

2024 Voluntary Dental Benefits

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

BENEFIT	FLEXPLAN		BASICPLUSPLAN	
	PPONetwork	Premier/ Out-of-Network	PPONetwork	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%
Orthodontia Lifetime Maximum	\$1,000	\$1,000	\$1,000	Children To Age 19 Only \$1,000