



FSA Employee Association – Standard Option

LIBERTY Dental Plan Corporation
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PPO PLAN SUMMARY – Standard Option

This document provides a very brief summary of the insurance plan. It is not the insurance contract. All benefits shall be paid according to the certificate of insurance that will be provided to each covered person.

ELIGIBILITY				
WHO'S ELIGIBLE	Primary enrollee, spouse and eligible dependent children to age 26			
BENEFITS				
DEDUCTIBLES	In-network: Out-of-Network:	\$50 Individual, \$150 Family		
DEDUCTIBLE WAIVED FOR DIAGNOSTIC & PREVENTIVE	In-network: Out-of-network:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
ANNUAL MAXIMUM	Annual maximum per person: \$1,000			
WAITING PERIOD(S)	Preventive None	Basic None	Major 12 Months ¹	Ortho 12 Months ¹
COVERED SERVICES ²				
	In-Network	Out-of-Network ³		
TYPE I, DIAGNOSTIC & PREVENTIVE SERVICES Oral exam (twice per calendar year) , Cleaning (twice per calendar year), Fluoride (once per calendar year)	100%	100%		
TYPE II, BASIC BENEFITS Fillings, Single X-ray (Intraoral & Extraoral), Endodontics (Surgical & Non-Surgical), Periodontics (Surgical & Non-Surgical), Simple Extractions, Oral Surgery	80%	80%		
TYPE III, MAJOR BENEFITS Crowns, Inlays, Onlays, Dentures, Surgical Extractions	50%	50%		
TYPE IV, ORTHODONTIA (Children to age 19)	50%	50%		
ORTHODONTIA (Lifetime Maximum)	\$1,500			

¹12 Month waiting period applies only to "New Enrollees".

²Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Summary Plan Description for a list of benefit limitations and exclusions.

³Out-of-Network reimbursement up to allowable maximums.

Find a contracted PPO Provider at www.libertydentalplan.com Click on 'Find a Dentist', select 'DentalGuard Preferred Select' as your Benefit Plan/Network.

Bi-weekly Premiums:	
Employee:	\$12.66
Employee + 1:	\$25.33
Family:	\$44.17

www.LibertyDentalPlan.com

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