

## Dental Benefits for Clay County Board of Commissioners

Financial Features	BlueDental Choice High Plan				BlueDental Choice Low Plan			
	In-Network		Out-of-Network		In-Network		Out-of-Network	
<b>Deductible (Basic &amp; Major Services Only)</b>								
Per Person Per Calendar Year	\$50		\$50		\$50		\$50	
Per Family Per Calendar Year	\$150		\$150		\$150		\$150	
<i>In-Network deductible credits apply to Out-of-Network deductible and Out-of-Network deductible credits apply to In-Network deductible.</i>								
<b>Coinsurance *</b>	<b>We Pay</b>	<b>You Pay</b>	<b>We Pay</b>	<b>You Pay</b>	<b>We Pay</b>	<b>You Pay</b>	<b>We Pay</b>	<b>You Pay</b>
<b>PREVENTIVE **</b>	100%	0%	90%	10%	100%	0%	80%	20%
<b>BASIC **</b>	80%	20%	70%	30%	50%	50%	50%	50%
<b>MAJOR **</b>	50%	50%	40%	60%	50%	50%	30%	70%
<b>Service Highlights</b>								
Oral Evaluations (Exams)	Preventive				Preventive			
Bitewing X-ray	Preventive				Preventive			
Prophylaxis (Cleanings) – Adult/Child	Preventive				Preventive			
Fluoride Treatment (Child Only)	Preventive				Preventive			
Office Visits	Preventive				Preventive			
X-rays – Intraoral/Complete Series/Panoramic	Preventive				Preventive			
Sealants	Basic				Basic			
Amalgam Restorations (Silver Fillings)	Basic				Basic			
Resin-Based Restorations (Anterior and Posterior)	Basic				Basic			
Extractions (Routine & Surgical)	Basic				Basic			
Root Canal Therapy	Major				Major			
Periodontal Treatment	Major				Major			
Crowns	Major				Major			
Osseous Surgery	Major				Major			
Complete Dentures	Major				Major			
Partial Dentures	Major				Major			
Fixed Partial Dentures (Bridges)	Major				Major			
<b>Orthodontia Services (all insureds)</b>								
Orthodontia Lifetime Maximum	\$1,500				\$1,000			
BlueDental Pays	50%				50%			
Benefit Waiting Period	None				None			
<b>Waiting Period: (Major Services)</b>	None				None			
<b>Calendar Year Maximum Per Person</b>	\$1,500				\$1,000			
<b>Procedures Performed By Specialist</b>	Covered				Covered			
<b>Monthly Employee Cost:</b>								
<b>Employee Only</b>	\$5.17				\$0			
<b>Employee/Family</b>	\$43.02				\$26.51			

The information provided above is a summary of benefits for the group Choice certificate. 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 a part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

\* Percentage of fee schedule

\*\* Some limitations may apply



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