



Feel good about choosing a Liberty Dental Plan

The LS200 Dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with Liberty Dental Plan.

- No deductibles
- No waiting periods
- No claims to file
- No annual maximums

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. The Liberty Dental Plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush and floss daily
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings.

Specialty Benefits Regulatory and Technical Information Guide available at [Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure](https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure).



Using your Liberty Dental Plan benefits



Members must select, and be assigned, to a Liberty Dental Plan contracted LS200 dental office to utilize covered benefits. Simply visit, libertydentalplan.com to find a dentist.



Register or sign in to your **Liberty member portal** at libertydentalplan.com to view your coverage details, ID cards, find a dentist and more!



Life without claims forms!

Member co-payments are payable to the dental office at the time services are rendered.

Questions?

For member services please call **877-873-2241** or for providers with questions call **800-268-9012**.

You may also visit our website at libertydentalplan.com

Mail requests may be sent to:
Liberty Dental Plan of California, Inc.
P.O. Box 26110
Santa Ana, CA 92799-6110



The Liberty Dental Prepaid Plans focus on maintaining oral health, prevention and cost-containment. There are no yearly maximums, no deductibles to meet and no waiting periods. Plan copayments for listed procedures are applicable at either a participating general dentist or a participating specialist. Procedures not listed on this document are not covered under the plan.

| Diagnostic Services | | Member pays |
|---------------------|--|-------------|
| D0120 | Periodic oral evaluation | \$0.00 |
| D0140 | Limited oral evaluation | \$0.00 |
| D0145 | Oral evaluation under age 3 | \$0.00 |
| D0150 | Comprehensive oral evaluation | \$0.00 |
| D0160 | Oral evaluation, problem focused | \$0.00 |
| D0170 | Re-evaluation, limited, problem focused | \$0.00 |
| D0171 | Re-evaluation, post operative office visit | \$0.00 |
| D0180 | Comprehensive periodontal evaluation | \$0.00 |
| D0210 | Intraoral, comprehensive series of radiographic images (1 of D0210, D0330, D0372, D0387, D0701, D0709 every 36 months) | \$0.00 |
| D0220 | Intraoral, periapical, first radiographic image | \$0.00 |
| D0230 | Intraoral, periapical, each add'l radiographic image | \$0.00 |
| D0240 | Intraoral, occlusal radiographic image | \$0.00 |
| D0250 | Extra-oral 2D projection radiographic image, stationary radiation source | \$0.00 |
| D0251 | Extra-oral posterior dental radiographic image | \$0.00 |
| D0270 | Bitewing, single radiographic image | \$0.00 |
| D0272 | Bitewings, two radiographic images | \$0.00 |
| D0273 | Bitewings, three radiographic images | \$0.00 |
| D0274 | Bitewings, four radiographic images | \$0.00 |
| D0277 | Vertical bitewings, 7 to 8 radiographic images | \$0.00 |
| D0330 | Panoramic radiographic image (1 of D0210, D0330, D0372, D0387, D0701, D0709 every 36 months) | \$0.00 |
| D0372 | Intraoral tomosynthesis, comprehensive series of radiographic images (1 of D0210, D0330, D0372, D0387, D0701, D0709 every 36 months) | \$0.00 |
| D0373 | Intraoral tomosynthesis, bitewing radiographic image | \$0.00 |
| D0374 | Intraoral tomosynthesis, periapical radiographic image | \$0.00 |
| D0387 | Intraoral tomosynthesis, comprehensive series, radiographic images, image capture only (1 of D0210, D0330, D0372, D0387, D0701, D0709 every 36 months) | \$0.00 |
| D0388 | Intraoral tomosynthesis, bitewing radiographic image, image capture only | \$0.00 |
| D0389 | Intraoral tomosynthesis, periapical radiographic image, image capture only | \$0.00 |
| D0396 | 3D printing of a 3D dental surface scan | \$0.00 |
| D0414 | Laboratory process of microbial specimen, culture, sensitivity, prep, report | \$0.00 |
| D0415 | Collection of microorganisms for culture | \$0.00 |
| D0425 | Caries susceptibility tests | \$0.00 |
| D0460 | Pulp vitality tests | \$0.00 |
| D0461 | Testing for cracked tooth | \$0.00 |

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| D0470 | Diagnostic casts | \$0.00 |
| D0472 | Accession of tissue, gross exam, prep & report | \$0.00 |
| D0474 | Accession of tissue, gross/micro. exam, report | \$0.00 |
| D0701 | Panoramic radiographic image, image capture only (1 of D0210, D0330, D0372, D0387, D0701, D0709 every 36 months) | \$0.00 |
| D0705 | Extra-oral posterior dental radiographic image, image capture only | \$0.00 |
| D0706 | Intraoral, occlusal radiographic image, image capture only | \$0.00 |
| D0707 | Intraoral, periapical radiographic image, image capture only | \$0.00 |
| D0708 | Intraoral, bitewing radiographic image, image capture only | \$0.00 |
| D0709 | Intraoral, comprehensive series of radiographic images, image capture only (1 of D0210, D0330, D0372, D0387, D0701, D0709 every 36 months) | \$0.00 |

