



## **Benefit Summary**

### **CLERMONT COUNTY HMO Preventive Plan**

**Benefit Plan Number:** D338

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

**Annual Maximum Benefit:** \$500 per Member

**Orthodontic Lifetime Maximum Benefit:** \$0 per Eligible Member

**Deductible:** \$0 per Member, per Benefit Year  
\$0 per Family, per Benefit Year

<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	No	0%	100%
Major Benefits	No	0%	100%

**Sealants are covered as Preventive 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 Member Handbook. Members must receive services from a Dental Care Plus dentist.**