





LIBERTY Member Services: 888-352-7536
TTY: 877-855-8039

## Medicare Advantage

Available in the following Counties: Cabarrus, Gaston, Iredell, Mecklenburg, Polk, Wilkes, Stanly, Stokes, Yadkin

ApexBold (HMO) H9828-001

Covered Services	Marchan Cook
In-Network Benefits Only	
Frequencies and Limitations Apply*	Calendar Year Maximum: \$1,500
No Deductible	

Covered Services	Member Cost
Diagnostic Services Oral evaluations, radiographic images, bitewings	0%
Preventive Services Prophylaxis, topical application of fluoride, excluding varnish	0%
Restorative Services Amalgam restorations, resin-based composites, onlay, inlay, crowns, core buildup	0%
Endodontic Services Endodontic therapy, pulp cap, retreatment of endodontic therapy, apicoectomy	0%
Periodontal Services Periodontal scaling and root planning, gingivectomy, full mouth debridement, periodontal maintenance, osseous surgery, bone graft	0%
Removable Prosthodontics Services  Complete dentures, partial dentures, denture repair, relines, tissue conditioning, overdentures	0%
Fixed Prosthodontic Services Pontics, retainer crowns, re-cement fixed partial denture	0%
Oral & Maxillofacial, Other Services  Extractions, impacted tooth removal, alveoloplasty, palliative treatment, sedation, consultation, occlusal guard, teledentistry	0%

This Benefits Highlight Sheet is only a summary of the dental plan.

\*Please contact your benefit administrator for a full list of dental benefits, frequencies and limitations.

Dental benefits are only available if they are provided by a contracted LIBERTY provider. Please check with your dental office before receiving services to make sure the office is a LIBERTY provider.



**To find a network dentist near you**, logon to: https://www.libertydentalplan.com/apexhealth







LIBERTY Member Services: 888-352-7536
TTY: 877-855-8039

## Medicare Advantage

Available in the following Counties: Cabarrus, Gaston, Iredell, Mecklenburg, Polk, Wilkes, Stanly, Stokes, Yadkin

ApexEnrich (HMO) H9828-002

<ul> <li>No Deductible</li> <li>Frequencies and Limitations Apply*</li> <li>In-Network Benefits Only</li> </ul>	Calendar Year Maximum: \$2,000
Covered Services	Member Cost
Diagnostic Services Oral evaluations, radiographic images, bitewings	0%
Preventive Services Prophylaxis, topical application of fluoride, excluding varnish	0%
Restorative Services Amalgam restorations, resin-based composites, onlay, inlay, crowns, core buildup	0%
Endodontic Services Endodontic therapy, pulp cap, retreatment of endodontic therapy, apicoectomy	0%
Periodontal Services Periodontal scaling and root planning, gingivectomy, full mouth debridement, periodontal maintenance, osseous surgery, bone graft	0%
Removable Prosthodontics Services  Complete dentures, partial dentures, denture repair, relines, tissue conditioning, overdentures	0%
Fixed Prosthodontic Services Pontics, retainer crowns, re-cement fixed partial denture	0%
Oral & Maxillofacial, Other Services  Extractions, impacted tooth removal, alveoloplasty, palliative treatment, sedation, consultation, occlusal guard, teledentistry	0%

This Benefits Highlight Sheet is only a summary of the dental plan.

\*Please contact your benefit administrator for a full list of dental benefits, frequencies and limitations.

Dental benefits are only available if they are provided by a contracted LIBERTY provider. Please check with your dental office before receiving services to make sure the office is a LIBERTY provider.



To find a network dentist near you, logon to: https://www.libertydentalplan.com/Find-a-Dentist/Find-a-Dentist.aspx







LIBERTY Member Services: 888-352-7536
TTY: 877-855-8039

## Medicare Advantage

Available in the following Counties: Alleghany, Alexander, Anson, Ashe, Buncombe, Catawba, Chesterfield, Cleveland, Davidson, Davie, Forsyth, Guilford, Henderson, Lincoln, Madison, Marlboro, Montgomery, Randolph, Richmond, Rowan, Scotland, Surry, Union, York

ApexBold (HMO) H9828-003

Covered Services	Member Cost
<ul> <li>No Deductible</li> <li>Frequencies and Limitations Apply*</li> <li>In-Network Benefits Only</li> </ul>	Calendar Year Maximum: \$2,000

Covered Services	Member Cost
Diagnostic Services Oral evaluations, radiographic images, bitewings	0%
Preventive Services Prophylaxis, topical application of fluoride, excluding varnish	0%
Restorative Services Amalgam restorations, resin-based composites, onlay, inlay, crowns, core buildup	0%
Endodontic Services Endodontic therapy, pulp cap, retreatment of endodontic therapy, apicoectomy	0%
Periodontal Services Periodontal scaling and root planning, gingivectomy, full mouth debridement, periodontal maintenance, osseous surgery, bone graft	0%
Removable Prosthodontics Services  Complete dentures, partial dentures, denture repair, relines, tissue conditioning, overdentures	0%
Fixed Prosthodontic Services Pontics, retainer crowns, re-cement fixed partial denture	0%
Oral & Maxillofacial, Other Services  Extractions, impacted tooth removal, alveoloplasty, palliative treatment, sedation, consultation, occlusal guard, teledentistry	0%

This Benefits Highlight Sheet is only a summary of the dental plan.

\*Please contact your benefit administrator for a full list of dental benefits, frequencies and limitations.

Dental benefits are only available if they are provided by a contracted LIBERTY provider. Please check with your dental office before receiving services to make sure the office is a LIBERTY provider.



To find a network dentist near you, logon to: https://www.libertydentalplan.com/Find-a-Dentist/Find-a-Dentist.aspx