| Preventive Services | | Member pays |
|---------------------|--|-------------|
| D1110 | Prophylaxis, adult | \$0.00 |
| | Prophylaxis, adult (additional prophylaxis) (1 of D1110, D1120, D4346 every 6 months) | \$45.00 |
| D1120 | Prophylaxis, child | \$0.00 |
| | Prophylaxis, child (additional prophylaxis) | \$35.00 |
| D1206 | Topical application of fluoride varnish (1 of D1206, D1208 every 6 months, additional D1208 covered up to the 18th birthday - copay applies) | \$0.00 |
| D1208 | Topical application of fluoride, excluding varnish up to the 18th birthday (additional fluoride); (1 of D1206, D1208 every 6 months, additional D1208 covered up to the 18th birthday - copay applies) | \$10.00 |
| D1310 | Nutritional counseling for control of dental disease | \$0.00 |
| D1320 | Tobacco counseling, control/prevention oral disease | \$0.00 |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, health effects associated with high-risk substance use | \$0.00 |
| D1330 | Oral hygiene instruction | \$0.00 |
| D1351 | Sealant, per tooth (1 - D1351 per tooth every 36 months, limited to first and second molars, for dependent children up to the 14th birthday) | \$10.00 |
| D1353 | Sealant repair, per tooth (1 - D1353 per tooth every 36 months, limited to first and second molars, for dependent children up to the 14th birthday) | \$0.00 |
| D1510 | Space maintainer, fixed, unilateral, per quadrant | \$25.00 |
| D1516 | Space maintainer, fixed, bilateral, maxillary | \$25.00 |
| D1517 | Space maintainer, fixed, bilateral, mandibular | \$25.00 |
| D1520 | Space maintainer, removable, unilateral, per quadrant | \$25.00 |



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| D1526 | Space maintainer, removable, bilateral, maxillary | \$25.00 |
| D1527 | Space maintainer, removable, bilateral, mandibular | \$25.00 |
| D1551 | Re-cement or re-bond bilateral space maintainer, maxillary | \$10.00 |
| D1552 | Re-cement or re-bond bilateral space maintainer, mandibular | \$10.00 |
| D1553 | Re-cement or re-bond unilateral space maintainer, per quadrant | \$10.00 |
| D1556 | Removal of fixed unilateral space maintainer, per quadrant | \$10.00 |
| D1557 | Removal of fixed bilateral space maintainer, maxillary | \$10.00 |
| D1558 | Removal of fixed bilateral space maintainer, mandibular | \$10.00 |
| D1575 | Distal shoe space maintainer, fixed, per quadrant | \$25.00 |

Restorative Services

Member
pays

***GUIDELINES for Inlays, Onlays, and Single Crowns:** The total maximum amount chargeable to the member for elective upgraded procedures (explained below) is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.

- Brand name restorations** (e.g. Sunrise, Captek, Vitadur-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.
- Benefits for anterior and bicuspid teeth:** Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure.
- Benefits for molar teeth:** Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain/ceramic crowns are not covered benefits on molar teeth. Any resin to metal or porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.
- Base metal is the benefit.** If elected, the member may be charged additional lab costs for a) noble metal, b) high noble metal, or c) titanium.
- Frequency:** For codes D2140 to D2394 (Not payable within 12 months of initial filling if performed by the same provider or office). For codes D2510 to D2794 (1 of D2510-D2794, D2960-D2962, D6205-D6252, D6545-D6792, D6794 per tooth every 5 year period, covered for members age 16 and over).

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| D2140 | Amalgam, one surface, primary or permanent | \$5.00 |
| D2150 | Amalgam, two surfaces, primary or permanent | \$10.00 |
| D2160 | Amalgam, three surfaces, primary or permanent | \$17.00 |
| D2161 | Amalgam, four or more surfaces, primary or permanent | \$20.00 |
| D2330 | Resin-based composite, one surface, anterior | \$10.00 |
| D2331 | Resin-based composite, two surfaces, anterior | \$17.00 |
| D2332 | Resin-based composite, three surfaces, anterior | \$26.00 |
| D2335 | Resin-based composite, four or more surfaces | \$37.00 |
| D2390 | Resin-based composite crown, anterior | \$50.00 |
| D2391 | Resin-based composite, one surface, posterior | \$55.00 |
| D2392 | Resin-based composite, two surfaces, posterior | \$60.00 |
| D2393 | Resin-based composite, three surfaces, posterior | \$70.00 |

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| D2394 | Resin-based composite, four or more surfaces, posterior | \$80.00 |
| D2510 | Inlay, metallic, one surface | \$120.00 |
| D2520 | Inlay, metallic, two surfaces | \$140.00 |
| D2530 | Inlay, metallic, three or more surfaces | \$145.00 |
| D2542 | Onlay, metallic, two surfaces | \$145.00 |
| D2543 | Onlay, metallic, three surfaces | \$155.00 |
| D2544 | Onlay, metallic, four or more surfaces | \$160.00 |
| D2610 | Inlay, porcelain/ceramic, one surface | \$130.00* |
| D2620 | Inlay, porcelain/ceramic, two surfaces | \$140.00* |
| D2630 | Inlay, porcelain/ceramic, three or more surfaces | \$145.00* |
| D2642 | Onlay, porcelain/ceramic, two surfaces | \$155.00* |
| D2643 | Onlay, porcelain/ceramic, three surfaces | \$160.00* |
| D2644 | Onlay, porcelain/ceramic, four or more surfaces | \$170.00* |
| D2650 | Inlay, resin-based composite, one surface | \$130.00* |
| D2651 | Inlay, resin-based composite, two surfaces | \$135.00* |
| D2652 | Inlay, resin-based composite, three or more surfaces | \$150.00* |
| D2662 | Onlay, resin-based composite, two surfaces | \$145.00* |
| D2663 | Onlay, resin-based composite, three surfaces | \$160.00* |
| D2664 | Onlay, resin-based composite, four or more surfaces | \$165.00* |
| D2710 | Crown, resin-based composite (indirect) | \$85.00* |
| D2712 | Crown, ¾ resin-based composite (indirect) | \$85.00* |
| D2720 | Crown, resin with high noble metal | \$90.00* |
| D2721 | Crown, resin with predominantly base metal | \$90.00* |
| D2722 | Crown, resin with noble metal | \$90.00* |
| D2740 | Crown, porcelain/ceramic | \$100.00* |
| D2750 | Crown, porcelain fused to high noble metal | \$115.00* |
| D2751 | Crown, porcelain fused to predominantly base metal | \$115.00* |
| D2752 | Crown, porcelain fused to noble metal | \$115.00* |
| D2753 | Crown, porcelain fused to titanium and titanium alloys | \$115.00* |
| D2780 | Crown, ¾ cast high noble metal | \$115.00* |
| D2781 | Crown, ¾ cast predominantly base metal | \$100.00 |
| D2782 | Crown, ¾ cast noble metal | \$100.00* |
| D2783 | Crown, ¾ porcelain/ceramic | \$100.00* |
| D2790 | Crown, full cast high noble metal | \$100.00* |
| D2791 | Crown, full cast predominantly base metal | \$100.00 |
| D2792 | Crown, full cast noble metal | \$100.00* |
| D2794 | Crown, titanium and titanium alloys | \$100.00* |
| D2799 | Interim crown | \$65.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer, or partial coverage | \$5.00 |
| D2915 | Re-cement or re-bond indirectly fabricated/prefabricated post & core | \$5.00 |
| D2920 | Re-cement or re-bond crown | \$5.00 |
| D2928 | Prefabricated porcelain/ceramic crown, permanent tooth | \$25.00 |



