

TRISH FREEMAN
INSURANCE SERVICES
 (225) 622-6554 office
 www.insurancelady.com

	ALWAYS CARE			SPIRIT DENTAL
	PREFERRED	STANDARD	VALUE	
	Always Care pays a <u>flat dollar amount per procedure.</u> You are responsible for anything over that amount			1st year 2nd year 3rd year Preventative - 100% 100% 100% Basic - 70% 80% 90% Major - 10% 50% 50%
	PREFERRED	STANDARD	VALUE	SPIRIT DENTAL/VISION PLAN
INDIVIDUAL	\$41.55	\$33.54	\$25.52	\$45.27
INDIVIDUAL + SPOUSE	\$83.10	\$67.07	\$51.04	\$91.88
INDIVIDUAL + CHILDREN	\$88.33	\$71.31	\$54.29	\$130.42
INDIVIDUAL + FAMILY	\$138.56	\$111.85	\$85.14	\$130.42

DENTAL BENEFITS

Benefit Year Maximum	\$1,000	\$1,000	\$1,000	\$2,000
Annual Deductible	\$50	\$50	\$50	\$50
Oral Evaluations	<i>Periodic</i>	\$35	\$27	\$19
	<i>Comprehensive</i>	\$57	\$44	\$31
Prophylaxis (Simple Cleaning)	<i>Adult</i>	\$67	\$52	\$36
	<i>Child</i>	\$48	\$37	\$26
Radiographs	<i>Intraoral - Complete Series</i>	\$98	\$75	\$53
	<i>Bitewings - Two Films</i>	\$31	\$24	\$17
	<i>Panoramic Film</i>	\$79	\$61	\$43
Sealants	\$39	\$30	\$21	Basic
Space Maintainers	\$242	\$187	\$132	Basic
Fillings	<i>One Surface - Primary/Permanent</i>	\$72	\$56	\$39
	<i>Two Surfaces - Primary/Permanent</i>	\$88	\$68	\$48
	<i>Resin - Two Surfaces, Anterior</i>	\$102	\$79	\$55
Oral Surgery	<i>Extraction - Erupted or Exposed Root</i>	\$81	\$62	\$44
	<i>Removal of Impacted Tooth - Partially Bony</i>	\$116	\$89	\$63
Endodontics	<i>Root Canal - Anterior</i>	\$209	\$162	\$114
	<i>Root Canal - Molar</i>	\$313	\$242	\$171
Periodontics	<i>Osseous Surgery - Per Quadrant</i>	\$312	\$241	\$170
	<i>Periodontal Scaling and Root Planing - Per Quadrant</i>	\$70	\$54	\$38
Single Tooth Restorations	<i>Crown - Porcelain Fused to High Noble Metal</i>	\$306	\$237	\$167
	<i>Core Build-up, Including any Pins</i>	\$72	\$56	\$39
	<i>Post and Core in Additional to Crown</i>	\$108	\$83	\$59
Prosthodontics	<i>Complete Denture - Maxillary</i>	\$347	\$268	\$189
	<i>Maxillary Partial Denture - Cast Metal</i>	\$393	\$303	\$214
	<i>Pontic - Cast High Noble Metal</i>	\$289	\$223	\$158
	<i>Crown - Resin with Predominantly Base Metal</i>	\$271	\$209	\$148

VISION BENEFITS

	ALWAYS CARE VISION PLAN	SPIRIT DENTAL VISION PLAN
Deductible		\$50
Exam	\$15 Copay \$20 Materials Copay	\$10 Copay (max of \$50 exam cost)
Contact Lenses (in lieu of lenses and frames)	Covers up to \$120 retail	Covers up to \$100
Frames	Covers up to \$120 retail frames	Covers up to \$65
Lenses	<i>Single</i>	Covers up to \$40
	<i>Bifocal</i>	Covers up to \$60
	<i>Trifocal</i>	Covers up to \$70
	<i>Lenticular</i>	Covers up to \$100
	<i>Progressive</i>	Covers up to \$100