



MISSOURI EDUCATORS' TRUST

Employer Contributory Dental Plan Options

(The school district must pay at least 50% of the Employee Only premium of the lowest cost plan offered to be eligible to select the Employer Contributory Dental Plan Options)

Effective July 1, 2019 - June 30, 2024

PLAN DISCRPTION	OPTION 1			OPTION 3		
TYPE 1	100%			100%		
TYPE 2	80%			80%		
TYPE 3	50%			50%		
Deductible	\$25/ Calendar Year Type 2 & 3 3 Family Maximum			\$50/ Calendar Year Type 2 & 3 3 Family Maximum		
Maximum	\$1,000			\$1,000		
Orthodontia	None			Child Only Coverage		
Orthodontia Allowance				Contracted Fee		
Plan Benefit				50%		
Lifetime Maximum				\$1,000		
	Type 1	Type 2	Type 3	Type 1	Type 2	Type 3
Allowance	Contracted Fee			Contracted Fee		
Benefit Period	Calendar Year			Calendar Year		
	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	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)	Endodontics (nonsurgical)	Crown Repair	Full Mouth/Panoramic X-rays (1 in 3 years)	Endodontics (nonsurgical)	Crown Repair
	Periapical X-rays	Endodontics (surgical)	Denture Repair	Periapical X-rays	Endodontics (surgical)	Implants
	Cleaning (2 per benefit period)	Periodontics (nonsurgical)	Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)	Cleaning (2 per benefit period)	Periodontics (nonsurgical)	Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
	Fluoride for Children 18 and Under (2 per benefit period)	Periodontics (surgical)		Fluoride for Children 18 and Under (2 per benefit period)	Periodontics (surgical)	Denture Repair
	Sealants (age 15 and under)	Simple Extractions		Sealants (age 15 and under)	Simple Extractions	
	Space Maintainers	Complex Extractions		Space Maintainers	Complex Extractions	
		Anesthesia			Anesthesia	
Calendar Year Progression Benefit	Receive at least one (1) Preventive Service during the calendar year and earn an additional \$250 benefit allowance per year, up to a maximum of \$750 over three (3) years			Receive at least one (1) Preventive Service during the calendar year and earn an additional \$250 benefit allowance per year, up to a maximum of \$750 over three (3) years		
Waiting Periods	None			None		
RATES/RATE GUARANTEE	5 Years					
Employee	\$0.00			\$7.46		
Employee & Spouse	\$24.19			\$38.72		
Employee & Child(ren)	\$26.22			\$41.34		
Family	\$49.91			\$87.90		
Family	\$24.37			\$62.36		

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.