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| D2930 | Prefabricated stainless steel crown, primary tooth | \$25.00 |
| D2931 | Prefabricated stainless steel crown, permanent tooth | \$25.00 |
| D2932 | Prefabricated resin crown | \$30.00 |
| D2933 | Prefabricated stainless steel crown with resin window | \$20.00 |
| D2934 | Prefabricated esthetic coated stainless steel crown, primary tooth | \$10.00 |
| D2940 | Placement of interim direct restoration | \$0.00 |
| D2950 | Core buildup, including any pins when required | \$20.00 |
| D2951 | Pin retention, per tooth, in addition to restoration | \$10.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$30.00 |
| D2953 | Each additional indirectly fabricated post, same tooth | \$25.00 |
| D2954 | Prefabricated post and core in addition to crown | \$30.00 |
| D2955 | Post removal | \$15.00 |
| D2956 | Removal of an indirect restoration on a natural tooth (Inclusive with D2510-D2799, D2910, D2915, D2920, D2921-D2934, D2960-D2962. 1 per tooth every 5 year period, covered for members age 16 and over) | \$0.00 |
| D2957 | Each additional prefabricated post, same tooth | \$15.00 |
| D2960 | Labial veneer (resin laminate), direct (1 of D2510-D2794, D2960 - D2962, D6205 - D6252, D6545-D6792, D6794 per tooth every 5 year period, covered for members age 16 and over) | \$200.00 |
| D2961 | Labial veneer (resin laminate), indirect (1 of D2510-D2794, D2960 - D2962, D6205 - D6252, D6545-D6792, D6794 per tooth every 5 year period, covered for members age 16 and over) | \$325.00 |
| D2962 | Labial veneer (porcelain laminate), indirect (1 of D2510 - D2794, D2960 - D2962, D6205 - D6252, D6545-D6792, D6794 per tooth every 5 year period, covered for members age 16 and over) | \$425.00 |
| D2971 | Additional procedure to customize new crown, existing partial denture frame | \$30.00 |
| D2976 | Band stabilization, per tooth (Inclusive with D2160, D2161, D2393, D2394) | \$0.00 |
| D2980 | Crown repair necessitated by restorative material failure | \$25.00 |

| Endodontic Services | | Member pays |
|---------------------|--|-------------|
| D3110 | Pulp cap, direct (excluding final restoration) | \$0.00 |
| D3120 | Pulp cap, indirect (excluding final restoration) | \$0.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) | \$10.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$15.00 |
| D3230 | Pulpal therapy, anterior, primary tooth (excluding final restoration) | \$25.00 |
| D3240 | Pulpal therapy, posterior, primary tooth (excluding final restoration) | \$25.00 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$50.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | \$90.00 |

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| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | \$115.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$80.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth | \$70.00 |
| D3333 | Internal root repair of perforation defects | \$90.00 |
| D3346 | Retreatment of previous root canal therapy, anterior | \$75.00 |
| D3347 | Retreatment of previous root canal therapy, premolar | \$100.00 |
| D3348 | Retreatment of previous root canal therapy, molar | \$175.00 |
| D3351 | Apexification/recalcification, initial visit | \$85.00 |
| D3352 | Apexification/recalcification, interim medication replacement | \$65.00 |
| D3353 | Apexification/recalcification, final visit | \$65.00 |
| D3410 | Apicoectomy, anterior | \$70.00 |
| D3421 | Apicoectomy, premolar (first root) | \$70.00 |
| D3425 | Apicoectomy, molar (first root) | \$70.00 |
| D3426 | Apicoectomy, (each additional root) | \$30.00 |
| D3430 | Retrograde filling, per root | \$30.00 |
| D3450 | Root amputation, per root | \$60.00 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | \$35.00 |
| D3920 | Hemisection, not including root canal therapy | \$105.00 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$10.00 |

