

2024 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				
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
Calendar Year Max (Per Person)	\$1,500	\$1,500	\$1,000	\$1,000
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	\$1,000	\$1,000	\$1,000	\$1,000
MONTHLY PER-PAYCHECK DEDUCTIONS				
Single	\$35.48		\$20.76	
Two Person	\$69.47		\$39.93	
Family	\$118.94		\$71.54	
BI-WEEKLY PER-PAYCHECK DEDUCTIONS				
Single	\$16.38		\$9.58	
Two Person	\$32.06		\$18.43	
Family	\$54.90		\$33.02	