



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



**EPO BRONZE**

Rates Effective: January 1, 2025 through December 31, 2025  
12 Month Benefit Period

Benefit Overview	In-Network	Out-of-Network
<b>Deductible</b> (Calendar Year)	<b>\$50.00 Individual</b> <b>\$150.00 Family</b>	
<b>Diagnostic &amp; Preventative Services</b> 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  <b>100%</b>	<b>No Benefits</b>
<b>Basic Services</b> Simple Restorative Emergency Care Treatment Full Mouth X-Rays Simple Tooth Extractions Bridge, Denture Repair	Subject to Deductible 6 Month Waiting Period for New Enrollees Without Prior Credible Coverage  <b>80%</b>	<b>No Benefits</b>
<b>Major Restorative</b> Inlays, Onlays Crowns Bridges/ Dentures Surgical Extractions Endodontics Periodontics Oral Surgery Anesthesia	Subject to Deductible 12 Month Waiting Period for New Enrollees Without Prior Credible Coverage  <b>50%</b>	<b>No Benefits</b>
<b>Annual Maximum</b>		
	<b>\$1,000</b>	<b>\$0</b>
<b>Orthodontia Services</b>  Limited to dependent children under age 19	No Deductible 12 Month Waiting Period for New Enrollees Without Prior Credible Coverage  <b>50%</b>  Lifetime Maximum \$1,000	<b>No Benefits</b>

Monthly Rates		
Employee	Employee + One	Family
\$ 25.79	\$ 48.56	\$ 76.42

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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.