

Benefit Summary

CLERMONT COUNTY

Premium

Product: DHMO

Network: Dental Care Plus

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

Annual Maximum Benefit: \$1500 per Member

Orthodontic Lifetime Maximum Benefit: \$1500 per Eligible Member
 Limited to eligible dependent children under age 19

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%
Orthodontic Benefits	No	50% Limited to eligible dependent children under age 19	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.