



County of Kern Dental Plans Summary of Benefits - Comparison Chart

Benefits	LIBERTY DENTAL PLAN			
	Independence PPO Dental		Cobalt Plus DHMO Dental	
	PPO Dentist	Non-PPO Dentist	DHMO Dentist	Any other Dentist
Annual Maximum (<i>per person</i>)	\$1,500.00	\$1,500.00	None	N/A
Deductible (<i>per calendar year</i>)				
Individual	\$50.00	\$50.00	\$0.00	N/A
Family	\$150.00	\$150.00	\$0.00	N/A
Coinsurance (<i>plan pays</i>)				
Preventive Exams (<i>prophylaxis</i>)	90% ^{1,4}	70% ^{2,4}	100% ³	
X-Rays	90% ¹	70% ²	100% ³	No benefit
Other Services - Restorative (<i>Amalgam, plastic, acrylic filling of cavities</i>)	90% ¹	70% ²	100% ³	No benefit
Endodontic (<i>Pulpal therapy and root canals</i>)	90% ¹	70% ²	100% ³	No benefit
Periodontics (<i>Treatment of gums and bones supporting teeth</i>)	90% ¹	70% ²	100% ³	No benefit
Prostodontics (<i>Partial and complete dentures</i>)	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
Orthodontia	No benefit	No benefit	Contact LIBERTY Customer Service	No benefit

¹ Of negotiated 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.

Dental plans administered by:

LIBERTY DENTAL PLAN

1-888-273-3179

Contact LIBERTY Dental for provider information or visit their website at

www.libertydentalplan.com/countyofkern

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, out of pocket maximums, exclusion or limitations, nor does it list all dental benefits. For a complete explanation, please refer to the Summary Plan Description listed under Liberty Dental plan's website.