

Bright Health Adult Individual EPO Plan



LIBERTY Dental Plan Corporation
PO Box 26110 Irvine, CA 92799-6110
Member Services: 855-827-4448

BENEFITS HIGHLIGHT SHEET

		DENTAL EPO PLAN BENEFITS	
CALENDAR YEAR MAXIMUM		\$1,000 per person	
CALENDAR YEAR DEDUCTIBLE: Deductible waived for Diagnostic & Preventive Services		\$25 Individual/\$75 per Family	
COVERED SERVICES		IN-NETWORK PLAN PAYS	OUT-OF- NETWORK PLAN PAYS
TYPE I, DIAGNOSTIC & PREVENTIVE SERVICES Oral Exams, Cleanings, Fluoride, X-rays (Full Mouth, Panoramic Image Bitewings, and Diagnostic X-rays), Teledentistry		100%	Not Covered
TYPE II, BASIC BENEFITS Fillings (Amalgam, Composite) Protective Restoration, Non-Surgical Periodontal Services (Scaling & Root Planing, Periodontal Maintenance, Full Mouth Debridement), Palliative Treatment, Consultation		70%	Not Covered
TYPE III, MAJOR BENEFITS		Not Covered	Not Covered
TYPE IV, ORTHODONTIA		Not Covered	Not Covered

Fees are based on contracted fees for in-network dentists. Reimbursement is paid on LIBERTY Dental Plan's contract allowances and not necessarily the dentist's actual fees.

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.

Dental deductible and maximums do not accumulate against the health plan

