

**Benefit Summary**

**CLERMONT COUNTY**

**Basic**

**Product:** DHMO

**Network:** Dental Care Plus

**Benefit Year:** The 12 month period beginning January 1st and ending December 31st (calendar year)

**Annual Maximum Benefit:** \$1000 per Member

**Orthodontic Lifetime Maximum Benefit:** \$0 per Eligible Member

**Deductible:** \$50 per Member, per Benefit Year  
 \$150 per Family, per Benefit Year

The deductible applies to Basic and Major Benefits only

| Covered Dental Services | Deductible Applied | Percentage of Allowable Expense Paid by the Plan | Member Copayment |
|-------------------------|--------------------|--|------------------|
| Preventive Benefits     | No                 | 100%   | None             |
| Basic Benefits          | Yes                | 80%  | 20%              |
| Major Benefits          | Yes                | 50%  | 50%              |

Endodontic Services are covered as Basic Benefits.

Periodontic Services are covered as Basic Benefits.

Sealants are covered as Basic Benefits.

Dependent children are eligible for coverage until age 26.

A complete description of benefits, limitations and exclusions are available in the Member Handbook. Members must receive services from a Dental Care Plus dentist.