



**Dental Plan Benefits For Employees Of
COMMONWEALTH OF KENTUCKY
EPO BRONZE**



Benefit Overview	In-Network	Out-of-Network
Deductible (Calendar Year)	\$50 Individual \$150 Family	
Diagnostic & Preventive Services Oral Exams Cleanings Bitewing X-rays Topical Fluoride Sealants Space Maintainers	Deductible Waived 100%	No Benefits
Basic Services Simple Restorative Emergency Care Treatment Full Mouth X-Rays Simple Extractions Bridge, Denture Repair	Subject to Deductible 80%	No Benefits
Major Restorative Inlays, Onlays Crowns Bridges/ Dentures Surgical Extractions Endodontics Periodontics Oral Surgery Anesthesia	Subject to Deductible 12 Month Waiting Period 50%	No Benefits
Annual Maximum	\$1,000	0.00
Orthodontia Services Limited to dependent children under age 19	No Deductible 12 Month Waiting Period 50% Lifetime Maximum \$1,000	No Benefits

Monthly Rates		
Employee	Employee + One	Family
\$ 14.41	\$ 27.16	\$ 43.00

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This is not an insurance policy. It is a brief description of some of the benefits of this dental plan.