

BlueDental Choice Plus

Benefit Summary

Group Name: FREEDOM SENIOR MANAGEMENT LLC

Group Effective Date: 01/01/2021



Deductible	In-Network		Out-of-Network	
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	80 %	20 %	80 %	20 %
Major Services	50 %	50 %	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			None	
BlueDental Coverage			N/A / N/A	
Waiting Periods				
Major Service Benefits			None	
Orthodontia Benefits			N/A	
Maximum Benefits				
Plan Year (per person)			\$ 1,250 / \$ 1,250	
Lifetime Orthodontia (per person)			N/A / N/A	
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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