2026 VOLUNTARY DENTAL BENEFITS

Saint Louis University dental benefits are provided by Delta Dental. See below chart for plan designs.

BENEFIT	FLEX PLAN		BASIC PLUS PLAN	
	PPO Network	Premier/ Out-of-Network	PPO Network	Premier/ Out-of-Network
Annual/Calendar Year Maximum (Per Person)	$1,500	$1,500	$1,000	$1,000
Annual/Calendar Year Deductible (Single/Family)	$50/$150	$50/$150	$25/$75	$25/$75
Preventive Services	0% No Deductible	0% No Deductible	0% No Deductible	50% No Deductible
Basic Services	10% After Deductible	30% After Deductible	30% After Deductible	65% After Deductible
Major Services	40% After Deductible	60% After Deductible	60% After Deductible	80% After Deductible
Orthodontia Services	50% for All Members	60% for All Members	50% for Children to Age 19 Only	75% for Children to Age 19 Only
Orthodontia Lifetime Maximum	$1,500	$1,500	$1,000	$1,000
MONTHLY PER-PAYCHECK DEDUCTIONS				
Single	$40.06		$23.11	
Employee + Spouse	$84.13		$48.52	
Employee + Child(ren)	$96.15		$55.45	
Family	$140.22		$80.87	
BI-WEEKLY PER-PAYCHECK DEDUCTIONS				
Single	$18.49		$10.67	
Employee + Spouse	$38.83		$22.39	
Employee + Child(ren)	$44.38		$25.59	
Family	$64.72		$37.32	