

## Plan Benefits List

Plan	Carrier	Coverage	Effective	Location
VOL HMO - CA LIBERTY LS200 DHMO	Humana (CA)	Dental	12/1/2018	CA
<b>DEDUCTIBLE</b>	<b>HMO</b>			
Individual:	None			
Family:	None			
Waived for Preventive:	Not Applicable			
<b>ELIGIBILITY</b>	<b>HMO</b>			
Group Size Dental Services:	2-99 Enrolled			
Group Size Ortho:	Included			
<b>WAITING PERIODS</b>	<b>HMO</b>			
Major:	None			
Waived for major if there was prior group coverage?:	Not Applicable			
Ortho:	None			
<b>DENTAL SERVICES</b>	<b>HMO</b>			
Preventive Care:	\$0-\$45			
Basic Services:	\$0-\$425			
Major Services:	\$0-\$2,000			
Periodontal Surgery:	See Schedule			
Endodontic Surgery:	See Schedule			
<b>ORTHO</b>	<b>HMO</b>			
Co-pay:	Child: \$1,300-\$1,550 Adult: \$1,300-\$1,695 Retention: \$250			
Orthodontics:	Child and Adult			
Takeover:	No			
<b>BENEFIT MAXIMUMS</b>	<b>HMO</b>			
Annual Benefit Max:	None			
Lifetime - Ortho:	1 treatment/member			