

# Dental Plan Comparison Summary

PLAN YEAR 2026

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

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

