

Group Name: Jacksonville University #25T0061

Benefits Beginning: 1/1/2011

Benefit Plan Year: Calendar Year (Jan. 1 - Dec. 31)

BlueDental Choice Copayment Plan	
Participating Dentist	Non-Participating Dentist
Deductible (For Basic and Major Services Only)	
Per Person Per Plan Year	\$ 50
Per Family Per Plan Year	\$ 150

*In Network deductible credits apply to Out of Network deductible and
Out of Network deductible credits apply to In Network deductible.*

	Copayment	Coinsurance	
	You Pay	We Pay*	You Pay**
Preventive†			
Periodic Oral Evaluation (0120)	No Charge	70%	30%
Comprehensive Oral Evaluation (0150)	No Charge		
Bitewing X-rays, two films (0272)	No Charge		
Bitewing X-rays, four films (0274)	No Charge		
Prophylaxis (Cleanings) – Adult/Child (1110, 1120)	\$ 10		
Fluoride Treatment – Child (1203)	No Charge		
Basic†			
X-rays – Intraoral/Complete Series (0210)	\$ 17	50%	50%
X-rays – Panoramic (0330)	\$ 14		
Sealant – per tooth (1351)	\$ 6		
Amalgam Restorations (Silver Fillings) (2140)	\$ 15		
Resin-Based Restorations – Anterior (2330)	\$ 20		
Extractions – Routine (7140)	\$ 17		
Removal of Impacted tooth (7240)	\$ 64		
Major†			
Crowns – Porcelain fused to noble metal (2752)	\$ 302	35%	65%
Root Canal Bicuspid (3320)	\$ 231		
Root Canal Molar (3330)	\$ 305		
Osseous Surgery – per quadrant (4260)	\$ 322		
Periodontal Scaling and Root Planing – per quad (4341)	\$ 61		
Full Mouth Debridement (4355)	\$ 34		
Complete Dentures (5110, 5120)	\$ 382		
Pontic - Porcelain fused to noble metal (6242)	\$ 302		
Surgical placement of implant body; endosteal implant (6010)	\$ 512		
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	\$ 282		
Major Services Benefit Waiting Period	12 Months***		
Orthodontia Services	Child(ren) to age 19		
Orthodontia Lifetime Maximum	\$1,000		
BlueDental Pays	50%		
Benefit Waiting Period	12 Months***		
Plan Year Maximum Benefit Per Person	\$1,000		
Rollover Benefits Included:	No		

The information provided above is a summary of benefits for group certificate: 50485-0802. 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 fee schedule.

**Percentage of fee schedule, plus balance of charges, if any.

***Waiting period will be waived for persons enrolled in current plan immediately prior to the proposed effective date.

Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.