

## **Benefit Summary**

### **CLERMONT COUNTY HMO Plan**

**Benefit Plan Number:** D31

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

**Annual Maximum Benefit:** \$1000.00 per Member

**Orthodontic Lifetime Maximum Benefit:** \$0.00 per Eligible Member

**Deductible:** \$50.00 per Member, per Benefit Year  
\$150.00 per Family, per Benefit Year  
The deductible applies to Basic and Major Benefits only

<b>Covered Dental Services</b>	<b>Deductible Applied</b>	<b>Percentage of Allowable Expense Paid by the Plan</b>	<b>Member Copayment</b>
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 19, or until age 25 if enrolled as full-time students.**

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