

The Freedom Plans available through The American Series of Dental Plans™

Employer Paid or 100% Voluntary

THE RATES BELOW REFLECT OUT OF NETWORK BENEFITS PAID AT THE PPO NETWORK ALLOWANCE

3 Direct Reimbursement Plans!

	Freedom One	Freedom Two	Freedom Three	Freedom Four	Freedom Five	Freedom Six	Freedom Seven		Freedom Eight	Freedom Nine	Freedom Ten
Calendar Year Max	\$750	\$1,000	\$1,250	\$1,500	\$2,000	\$2,500	None		\$1,000	\$1,500	\$1,500
Calendar Year Ded	\$50	\$50	\$50	\$50	\$50	\$50	\$50		\$0	\$0	\$0
Preventative	80%	100%	100%	100%	100%	100%	100%	100%	1st \$100	1st \$100	1st \$200
Basic	80%	50%	90%	90%	90%	80%	80%	80%	Next \$500	Next \$1000	Next \$1000
Endo/Perio	50%	50%	50%	90%	90%	50%	80%	80%	Next \$1000	Next \$1200	Next \$1000
Major	50%	50%	50%	50%	50%	50%	0%				
Ortho				50%	50%						
				\$350 annual \$1000 Lifetime	\$500 annual \$1500 Lifetime						
EMPLOYER PAID											
Employee	\$23.10	\$27.39	\$29.20	\$30.13	\$34.57	\$34.92	\$24.94		\$34.76	\$37.90	\$41.35
Employee & Spouse	\$42.83	\$51.41	\$55.04	\$56.90	\$65.78	\$66.47	\$46.51		\$66.16	\$72.44	\$79.34
Employee & Child(ren)	\$44.05	\$52.90	\$56.64	\$58.56	\$67.72	\$68.42	\$47.85		\$68.10	\$74.57	\$81.69
Family	\$70.04	\$84.54	\$90.67	\$93.82	\$108.82	\$109.98	\$76.27		\$109.45	\$120.06	\$131.73
VOLUNTARY											
Employee	\$25.07	\$29.79	\$31.79	\$32.81	\$37.69	\$38.07	\$27.10		\$38.24	\$41.69	\$45.49
Employee & Spouse	\$46.78	\$56.22	\$60.21	\$62.26	\$72.03	\$72.78	\$50.83		\$72.77	\$79.68	\$87.28
Employee & Child(ren)	\$48.12	\$57.85	\$61.97	\$64.08	\$74.15	\$74.93	\$52.30		\$74.91	\$82.03	\$89.86
Family	\$76.71	\$92.66	\$99.40	\$102.87	\$119.37	\$120.65	\$83.56		\$120.40	\$132.07	\$144.91

THE RATES BELOW REFLECT OUT OF NETWORK BENEFITS PAID AT 80TH PERCENTILE OF UCR

3 Direct Reimbursement Plans!

	Freedom One	Freedom Two	Freedom Three	Freedom Four	Freedom Five	Freedom Six	Freedom Seven		Freedom Eight	Freedom Nine	Freedom Ten
Calendar Year Max	\$750	\$1,000	\$1,250	\$1,500	\$2,000	\$2,500	None		\$1,000	\$1,500	\$1,500
Calendar Year Ded	\$50	\$50	\$50	\$50	\$50	\$50	\$50		\$0	\$0	\$0
Preventative	80%	100%	100%	100%	100%	100%	100%	100%	1st \$100	1st \$100	1st \$200
Basic	80%	50%	90%	90%	90%	80%	80%	80%	Next \$500	Next \$1000	Next \$1000
Endo/Perio	50%	50%	50%	90%	90%	50%	80%	80%	Next \$1000	Next \$1200	Next \$1000
Major	50%	50%	50%	50%	50%	50%	0%				
Ortho				50%	50%						
				\$350 annual \$1000 Lifetime	\$500 annual \$1500 Lifetime						
EMPLOYER PAID											
Employee	\$25.07	\$29.79	\$31.79	\$32.81	\$37.69	\$38.07	\$27.10		\$38.24	\$41.69	\$45.49
Employee & Spouse	\$46.78	\$56.22	\$60.21	\$62.26	\$72.03	\$72.78	\$50.83		\$72.77	\$79.68	\$87.28
Employee & Child(ren)	\$48.12	\$57.85	\$61.97	\$64.08	\$74.15	\$74.93	\$52.30		\$74.91	\$82.03	\$89.86
Family	\$76.71	\$92.66	\$99.40	\$102.87	\$119.37	\$120.65	\$83.56		\$120.40	\$132.07	\$144.91
VOLUNTARY											
Employee	\$27.57	\$32.77	\$34.96	\$36.09	\$41.45	\$41.88	\$29.81		\$42.06	\$45.85	\$50.03
Employee & Spouse	\$51.45	\$61.84	\$66.23	\$68.48	\$79.23	\$80.05	\$55.91		\$80.05	\$87.64	\$96.00
Employee & Child(ren)	\$52.93	\$63.63	\$68.16	\$70.48	\$81.56	\$82.42	\$57.53		\$82.40	\$90.23	\$98.84
Family	\$84.38	\$101.92	\$109.34	\$113.15	\$131.30	\$132.71	\$91.91		\$132.44	\$145.27	\$159.40

