

**Group Name: Jacksonville University #25E0242**

**Benefits Beginning: 1/1/2011**

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

**Deductible:** (For Basic and Major Services Only)

Per Person Per Plan Year

\$50

\$50

Per Family Per Plan Year

\$150

\$150

*In-network deductible credits apply to out-of-network deductible and out-of-network deductible credits apply to in-network deductible.*

	<b>We Pay*</b>	<b>You Pay*</b>	<b>We Pay*</b>	<b>You Pay**</b>
<b>Preventive<sup>†</sup></b>	100%	0%	100%	0%
<b>Basic<sup>†</sup></b>	80%	20%	80%	20%
<b>Major<sup>†</sup></b>	50%	50%	50%	50%

**Services:**

Preventive	Oral Evaluations (Exams)
Preventive	Prophylaxis (Cleanings) – Adult/Child
Preventive	Fluoride Treatment – Child
Preventive	Bitewing X-rays
<b>Basic</b>	X-rays – Intraoral/Complete Series/Panoramic
<b>Basic</b>	Sealants
Basic	Space Maintainers
Basic	Amalgam Restorations (Silver Fillings)
Basic	Resin-Based Restorations – Anterior and Posterior
Basic	Extractions – Routine and Surgical
<b>Basic</b>	Root Canal Therapy
<b>Basic</b>	Periodontal Treatment
Major	Crowns – Single Restorations
Major	Osseous Surgery
Major	Complete Dentures
Major	Partial Dentures
Major	Fixed Partial Dentures (Bridges)
Major	Surgical placement of implant body; endosteal implant
Major	Implant supported porcelain fused to metal crown (titanium, high noble metal)

**Waiting Period:** (Major Services) 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 certificates: 50383-899 and 50408-1099. 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.

<sup>†</sup>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.

22240-0510

BlueDental Choice Voluntary Replacement