

Alachua County BOCC
Dental Benefit & Rate Summary
Effective Date: 10/01/2025

	FCL Option 1: Choice Plus @80th		
		Choice Plus @ 80th	Choice Plus Passive @80th
Carrier	Low Plan	High Plan	High Plan
In Network Services (Participating Provider)			
Individual/Family Deductible	\$50/\$150	\$50/\$150	\$50/\$150
Calendar Year Maximum	\$1,000	\$2,000	\$2,000
Preventive Care			
Periodontal Oral Evaluation (0120)	100%	100%	100%
Comprehensive Oral Evaluation (0150)			
Bitewing X-rays, two films (0272)			
Cleanings - Adult/Child (1110,1120)			
Fluoride Treatment - Child (1206,1208)			
Office Visits (9430)			
Basic Services			
Space Maintainers - fixed - unilateral (1510)	80%	85%	85%
X-rays - Intraoral/Complete Series (0210)			
Sealant - per tooth (1351)			
Amalgam Restorations (Silver Fillings) (2140)			
Resin-Based Restorations - Anterior (2330)			
Extractions - Routine and Surgical (7140)	N/A		
Root Canal Molar (3330)			
Periodontal Scaling & Root Planing - per quad (4341)	N/A		
Major Services			
Root Canal Molar (3330)	50%	N/A	N/A
Periodontal Scaling & Root Planning - per quad (4341)		N/A	N/A
Osseous Surgery - 4 or more contiguous teeth (4260)		55%	
Crowns - Porcelain fused to noble metal (2752)			
Complete Dentures (5110, 5120)			
Pontic - Porcelain fused to noble metal (6242)			
Partial Dentures (5213, 5214)			
Surgical placement of implant body - endosteal implant (6010)			
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)			
Benefit Waiting Period	None	None	None
Orthodontia Services			
Orthodontia Lifetime Maximum	N/A	\$1,000	\$1,000
Carrier Pays	N/A	50%	50%
Benefit Waiting Period	N/A	N/A	N/A
Other Proposal Details			
Rollover Benefit			
Rate Guarantee	10/1/2027		

Out of Network Services (Non- Participating Provider)			
Individual/Family Deductible	\$100/\$300	\$100/\$300	\$100/\$300
Preventive Care	70%	80%	100%
Basic Services	50%	60%	85%
Major Services	30%	40%	55%

Rate Tier Structure	Low	High	DHMO	Low	High	High
Employee Only	177	824	42	\$22.16	\$29.42	\$32.89
Employee & One Dependent	86	269	17	\$37.96	\$55.52	\$62.07
Employee & Family	106	346	14	\$55.66	\$79.04	\$88.38