



**San Francisco IHSS Public Authority
LIBERTY Dental Plan of California, Inc.**

COMPARISON OF BENEFITS

WHO IS COVERED?		EPO PLAN		LDPI00 PLAN
		IHSS Worker Only		IHSS Worker, Spouse, and/or Child(ren)
TYPE OF PLAN		PREFERRED PROVIDER OPTION EPO Plan allows you to pick from a large network of dentists. Also allows you to obtain services from an out-of-network dentist. Plan covers 80% or more of the allowable fee for most services.		MANAGED CARE OPTION LDPI00 provides services through a smaller group of dentists with no member co-payment for most services.
DEPENDENT COVERAGE		NO		YES
MONTHLY PREMIUM CONTRIBUTION (Per Month)		\$ 2		Employee Only: \$1 Employee + 1 dependent: \$2 Employee + 2 or more dependents: \$3
WAITING PERIODS		Must be enrolled in the EPO Plan for 12 months before coverage for Major Services begins.		None
COVERAGE		PLAN PAYS		MEMBER PAYS
		In EPO Network	Out-of-Network	
Diagnostic & Preventive	Exams, X-rays, Prophylaxis, Fluoride	100%	100% of EPO Schedule Deductible Applies	\$0
Basic	Fillings, Simple Extractions	85%	85% of EPO Schedule Deductible Applies	\$0
Major	Oral Surgery, Endodontics, Periodontics, *Crowns, *Bridges, Partial, Denture	80% 12-month Waiting Period Applies	80% of EPO Schedule Deductible Applies 12-month Waiting Period Applies	\$0
Orthodontics		Not Covered	Not Covered	Children to age 19 - \$1,550 Adults - \$1,695 Start Up Fee - \$175
Calendar Year Deductible		\$0	\$25 per member	\$0
Calendar Year Maximum Benefits		\$1,000 per member		None

* Base metal is the benefit. Noble, high noble, and titanium metal, if used, are considered upgraded treatments. The additional cost of the upgraded treatment will be chargeable to the member.

EPO Plan: You are free to choose any dentist for treatment, but it is to your advantage to choose a First Dental Health EPO dentist. This is because his or her fees are approved in advance by First Dental Health. First Dental Health EPO providers have agreed to a pre-negotiated amount per covered procedure. The only amount chargeable to the member by an in-network provider is the actual member percentage (based on the Plan) of the pre-negotiated amount, non-covered services, upgraded services, and any amount over the annual maximum. Out-of-network providers have no agreement, so the amount chargeable to the member can be any amount over the percentage payable by the Plan. Plan payment is based on the EPO pre-negotiated amount.

LDPI00 Plan: You must choose a LDPI00 participating Primary Care Dentist at the point of enrollment. If you do not choose a Primary Care Dentist, one will be selected for you. If you wish to change to another participating LDPI00 Primary Care Dentist at any time, you must contact LIBERTY Dental Plan by the 20th day of the month for the change to be effective the first day of the following month. LIBERTY Dental Plan will arrange for you to receive services from a contracted Dental Specialist if the necessary treatment is outside the scope of General Dentistry. Your Primary Care Dentist will initiate the referral process with LIBERTY Dental Plan. The proper referral process must be utilized for specialty services to be covered under the LDPI00 Plan.

This is only a brief summary of the dental benefit plans. Please review the Evidence of Coverage and Benefit Schedule (LDPI00) and the Summary of Benefits (EPO) for complete benefit information.