





## **Medicare Advantage Plans**

|  | Clever Care Longevity<br>Medicare Advantage<br>(HMO)  | Clever Care Balance<br>Medicare Advantage<br>(HMO)   | Clever Care Fortune<br>Medicare Advantage<br>(HMO)  | Clever Care Value<br>Medicare Advantage<br>(HMO)  |
|--|---|--|---|---|
| Covered Services   | Member Cost   |  |   |   |
| No Deductible In-Network & Out of Network Plan Limitations & Exclusions Apply* Semi-Annual Rollover, any amount not used in the first 6 months will rollover to the next. All benefits will expire at end of year. | \$1,250 allowance is applied every six months up to \$2,500 annually. \$0 copay for diagnostic, preventive, or comprehensive coverage up to the annual maximum allowance. | \$1,250 allowance is applied every six months up to \$2,500 annually. \$0 copay for diagnostic, preventive, or comprehensive coverage. | \$1,000 allowance is applied every six months up to \$2,000 annually. \$0 copay for diagnostic, preventive, or comprehensive coverage up to the annual maximum allowance. | \$250 allowance is applied every six months up to \$500 annually. \$0 copay for diagnostic, preventive, or comprehensive coverage up to the annual maximum allowance. |
| Diagnostic Services Exams, X-rays, Full mouth X-rays, Panoramic X-rays, Bitewings, Other Services.   | \$0   | \$0  | \$0   | \$0   |
| Preventive Services Prophylaxis, Fluoride with/ without varnish, Other Services.   | \$0   | \$0  | \$0   | \$0   |
| Comprehensive Services, not limited to: Fillings, Inlay, Onlay, Crowns, Root Canals, Deep Cleanings, Periodontal Maintenance, Dentures, Partials. *Implant Support/Crown, Bridges, Extractions                     | \$0   | \$0  | \$0   | \$0   |

This Benefits Highlight Sheet is only a summary of the dental plan.
\*Please see your Evidence of Coverage for a full list of dental benefits, frequencies, and limitations.

Dental benefits are available both in and out of network.



To find a network dentist near you, logon to: libertydentalplan.com/ccmapd