| Periodontal Services | | Member pays |
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| GUIDELINE: Frequency for codes D4210 - D4285 (1 of D4210 - D4285 per site/quad every 36 months) | | |
| D4210 | Gingivectomy or gingivoplasty, four or more teeth per quadrant | \$70.00 |
| D4211 | Gingivectomy or gingivoplasty, one to three teeth per quadrant | \$30.00 |
| D4212 | Gingivectomy or gingivoplasty, restorative procedure, per tooth | \$0.00 |
| D4240 | Gingival flap procedure, four or more teeth per quadrant | \$115.00 |
| D4241 | Gingival flap procedure, one to three teeth per quadrant | \$115.00 |
| D4245 | Apically positioned flap | \$125.00 |
| D4249 | Clinical crown lengthening, hard tissue | \$175.00 |
| D4260 | Osseous surgery, four or more teeth per quadrant | \$250.00 |
| D4261 | Osseous surgery, one to three teeth per quadrant | \$125.00 |
| D4263 | Bone replacement graft, retained natural tooth, first site, quadrant | \$120.00 |
| D4264 | Bone replacement graft, retained natural tooth, each additional site | \$64.00 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | \$115.00 |



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| D4266 | Guided tissue regeneration, natural teeth, resorbable barrier, per site | \$290.00 |
| D4267 | Guided tissue regeneration, natural teeth, non-resorbable barrier, per site | \$375.00 |
| D4270 | Pedicle soft tissue graft procedure | \$216.00 |
| D4273 | Autogenous connective tissue graft procedure, first tooth | \$400.00 |
| D4274 | Mesial/distal wedge procedure, single tooth | \$105.00 |
| D4275 | Non-autogenous connective tissue graft, first tooth | \$425.00 |
| D4277 | Free soft tissue graft, first tooth | \$216.00 |
| D4278 | Free soft tissue graft, each additional tooth | \$216.00 |
| D4283 | Autogenous connective tissue graft procedure, each additional tooth, per site | \$400.00 |
| D4285 | Non-autogenous connective tissue graft procedure, each additional tooth, per site | \$425.00 |
| D4286 | Removal of non-resorbable barrier (Inclusive with D4267 and not payable if no history of D4267 performed on same tooth) | \$0.00 |
| D4322 | Splint, intra-coronal; natural teeth or prosthetic crowns | \$72.00 |
| D4323 | Splint, extra-coronal; natural teeth or prosthetic crowns | \$72.00 |
| GUIDELINE: No more than two (2) quadrants of periodontal scaling and root planing per appointment/per day are allowable. | | |
| D4341 | Periodontal scaling and root planing, four or more teeth per quadrant (1 of D4341, D4342 per site quad, every 24 month) | \$30.00 |
| D4342 | Periodontal scaling and root planing, one to three teeth per quadrant (1 of D4341, D4342 per site quad, every 24 month) | \$15.00 |
| D4346 | Scaling in presence of moderate or severe inflammation, full mouth after evaluation (1 of D1110, D1120, D4346 every 6 months) | \$0.00 |
| D4355 | Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit (1 - D4355 every 24 months) | \$30.00 |
| D4381 | Localized delivery of antimicrobial agent/per tooth | \$18.00 |
| D4910 | Periodontal maintenance | \$40.00 |
| D4920 | Unscheduled dressing change (other than treating dentist or staff) | \$5.00 |

| Removable Prosthodontic Services | | Member pays |
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| GUIDELINE: (1 of D5110-D5283, D5877, D5878 per arch every 5 year period, if the appliance cannot be made functional through relining or repair) (2 of D5730-D5761 per arch every 12 months) (1 of D5810-D5821 per arch every 5 year period) | | |
| D5110 | Complete denture, maxillary | \$175.00 |
| D5120 | Complete denture, mandibular | \$175.00 |
| D5130 | Immediate denture, maxillary | \$175.00 |
| D5140 | Immediate denture, mandibular | \$175.00 |
| D5211 | Maxillary partial denture, resin base | \$120.00 |
| D5212 | Mandibular partial denture, resin base | \$120.00 |
| D5213 | Maxillary partial denture, cast metal, resin base | \$180.00 |

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| D5214 | Mandibular partial denture, cast metal, resin base | \$180.00 |
| D5221 | Immediate maxillary partial denture, resin base | \$120.00 |
| D5222 | Immediate mandibular partial denture, resin base | \$120.00 |
| D5223 | Immediate maxillary partial denture, cast metal framework, resin denture base | \$180.00 |
| D5224 | Immediate mandibular partial denture, cast metal framework, resin denture base | \$180.00 |
| D5225 | Maxillary partial denture, flexible base | \$180.00 |
| D5226 | Mandibular partial denture, flexible base | \$180.00 |
| D5227 | Immediate maxillary partial denture, flexible base | \$180.00 |
| D5228 | Immediate mandibular partial denture, flexible base | \$180.00 |
| D5282 | Removable unilateral partial denture, one piece cast metal, maxillary | \$145.00 |
| D5283 | Removable unilateral partial denture, one piece cast metal, mandibular | \$145.00 |
| D5284 | Removable unilateral partial denture, one piece flexible base, per quadrant (1 of D5284, D5286 per site every 5 year period, if the appliance cannot be made function through relining or repair) | \$145.00 |
| D5286 | Removable unilateral partial denture, one piece resin, per quadrant (1 of D5284, D5286 per site every 5 year period, if the appliance cannot be made function through relining or repair) | \$145.00 |
| D5410 | Adjust complete denture, maxillary | \$0.00 |
| D5411 | Adjust complete denture, mandibular | \$0.00 |
| D5421 | Adjust partial denture, maxillary | \$0.00 |
| D5422 | Adjust partial denture, mandibular | \$0.00 |
| D5511 | Repair broken complete denture base, mandibular | \$15.00 |
| D5512 | Repair broken complete denture base, maxillary | \$15.00 |
| D5520 | Replace missing or broken teeth - complete denture - per tooth | \$10.00 |
| D5611 | Repair resin partial denture base, mandibular | \$15.00 |
| D5612 | Repair resin partial denture base, maxillary | \$15.00 |
| D5621 | Repair cast partial framework, mandibular | \$15.00 |
| D5622 | Repair cast partial framework, maxillary | \$15.00 |
| D5630 | Repair or replace broken retentive clasping materials, per tooth | \$10.00 |
| D5640 | Replace missing or broken teeth - partial denture - per tooth | \$10.00 |
| D5650 | Add tooth to existing partial denture - per tooth | \$10.00 |
| D5660 | Add clasp to existing partial denture, per tooth | \$10.00 |
| D5670 | Replace all teeth & acrylic on cast metal frame, maxillary | \$105.00 |
| D5671 | Replace all teeth & acrylic on cast metal frame, mandibular | \$105.00 |
| D5710 | Rebase complete maxillary denture | \$75.00 |
| D5711 | Rebase complete mandibular denture | \$75.00 |
| D5720 | Rebase maxillary partial denture | \$75.00 |
| D5721 | Rebase mandibular partial denture | \$75.00 |



