

Retiree Dental Plan

LIBERTY DENTAL CA40-R PLUS

When you enroll in this plan, you must obtain care from a contracted LIBERTY HMO dentist for all your dental care. If you do not use a contracted LIBERTY HMO dentist, your dental care will not be covered. You will be required in some situations to pay a co-payment at the time you receive your treatment.

HOW LIBERTY DENTAL WORKS

When you or your covered dependent(s) need dental care, you must go to a contracted dentist. If you require specialized care beyond the expertise of the general dentist, you will be referred to a member of the contracted specialized dental panel. LIBERTY reserves the right to transfer you to another dental office if the dental office you have selected receives excessive or insufficient enrollment.

If you go to a dental office that is not contracted with LIBERTY DHMO, your dental care will not be covered. However, if you have an emergency and you are out of the area (more than 30 miles from your dental office), you may see a licensed dentist in an emergency for the relief of pain only. You will need to send LIBERTY a copy of the bill showing the treatment you received, and the fee charged. LIBERTY will reimburse you up to \$75.00 for each dental emergency minus applicable copayments per benefit year.

ANNUAL MAXIMUM: NONE

DEDUCTIBLE: NONE

**FOR COPAYMENTS FOR COVERED SERVICES:
REFER TO LIBERTY'S SCHEDULE OF BENEFITS**

DESCRIPTION

Most preventive services are covered with no copayment. Other services have copayments as specified in the schedule of benefits. For complete details visit LIBERTY Dental website at www.libertydentalplan.com/countyofkern.

MONTHLY PREMIUMS (2026)

RETIREE ONLY	\$ 24.00
RETIREE AND ONE DEPENDENT	\$ 40.00
RETIREE AND FAMILY	\$ 58.00

For additional information, contact LIBERTY Dental at 1(888) 273-3179

For enrollment forms, contact KERN COUNTY HEALTH & WELLNESS at (661) 868-3182.