

BlueDental Choice Plus

Benefit Summary

Group Name: FREEDOM SENIOR MANAGEMENT LLC

Group Effective Date: 01/01/2021



Deductible	In-Network		Out-of-Network	
	We Pay*	You Pay*	We Pay**	You Pay***
No Deductible for Preventive Services (or ortho if selected)				
Per Person Per Plan Year		\$ 50		\$ 100
Per Family Per Plan Year		\$ 150		\$ 300
<i>Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.</i>				
	We Pay*	You Pay*	We Pay**	You Pay***
Preventive Services	100 %	0 %	100 %	0 %
Basic Services	90 %	10 %	80 %	20 %
Major Services	60 %	40 %	50 %	50 %
Periodic Oral Evaluation (0120)				Preventive
Comprehensive Oral Evaluation (0150)				Preventive
Bitewing X-rays, two films (0272)				Preventive
Cleanings - Adult/Child (1110, 1120)				Preventive
Fluoride Treatment - Child (1206, 1208)				Preventive
Office Visits (9430)				Preventive
Space Maintainers - fixed - unilateral (1510)				Preventive
X-rays - Intraoral/Complete Series (0210)				Preventive
Sealant – per tooth (1351)				Preventive
Amalgam Restorations (Silver Fillings) (2140)				Basic
Resin-Based Restorations - Anterior (2330)				Basic
Extractions - Routine and Surgical (7140)				Basic
Root Canal Molar (3330)				Major
Periodontal Scaling & Root Planing-per quad (4341)				Major
Osseous Surgery - 4 or more contiguous teeth (4260)				Major
Crowns - Porcelain fused to noble metal (2752)				Major
Complete Dentures (5110, 5120)				Major
Pontic - Porcelain fused to noble metal (6242)				Major
Partial Dentures (5213, 5214)				Major
Surgical placement of implant body - endosteal implant (6010)				Major
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)				Major
Orthodontia Services				Child to age 19 only
BlueDental Coverage				50 % / 50 %
Waiting Periods				
Major Service Benefits				None
Orthodontia Benefits				None
Maximum Benefits				
Plan Year (per person)				\$ 1,250 / \$ 1,250
Lifetime Orthodontia (per person)				\$ 1,000 / \$ 1,000
The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximums apply to the in-network maximums.				
Dental Rollover				Opt Out

The information provided above is a summary of benefits. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

Some limitations may apply.

* Percentage of allowable charge.

** Payment is based on the 80th percentile of U&C.

***The majority of dentists' fees are within our allowed charges; however, you will be responsible for any fees in excess of the allowed amount

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