

Dental Assistance Plan Benefits

TYPE I: PREVENTIVE SERVICES

- Plan pays 100% of the allowance or pays 100% of actual charge, whichever is less, for Type I services listed in the Schedule of Allowances.
- There is no deductible on preventive services.

TYPE II: BASIC SERVICES

(X-RAYS, FILLINGS, ROOT CANALS, GUM TREATMENTS, ORAL SURGERY)

- Plan pays 80% of the allowance or pays 80% of the actual charge, whichever is less, for Type II services listed in the Schedule of Allowances.

TYPE III: MAJOR SERVICES

(CROWNS OR CAPS, BRIDGES, PARTIAL DENTURES, FULL DENTURES, GUM SURGERY)

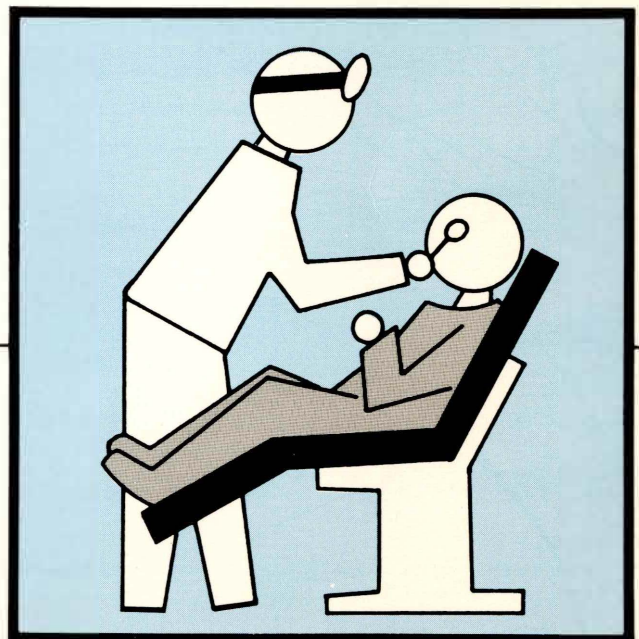
- Plan pays 50% of the allowance or pays 50% of the actual charge, whichever is less, for Type III services listed in the Schedule of Allowances.

TYPE IV: ORTHODONTIC SERVICES

(Optional)

- There is an Orthodontic Lifetime Maximum of \$500.

For Type II, Type III, and Type IV services there is a \$50 deductible per person per calendar year or a \$100 deductible per family per calendar year. The maximum benefit for Type I, II, and III services is \$1000 per person per calendar year.



**Blue Cross
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