

University of Missouri – Dental Plan Summary
 Plan Administrator: Great West Health Care
 Group #: 0108250
 Customer Service Phone: 800-227-6525
 Web Site: www.mygreatwest.com

	Covered Expenses		
	Type A-Preventive Care	Type B-Basic Dental Care	Type C- Major Dental Care
Deductible	no deductible	\$100*	\$100*
Plan Benefit	100%	80% after deductible	50% after deductible
Employee Cost	\$0**	20% of cost**	50% of cost**
Maximum Yearly Benefit	\$1,500 per calendar year for each covered individual		

*Family deductible of \$300

**Expenses are subject to reasonable and customary charges.

For detailed information please see the Dental Plan brochure.