

## Leon County School District Dental Benefits

Financial Features	Standard Option***				HighOption***				Plus Option****			
	In-Network		Out-of-Network		In-Network		Out-of-Network		In-Network		Out-of-Network	
Deductible (Basic & Major Services Only) Per Person Per Calendar Year Per Family Per Calendar Year In-Network deductible credits apply to Out-of-Network deductible and Out-of-Network deductible credits apply to In-Network deductible.	\$50 \$150		\$50 \$150		\$50 \$150		\$50 \$150		\$50 \$150		\$50 \$150	
Coinsurance *	We Pay	You Pay	We Pay	You Pay	We Pay	You Pay	We Pay	You Pay	We Pay	You Pay	We Pay	You Pay
PREVENTIVE **	80%	20%	80%	20%	100%	0%	90%	10%	100%	0%	90%	10%
BASIC **	70%	30%	70%	30%	80%	20%	70%	30%	90%	10%	70%	30%
MAJOR **	30%	70%	30%	70%	50%	50%	40%	60%	60%	40%	40%	60%
<b>Service Highlights</b>												
Oral Evaluations (Exams)	Preventative				Preventative				Preventative			
Bitewing X-ray	Preventative				Preventative				Preventative			
Prophylaxis (Cleanings) – Adult/Child	Preventative				Preventative				Preventative			
Fluoride Treatment (Child Only)	Preventative				Preventative				Preventative			
Office Visits	Preventative				Preventative				Preventative			
X-rays – Intraoral/Complete Series /Panoramic	Preventative				Preventative				Preventative			
Sealants	Basic				Basic				Basic			
Amalgam Restorations (Silver Fillings)	Basic				Basic				Basic			
Resin-Based Restorations (Anterior and Posterior)	Basic				Basic				Basic			
Extractions (Routine & Surgical)	Basic				Basic				Basic			
Root Canal Therapy	Basic				Basic				Basic			
Periodontal Treatment	Basic				Basic				Basic			
Crowns	Major				Major				Major			
Osseous Surgery	Major				Major				Major			
Complete Dentures	Major				Major				Major			
Partial Dentures	Major				Major				Major			
Fixed Partial Dentures (Bridges)	Major				Major				Major			
Surgical Placement of Implant Body/Endosteal Implant	Major				Major				Major			
Implant Supported Porcelain Fused to Metal Crown (Titanium, High Noble Metal)	Major				Major				Major			
Orthodontia Services	None				All Insureds				All Insureds			
Orthodontia Lifetime Maximum					\$1,000				\$1,000			
BlueDental Pays					50%				50%			
Benefit Waiting Period					None				None			
Waiting Period: (Major Services)	None				None				None			
Calendar Year Maximum Per Person	\$750				\$1,000				\$1,250			
Rollover Benefits Included	Yes				Yes				Yes			
Procedures Performed By Specialist	Yes				Yes				Yes			

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

\*\*\* Percentage of fee schedule + balance of any charges; non-par dentists may charge fees in excess of our Fee Schedule and may bill you the difference.

\*\*\*\*Based on Market Average Charge.