KERN COUNTY | HEALTH & WELLNESS

Dental Plan Comparison Summary

Plan Year 2024

	LIBERTY Dental Independence PPO		LIBERTY Dental Cobalt Plus DHMO	
Annual Maximum *(per person)*	$2,500.00		None	N/A
Deductible *(per calendar year)* Individual Family	$ 50.00 $150.00		$0.00 $0.00	N/A N/A
COVERED SERVICES	**IN-NETWORK PLAN PAYS**	**OUT-OF-NETWORK PLAN PAYS**	**IN-NETWORK PLAN PAYS**	**OUT-OF-NETWORK PLAN PAYS**
Preventive Services *Prophylaxis* *X-Rays*	100% [1, 4] 100% [1]	70% [2, 4] 70% [2]	100% [3] 100% [3]	No benefit
Other Services - Restorative *(Amalgam, plastic, acrylic filling of cavities)*	90% [1]	70% [2]	100% [3]	No benefit
Endodontic *(Pulpal therapy and root canals)*	90% [1]	70% [2]	100% [3]	No benefit
Periodontics *(Treatment of gums and bones supporting teeth)*	90% [1]	70% [2]	100% [3]	No benefit
Prosthodontics *(Partial and complete dentures)*	90% [1]	70% [2]	Patient pays: [3] $55.00 - dentures $25.00 - partial	No benefit
Crowns	90% [1]	70% [2]	Patient pays: [3] $45.00 to $90.00	No benefit
Implants	90% [1]	70% [2]	Consult Benefit Schedule	No benefit
Orthodontia *Adults and Children*	50% $1,500 Lifetime Maximum	50% $1,500 Lifetime Maximum	Contact LIBERTY Customer Service	No benefit

1 Of negotiated/contracted fees. 2 Of reasonable and customary charge. 3 Procedure must be listed in the schedule of benefits to be covered at 100%. Many other services are offered with a specified co-payment. 4 Deductible waived.

This document provides a summary of the plan's benefits only. For a complete description of benefits, limitations and exclusions, refer to the plan's documents.

Making members shine, one smile at a time™ www.libertydentalplan/countyofkern.com

A Kern Legacy Health Plan

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