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| D5725 | Rebase hybrid prosthesis | \$75.00 |
| D5730 | Reline complete maxillary denture, direct | \$16.00 |
| D5731 | Reline complete mandibular denture, direct | \$16.00 |
| D5740 | Reline maxillary partial denture, direct | \$16.00 |
| D5741 | Reline mandibular partial denture, direct | \$16.00 |
| D5750 | Reline complete maxillary denture, indirect | \$50.00 |
| D5751 | Reline complete mandibular denture, indirect | \$50.00 |
| D5760 | Reline maxillary partial denture, indirect | \$50.00 |
| D5761 | Reline mandibular partial denture, indirect | \$50.00 |
| D5765 | Soft liner for complete or partial removable denture, indirect | \$16.00 |
| D5810 | Interim complete denture, maxillary | \$100.00 |
| D5811 | Interim complete denture, mandibular | \$100.00 |
| D5820 | Interim partial denture, maxillary | \$40.00 |
| D5821 | Interim partial denture, mandibular | \$40.00 |
| D5851 | Tissue conditioning, mandibular | \$0.00 |
| D5850 | Tissue conditioning, maxillary | \$0.00 |
| D5877 | Duplication of complete denture - maxillary (1 of D5110-D5283, D5877, D5878) per arch every 5 year period, if the appliance cannot be made functional through reline or repair) | \$175.00 |
| D5878 | Duplication of complete denture - mandibular (1 of D5110-D5283, D5877, D5878) per arch every 5 year period, if the appliance cannot be made functional through reline or repair) | \$175.00 |

| Implant Services | | Member pays |
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| GUIDELINE: Implants and all services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for porcelain, noble metal, high noble metal, or titanium for implants and procedures associated with implants. | | |
| D6010 | Surgical placement of implant body, endosteal | \$2,000.00 |
| D6049 | Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure (1 of D6049, D6081, D6180 per implant every 12 months) | \$0.00 |
| D6056 | Prefabricated abutment, includes modification and placement | \$210.00 |
| D6058 | Abutment supported porcelain/ceramic crown | \$1,110.00 |
| D6059 | Abutment supported porcelain fused to high noble crown | \$1,096.00 |
| D6060 | Abutment supported porcelain fused to base metal crown | \$1,035.00 |
| D6061 | Abutment supported porcelain fused to noble metal crown | \$1,056.00 |
| D6062 | Abutment supported cast metal crown, high noble | \$1,003.00 |
| D6063 | Abutment supported cast metal crown, base metal | \$861.00 |
| D6064 | Abutment supported cast metal crown, noble metal | \$912.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$1,040.00 |

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| D6066 | Implant supported crown, porcelain fused to high noble alloys | \$1,013.00 |
| D6067 | Implant supported crown, high noble alloys | \$984.00 |
| D6068 | Abutment supported retainer, porcelain/ceramic FPD | \$1,110.00 |
| D6069 | Abutment supported retainer, metal FPD, high noble | \$1,096.00 |
| D6070 | Abutment supported retainer, porcelain fused to metal FPD, base metal | \$1,035.00 |
| D6071 | Abutment supported retainer, porcelain fused to metal FPD, noble | \$1,056.00 |
| D6072 | Abutment supported retainer, cast metal FPD, high noble | \$1,028.00 |
| D6073 | Abutment supported retainer, cast metal FPD, base metal | \$930.00 |
| D6074 | Abutment supported retainer, cast metal FPD, noble | \$1,005.00 |
| D6075 | Implant supported retainer for ceramic FPD | \$1,092.00 |
| D6076 | Implant supported retainer for FPD, porcelain fused to high noble alloys | \$1,064.00 |
| D6077 | Implant supported retainer for metal FPD, high noble alloys | \$984.00 |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant (1 of D6049, D6081, D6180 per implant every 12 months) | \$0.00 |
| D6082 | Implant supported crown, porcelain fused to predominantly base alloys | \$984.00 |
| D6083 | Implant supported crown, porcelain fused to noble alloys | \$984.00 |
| D6084 | Implant supported crown, porcelain fused to titanium and titanium alloys | \$984.00 |
| D6085 | Interim implant crown | \$65.00 |
| D6086 | Implant supported crown, predominantly base alloys | \$984.00 |
| D6087 | Implant supported crown, noble alloys | \$984.00 |
| D6088 | Implant supported crown, titanium and titanium alloys | \$984.00 |
| D6089 | Accessing and retorquing loose implant screw, per screw (Inclusive with D6096) | \$0.00 |
| D6092 | Re-cement or re-bond implant/abutment supported crown | \$45.00 |
| D6093 | Re-cement or re-bond implant/abutment supported FPD | \$65.00 |
| D6094 | Abutment supported crown, titanium, and titanium alloys | \$670.00 |
| D6096 | Remove broken implant retaining screw | \$75.00 |
| D6097 | Abutment supported crown, porcelain fused to titanium and titanium alloys | \$984.00 |
| D6098 | Implant supported retainer, porcelain fused to predominantly base alloys | \$984.00 |
| D6099 | Implant supported retainer for FPD, porcelain fused to noble alloys | \$984.00 |
| D6105 | Removal of implant body not requiring bone removal or flap elevation | \$8.00 |
| D6106 | Guided tissue regeneration, resorbable barrier, per implant (1 of D6106, D6107 per site every 36 months) | \$290.00 |



