



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

Covered Dental Services	Deductible Applied	Percentage of Allowable Expense Paid by the Plan	Member Copayment
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.