



# Dental Plan Benefits For Employees Of COMMONWEALTH OF KENTUCKY



## FREEDOM GOLD RETIREE PLAN

Rates Effective: January 1, 2023 through December 31, 2023  
12 Month Benefit Period

| Benefit Overview   |   |
|--|---|
| <b>Deductible</b><br>(Calendar Year)   | <b>\$ 50.00 Individual</b><br><b>\$ 150.00 Family</b>   |
| <b>Diagnostic &amp; Preventative Services</b><br>Oral Exams<br>Bitewing X-Rays<br>Cleanings<br>*Topical Fluoride<br>*Sealants<br>*Space Maintainers<br><br><small>* Coverage available for dependent children under the age of 16.</small> | No Deductible<br>No Waiting Period<br><br><b>100%</b>   |
| <b>Basic Services</b><br>Simple Restorative<br>Bridge, Denture Repair<br>Full Mouth X-Rays<br>Emergency Care Treatment<br>Simple Tooth Extractions   | Subject to Deductible<br>6 Month Waiting Period for New Enrollees<br>Without Prior Credible Coverage<br><br><b>80%</b>                          |
| <b>Major Restorative</b><br>Inlays, Onlays<br>Crowns<br>Bridges/ Dentures<br>Surgical Extractions<br>Oral Surgery<br>Anesthesia<br>Endodontics<br>Periodontics   | Subject to Deductible<br>12 Month Waiting Period for New Enrollees<br>Without Prior Credible Coverage<br><br><b>50%</b>                         |
| <b>Annual Maximum</b>  | <b>\$1,000</b>  |
| <b>Orthodontia Services</b><br><br>Limited to dependent children under age 19  | No Deductible<br>12 Month Waiting Period for New Enrollees<br>Without Prior Credible Coverage<br><br><b>50%</b><br><br>Lifetime Maximum \$1,000 |

| Monthly Bank Draft Rates |                |           | Annual Pay Rates |                |             |
|--------------------------|----------------|-----------|------------------|----------------|-------------|
| Employee                 | Employee + One | Family    | Employee         | Employee + One | Family      |
| \$ 38.12                 | \$ 71.73       | \$ 113.02 | \$ 434.71        | \$ 818.02      | \$ 1,288.81 |

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This is only a brief summary of the benefits of your dental plan. Please refer to your Certificate for a complete description of covered services and any limitations or exclusions that may apply.