 2 & 3		
	3 Family Maximum			No Family Maximum			No Family Maximum			3 Family Maximum		
<b>Maximum</b>	\$1,000			\$1,000			\$1,000			\$1,500		
<b>Orthodontia</b>	None			Child Only Coverage			Child Only Coverage			Child Only Coverage		
<b>Orthodontia Allowance</b>				Discounted Fee			Discounted Fee			Discounted Fee		
<b>Plan Benefit</b>				50%			50%			50%		
<b>Lifetime Maximum</b>				\$1,000			\$1,000			\$1,000		
	<b>Type 1</b>	<b>Type 2</b>	<b>Type 3</b>	<b>Type 1</b>	<b>Type 2</b>	<b>Type 3</b>	<b>Type 1</b>	<b>Type 2</b>	<b>Type 3</b>	<b>Type 1</b>	<b>Type 2</b>	<b>Type 3</b>
<b>Allowance</b>	Discounted Fee			Discounted Fee			Discounted Fee			Discounted Fee		
<b>Benefits Based on</b>	Calendar Year			Calendar Year			Calendar Year			Calendar Year		
	Routine Exam (2 per benefit period)	Restorative Amalgams	Not Covered	Routine Exam (2 per benefit period)	Restorative Amalgams	Onlays/Inlays	Routine Exam (2 per benefit period)	Restorative Amalgams	Onlays/Inlays	Routine Exam (2 per benefit period)	Restorative Amalgams	Onlays/Inlays
	Bitewing X-rays (2 per benefit period)	Restorative Composites		Bitewing X-rays (2 per benefit period)	Restorative Composites	Crowns (1 in 5 years per tooth)	Bitewing X-rays (2 per benefit period)	Restorative Composites	Crowns (1 in 5 years per tooth)	Bitewing X-rays (2 per benefit period)	Restorative Composites	Crowns (1 in 5 years per tooth)
	Full Mouth/Panoramic X-rays (1 in 3 years)	Simple Extractions		Full Mouth/Panoramic X-rays (1 in 3 years)	Simple Extractions	Crown Repair	Full Mouth/Panoramic X-rays (1 in 3 years)	Simple Extractions	Crown Repair	Full Mouth/Panoramic X-rays (1 in 3 years)	Simple Extractions	Crown Repair
	Periapical X-rays	Anesthesia		Periapical X-rays	Anesthesia	Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)	Periapical X-rays	Anesthesia	Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)	Periapical X-rays	Anesthesia	Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
	Cleaning (2 per benefit period)			Cleaning (2 per benefit period)		Endodontics (nonsurgical)	Cleaning (2 per benefit period)	Endodontics (nonsurgical)	Complex Extraction	Cleaning (2 per benefit period)	Endodontics (nonsurgical)	Complex Extraction
	Fluoride for Children 18 and Under (2 per benefit period)			Fluoride for Children 18 and Under (2 per benefit period)		Endodontics (surgical)	Fluoride for Children 18 and Under (2 per benefit period)	Endodontics (surgical)	Denture Repair	Fluoride for Children 18 and Under (2 per benefit period)	Endodontics (surgical)	Denture Repair
	Sealants (age 15 and under)			Sealants (age 15 and under)		Periodontics (nonsurgical)	Sealants (age 15 and under)	Periodontics (nonsurgical)		Sealants (age 15 and under)	Periodontics (nonsurgical)	
	Space Maintainers			Space Maintainers		Periodontics (surgical)	Space Maintainers	Periodontics (surgical)		Space Maintainers	Periodontics (surgical)	
						Complex Denture Repair						
<b>Unused Annual Max Carryover Provision (Annual Limit/Max Carryover)</b>	\$250/\$750			\$250/\$750			\$250/\$750			\$250/\$750		
<b>Waiting Periods</b>	None			None			None			None		
<b>Rate Guarantee</b>	5 Years											
<b>Employee</b>	\$23.10			\$27.77			\$32.07			\$33.93		
<b>Employee &amp; Spouse</b>	\$45.48			\$54.83			\$63.43			\$67.13		
<b>Employee &amp; Child(ren)</b>	\$59.16			\$70.68			\$79.79			\$81.27		
<b>Family</b>	\$89.23			\$105.31			\$119.56			\$124.33		

This comparison illustrates in network benefits only, and is only a partial description of benefits offered. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This illustration is only to assist in determining what Plan(s) your district will offer. The Plan Document will supersede this illustration. This illustration is not a contract and offers no contractual obligation on behalf of GBS or Cigna. Policy forms for your reference will be made available upon request.