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| D6107 | Guided tissue regeneration, non-resorbable barrier, per implant (1 of D6106, D6107 per site every 36 months) | \$375.00 |
| D6120 | Implant supported retainer, porcelain fused to titanium and titanium alloys | \$984.00 |
| D6121 | Implant supported retainer for metal FPD, predominantly base alloys | \$984.00 |
| D6122 | Implant supported retainer for metal FPD, noble alloys | \$984.00 |
| D6123 | Implant supported retainer for metal FPD, titanium and titanium alloys | \$984.00 |
| D6180 | Implant maintenance procedures, full arch fixed hybrid prosthesis is not removed, including cleansing (1 of D6049, D6081, D6180 per implant every 12 months) | \$0.00 |
| D6194 | Abutment supported retainer crown for FPD titanium, titanium and titanium alloys | \$670.00 |
| D6195 | Abutment supported retainer, porcelain fused to titanium and titanium alloys | \$984.00 |
| D6196 | Removal of an indirect restoration on an implant retained abutment | \$0.00 |
| D6197 | Replacement of restorative material, close access opening of screw-retained implant supported prosthesis, per implant (1 - D6197 every 6 months, per implant) | \$55.00 |

Fixed Prosthodontic Services Member pays

***GUIDELINES for Pontics and Abutment Inlays, Onlays and Crowns:** The total maximum amount chargeable to the member for elective upgraded procedures (explained below) is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.

- Brand name restorations** (e.g. Sunrise, Captek, Vitadur-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.
- Benefits for anterior and bicuspid teeth:** Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure.
- Benefits for molar teeth:** Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain/ceramic crowns are not covered benefits on molar teeth. Any resin to metal or porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.
- Base metal is the benefit.** If elected, the member may be charged additional lab costs for a) noble metal, b) high noble metal, or c) titanium.
- Frequency:** For codes D6205 to D6252, codes D6545 to D6792, and code D6794 (1 of D2510-D2794, D2960-D2962, D6205-D6252, D6545-D6792, D6794 per tooth every 5 year period, covered for members age 16 and over).

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| D6205 | Pontic, indirect resin based composite | \$85.00* |
| D6210 | Pontic, cast high noble metal | \$100.00* |
| D6211 | Pontic, cast predominantly base metal | \$100.00 |
| D6212 | Pontic, cast noble metal | \$100.00* |
| D6214 | Pontic, titanium, and titanium alloys | \$100.00* |
| D6240 | Pontic, porcelain fused to high noble metal | \$115.00* |

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| D6241 | Pontic, porcelain fused to predominantly base metal | \$115.00* |
| D6242 | Pontic, porcelain fused to noble metal | \$115.00* |
| D6243 | Pontic, porcelain fused to titanium and titanium alloys | \$115.00* |
| D6245 | Pontic, porcelain/ceramic | \$100.00* |
| D6250 | Pontic, resin with high noble metal | \$90.00* |
| D6251 | Pontic, resin with predominantly base metal | \$90.00* |
| D6252 | Pontic, resin with noble metal | \$90.00* |
| D6253 | Interim pontic | \$90.00 |
| D6545 | Retainer, cast metal for resin bonded fixed prosthesis | \$90.00* |
| D6548 | Retainer, porcelain/ceramic, resin bonded fixed prosthesis | \$80.00* |
| D6549 | Resin retainer, for resin bonded fixed prosthesis | \$80.00 |
| D6600 | Retainer inlay, porcelain/ceramic, two surfaces | \$140.00* |
| D6601 | Retainer inlay, porcelain/ceramic, three or more surfaces | \$150.00* |
| D6602 | Retainer inlay, cast high noble metal, two surfaces | \$140.00* |
| D6603 | Retainer inlay, cast high noble metal, three or more surfaces | \$145.00* |
| D6604 | Retainer inlay, cast base metal, two surfaces | \$140.00 |
| D6605 | Retainer inlay, cast base metal, three or more surfaces | \$145.00 |
| D6606 | Retainer inlay, cast noble metal, two surfaces | \$135.00* |
| D6607 | Retainer inlay, cast noble metal, three or more surfaces | \$145.00* |
| D6608 | Retainer onlay, porcelain/ceramic, two surfaces | \$160.00* |
| D6609 | Retainer onlay, porcelain/ceramic, three or more surfaces | \$165.00* |
| D6610 | Retainer onlay, cast high noble metal, two surfaces | \$155.00* |
| D6611 | Retainer onlay, cast high noble metal, three or more surfaces | \$155.00* |
| D6612 | Retainer onlay, cast base metal, two surfaces | \$145.00 |
| D6613 | Retainer onlay, cast base metal, three or more surfaces | \$155.00 |
| D6614 | Retainer onlay, cast noble metal, two surfaces | \$145.00* |
| D6615 | Retainer onlay, cast noble metal three or more surfaces | \$150.00* |
| D6624 | Retainer inlay, titanium | \$145.00* |
| D6634 | Retainer onlay, titanium | \$155.00* |
| D6710 | Retainer crown, indirect resin based composite | \$85.00* |
| D6720 | Retainer crown, resin with high noble metal | \$90.00* |
| D6721 | Retainer crown, resin with predominantly base metal | \$90.00* |
| D6722 | Retainer crown, resin with noble metal | \$90.00* |
| D6740 | Retainer crown, porcelain/ceramic | \$100.00* |
| D6750 | Retainer crown, porcelain fused to high noble metal | \$115.00* |
| D6751 | Retainer crown, porcelain fused to predominantly base metal | \$115.00* |
| D6752 | Retainer crown, porcelain fused to noble metal | \$115.00* |
| D6753 | Retainer crown, porcelain fused to titanium and titanium alloys | \$115.00* |



