

Deductible

(waived for preventive services)

Type I - Preventive services

Type II - Basic restorative services

Type III - Major restorative services

Calendar year maximum

Orthodontia benefit

Orthodontia lifetime max

Rollover Max

Dental Blue Freedom

Lower Option

n/a

100%

80%

n/a

\$500 per person

n/a

n/a

yes



Dental Blue Freedom

Higher Option

Ind - \$50 per calendar year

Family - \$150 per calendar year

100%

80%

50%

\$1,500 per person

50%

\$1,000

yes

Town of Mattapoisett	
imployee Dental Options	

Employee Dental Options