



Plan Deviations for Manatee County Government

Please provide any plan deviations for the Dental Plan in Column C.

	Dental Plan	Plan Deviations
Deductible		
Per Person	\$50	
Per Family Maximum	\$150	
Maximum Annual Benefit	\$2,000	
Preventive/Diagnostic (Type 1)		
100% No Deductible		
Oral Exams	1 per Calendar Year	
Prophylaxis	2 per Calendar Year	
Topical Application of sodium fluoride or stannous fluoride	2 per Calendar Year	
X-Rays	2 Films per Calendar Year	
Restorative (Type 2)		
Fillings, extractions, oral surgery, periodontal treatment, endodontic treatment (including root canal), repairs to prosthetics, emergency treatment (palliative treatment). Oral Surgery.	75% After Deductible	



Geo Access Request for Manatee County Government

Please complete the below worksheet for the all plans provided based on the parameters be in this workbook:

Provide the following information for the Dental Plan Quoted:

Practice Specialty	Specific Parameters	Total Number of Employees	Employee Number
2 General Dentists	2 in 10 miles	3265	
1 Periodontist	1 in 15 miles	3265	
1 Endodontist	1 in 15 miles	3265	
1 Oral Surgeon	1 in 15 miles	3265	

How utilizing the Geo Access Census contained

s Matched Percent	Employees Not Matched	
	Number	Percent