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| D6780 | Retainer crown, ¾ cast high noble metal | \$115.00* |
| D6781 | Retainer crown, ¾ cast predominantly base metal | \$100.00 |
| D6782 | Retainer crown, ¾ cast noble metal | \$100.00* |
| D6783 | Retainer crown, ¾ porcelain/ceramic | \$100.00* |
| D6784 | Retainer crown ¾, titanium and titanium alloys | \$115.00* |
| D6790 | Retainer crown, full cast high noble metal | \$100.00* |
| D6791 | Retainer crown, full cast predominantly base metal | \$100.00 |
| D6792 | Retainer crown, full cast noble metal | \$100.00* |
| D6793 | Interim retainer crown | \$65.00 |
| D6794 | Retainer crown, titanium and titanium alloys | \$100.00* |
| D6930 | Re-cement or re-bond fixed partial denture | \$0.00 |
| D6940 | Stress breaker | \$15.00 |
| D6980 | Fixed partial denture repair, restorative material failure | \$24.00 |
| Oral & Maxillofacial Services | | Member pays |
| D7111 | Extraction, coronal remnants, primary tooth | \$0.00 |
| D7140 | Extraction, erupted tooth or exposed root | \$8.00 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth | \$20.00 |
| D7220 | Removal of impacted tooth, soft tissue | \$68.00 |
| D7230 | Removal of impacted tooth, partially bony | \$100.00 |
| D7240 | Removal of impacted tooth, completely bony | \$130.00 |
| D7241 | Removal impacted tooth, complete bony, complication | \$140.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | \$45.00 |
| D7259 | Nerve dissection (1 - D7259 per tooth in a lifetime; limited to teeth #17 and #32. Inclusive with D7241. Must be performed by licensed Oral Surgeon) | \$0.00 |
| D7261 | Primary closure of a sinus perforation | \$152.00 |
| D7270 | Tooth reimplantation and/or stabilization, accident | \$75.00 |
| D7280 | Exposure of an unerupted tooth | \$105.00 |
| D7282 | Mobilization of erupted/malpositioned tooth | \$48.00 |
| D7283 | Placement, device to facilitate eruption, impaction | \$45.00 |
| D7285 | Incisional biopsy of oral tissue, hard (bone, tooth) | \$15.00 |
| D7286 | Incisional biopsy of oral tissue, soft | \$15.00 |
| D7287 | Exfoliative cytological sample collection | \$20.00 |
| D7288 | Brush biopsy, transepithelial sample collection | \$20.00 |
| D7310 | Alveoloplasty with extractions, four or more teeth per quadrant | \$45.00 |
| D7311 | Alveoloplasty with extractions, one to three teeth per quadrant | \$40.00 |
| D7320 | Alveoloplasty, w/o extractions, four or more teeth per quadrant | \$50.00 |
| D7321 | Alveoloplasty, w/o extractions, one to three teeth per quadrant | \$60.00 |
| D7340 | Vestibuloplasty, ridge extension (2nd epithelialization) | \$64.00 |
| D7350 | Vestibuloplasty, ridge extension | \$88.00 |

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| D7450 | Removal, benign odontogenic cyst/tumor, up to 1.25 cm | \$70.00 |
| D7451 | Removal, benign odontogenic cyst/tumor, greater than 1.25 cm | \$144.00 |
| D7460 | Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm | \$80.00 |
| D7461 | Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm | \$112.00 |
| D7471 | Removal of lateral exostosis, maxilla or mandible | \$85.00 |
| D7472 | Removal of torus palatinus | \$65.00 |
| D7473 | Removal of torus mandibularis | \$65.00 |
| D7485 | Reduction of osseous tuberosity | \$40.00 |
| D7509 | Marsupialization of odontogenic cyst | \$0.00 |
| D7510 | Incision & drainage of abscess, intraoral soft tissue | \$10.00 |
| D7511 | Incision & drainage of abscess, intraoral soft tissue, complicated | \$15.00 |
| D7520 | Incision & drainage of abscess, extraoral soft tissue | \$10.00 |
| D7521 | Incision & drainage of abscess, extraoral soft tissue, complicated | \$12.00 |
| D7530 | Remove foreign body, mucosa, skin, tissue | \$12.00 |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | \$40.00 |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot, stabilization, per site | \$0.00 |
| D7956 | Guided tissue regeneration, edentulous area, resorbable barrier, per site (1 of D7956, D7957 per site every 36 months) | \$290.00 |
| D7957 | Guided tissue regeneration, edentulous area, non-resorbable barrier, per site (1 of D7956, D7957 per site every 36 months) | \$375.00 |
| D7961 | Buccal / labial frenectomy (frenulectomy) | \$0.00 |
| D7962 | Lingual frenectomy (frenulectomy) | \$0.00 |
| D7963 | Frenuloplasty | \$0.00 |
| D7970 | Excision of hyperplastic tissue, per arch | \$45.00 |
| D7971 | Excision of pericoronal gingiva | \$40.00 |
| D7993 | Surgical placement of craniofacial implant, extra oral | \$2,000.00 |
| D7994 | Surgical placement: zygomatic implant | \$2,000.00 |
| Adjunctive General Services | | Member pays |
| D9110 | Palliative treatment of dental pain, per visit | \$10.00 |
| D9120 | Fixed partial denture sectioning | \$0.00 |
| D9210 | Local anesthesia not in conjunction, operative or surgical procedures | \$0.00 |
| D9211 | Regional block anesthesia | \$0.00 |
| D9212 | Trigeminal division block anesthesia | \$0.00 |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | \$0.00 |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | \$0.00 |



