

## Show-Me Benefit Consortium

### Voluntary Dental Plan Options

Effective July 1, 2022

	Plan 1			Plan 2			Plan 3			Plan 4		
Type A – Preventive	100%			100%			100%			100%		
Type B – Basic	80%			80%			100%			80%		
Type C – Major	N/A			50%			80%			50%		
Calendar Year Deductible applies to B & C services:												
• Individual	\$50			\$50			\$25			\$50		
• Family	\$150 Aggregate			\$150 Aggregate			no family maximum			\$150 Aggregate		
Calendar Year Maximum applies to B & C services	\$1,250			\$1,250			\$1,250			\$1,750		
Orthodontia	Not covered			50%			50%			50%		
Lifetime Max for Orthodontia	Not covered			\$1,000			\$1,000			\$1,000		
	Type A	Type B	Type C	Type A	Type B	Type C	Type A	Type B	Type C	Type A	Type B	Type C
	exams (1 in 6 months)	Amalgam fillings	not covered	exams (1 in 6 months)	Amalgam fillings	Endodontics (Root Canals)	exams (1 in 6 months)	Amalgam fillings	Crowns	exams (1 in 6 months)	Amalgam fillings	Crowns
	Bitewing x-rays (2 in 12 months)	Composite fillings		Bitewing x-rays (2 in 12 months)	Composite fillings	Periodontics (surgical and non surgical)	Bitewing x-rays (2 in 12 months)	Composite fillings	Repairs, Recementations	Bitewing x-rays (2 in 12 months)	Composite fillings	Repairs, Recementations
	Full mouth x-rays (1 in 36 months)	Oral Surgery		Full mouth x-rays (1 in 36 months)	Oral Surgery	Crowns	Full mouth x-rays (1 in 36 months)	Oral Surgery	Dentures, Bridges	Full mouth x-rays (1 in 36 months)	Oral Surgery	Dentures, Bridges
	cleanings ( 1 in 6 months)	Anesthesia		cleanings ( 1 in 6 months)	Anesthesia	Repairs, Recementations	cleanings ( 1 in 6 months)	Anesthesia	Inlays / Onlays	cleanings ( 1 in 6 months)	Anesthesia	Inlays / Onlays
	Flouride up to age 19 (1 in 12 months)			Flouride up to age 19 (1 in 12 months)		Dentures, Bridges	Flouride up to age 19 (1 in 12 months)	Endodontics (Root Canals)	Implants	Flouride up to age 19 (1 in 12 months)	Endodontics (Root Canals)	Implants
	Sealants up to age 16 (1 per molar per 36 months)			Sealants up to age 16 (1 per molar per 36 months)		Implants	Sealants up to age 16 (1 per molar per 36 months)	Periodontics (surgical and non surgical)		Sealants up to age 16 (1 per molar per 36 months)	Periodontics (surgical and non surgical)	
	Space Maintainers			Space Maintainers		Inlays / Onlays	Space Maintainers			Space Maintainers		
Waiting Periods	none			none			none			none		
Employee	23.10			27.77			32.07			33.93		
Employee + Spouse	45.48			54.83			63.43			67.13		
Employee + Child(ren)	59.16			70.68			79.79			81.27		
Family	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.