

**SUMMARY COMPARISON
COUNCIL #10
FREEDOM OF CHOICE VS. CLOSED DENTAL PLAN**

	<u>FREEDOM OF CHOICE PLAN PAYS*</u>	<u>CLOSED PLAN PLAN PAYS*</u>
DIAGNOSTIC		
Exam	75%	100%
X-Rays		
Prophylaxis		
RESTORATIVE		
(Fillings)	75%	100%
ENDODONTICS		
(Root Canals)	40%	80%
CROWN & BRIDGE	30%	75%
FULL DENTURES	30%	80%
PARTIAL DENTURES	30%	80%
EXTRACTIONS		
(Simple)	75%	100%
ORAL SURGERY	30%	75%
PERIODONTICS		
(Gum Disease)	25%	60%
ORTHODONTICS	25%	50%
DEDUCTIBLE MAXIMUMS	\$25.00 (PER PERSON)	\$0.00
	\$50.00 (PER FAMILY)	
PLAN REIMBURSEMENT LIMIT	\$550.00/year	Unlimited

- * FEES ON THE FREEDOM OF CHOICE PLAN ARE LIMITED TO THE UCR FEES ON THE CLOSED PLAN CONTRACT.
- ** REFER TO YOUR BROCHURE FOR THE EXACT CHARGE FOR EACH SERVICE UNDER THE CLOSED PLAN.
- *** IN THE CASE OF DUAL EMPLOYMENT OF A HUSBAND AND WIFE IN COUNCIL #10 REPRESENTED POSITIONS ELIGIBLE FOR PARTICIPATION IN THE DENTAL PLAN, BOTH CHOOSING FREEDOM OF CHOICE: THEY SHALL RECEIVE DOUBLE THE FAMILY MAXIMUM AND DOUBLE THE PERCENTAGE THE PLAN PAYS (UP TO 100% OF UCR) AND PAY DOUBLE THE DEDUCTIBLE FOR FAMILY.