



Dental Plan Benefits For Employees Of
COMMONWEALTH OF KENTUCKY



FREEDOM GOLD

Rates Effective: January 1, 2024 through December 31, 2024
12 Month Benefit Period

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

Monthly Rates		
Employee	Employee + One	Family
\$ 34.25	\$ 64.52	\$ 101.52

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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.