****GUIDELINE:** Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery and pedodontic procedures when dispensed in a dental office by a practitioner acting within the scope of his/her licensure; and when warranted by documented conditions that local anesthetic is contraindicated. General anesthesia, as used for dental pain control, means the elimination of all sensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of themselves sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analgesia.

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| D9222 | Administration of deep sedation/general anesthesia, first 15 minute increment, or any portion thereof | \$110.00** |
| D9223 | Administration of deep sedation/general anesthesia, each subsequent 15 minute increment, or any portion thereof | \$110.00** |
| D9224 | Administration of general anesthesia with advanced airway, first 15 minute increment, or any portion thereof | \$110.00** |
| D9225 | Administration of general anesthesia with advanced airway, each subsequent 15 minute increment, or any portion thereof | \$110.00** |
| D9230 | Administration of nitrous oxide | \$30.00 |
| D9239 | Administration of moderate sedation, intravenous, first 15 minute increment, or any portion thereof | \$90.00** |
| D9243 | Administration of moderate sedation, intravenous, each subsequent 15 minute increment, or any portion thereof | \$90.00** |
| D9244 | In-office administration of minimal sedation, single drug, enteral | \$100.00 |
| D9245 | Administration of moderate sedation, enteral | \$100.00 |
| D9246 | Administration of moderate sedation, non-intravenous parenteral, first 15 minute increment, or any portion thereof | \$100.00 |
| D9247 | Administration of moderate sedation, non-intravenous parenteral, each subsequent 15 minute increment, or any portion thereof | \$0.00 |
| D9310 | Consultation, other than requesting dentist | \$0.00 |
| D9311 | Consultation with a medical health care professional | \$0.00 |
| D9430 | Office visit, observation, regular hours, no other services | \$0.00 |
| D9440 | Office visit, after regularly scheduled hours | \$30.00 |
| D9450 | Case presentation, subsequent, detailed, extensive treatment planning | \$0.00 |
| D9630 | Drugs or medicaments dispensed in the office for home use | \$20.00 |
| D9910 | Application of desensitizing medicament | \$0.00 |
| D9911 | Application of desensitizing resin for cervical, root surface, per tooth | \$0.00 |
| D9912 | Pre-visit patient screening | \$0.00 |
| D9930 | Treatment of complications, post surgical, unusual, by report | \$5.00 |
| D9942 | Repair and/or reline of occlusal guard | \$50.00 |
| D9944 | Occlusal guard, hard appliance, full arch | \$115.00 |
| D9945 | Occlusal guard, soft appliance, full arch | \$115.00 |

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| D9946 | Occlusal guard, hard appliance, partial arch | \$115.00 |
| D9950 | Occlusion analysis, mounted case | \$0.00 |
| D9951 | Occlusal adjustment, limited | \$15.00 |
| D9952 | Occlusal adjustment, complete | \$20.00 |
| D9971 | Odontoplasty, per tooth | \$5.00 |
| D9972 | External bleaching, per arch, performed in office | \$185.00 |
| D9986 | Missed appointment | \$20.00 |
| D9987 | Cancelled appointment | \$0.00 |
| D9991 | Dental case management, addressing appointment compliance barriers | \$0.00 |
| D9992 | Dental case management, care coordination | \$0.00 |
| D9993 | Dental case management, motivational interviewing | \$0.00 |
| D9994 | Dental case management, patient education to improve oral health literacy | \$0.00 |
| D9997 | Dental case management, patients with special health care needs | \$0.00 |
| | Office visit, per visit | \$0.00 |

| Orthodontic Services | | Member pays |
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| D0340 | 2D cephalometric radiographic image, measurement and analysis | \$100.00 |
| D0396 | 3D printing of a 3D dental surface scan | \$75.00 |
| D0470 | Diagnostic casts | \$75.00 |
| D0702 | 2-D cephalometric radiographic image, image capture only | \$100.00 |
| D9310 | Consultation, other than requesting dentist | \$0.00 |
| D8010 | Limited orthodontic treatment of the primary dentition | \$1,300.00 |
| D8020 | Limited orthodontic treatment of the transitional dentition | \$1,300.00 |
| D8030 | Limited orthodontic treatment of the adolescent dentition | \$1,300.00 |
| D8040 | Limited orthodontic treatment of the adult dentition | \$1,300.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | \$1,550.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | \$1,550.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | \$1,695.00 |
| D8091 | Comprehensive orthodontic treatment with orthognathic surgery | \$1,550.00 |
| D8210 | Removable appliance therapy | \$350.00 |
| D8220 | Fixed appliance therapy | \$350.00 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | \$0.00 |
| D8670 | Periodic orthodontic treatment visit | \$0.00 |
| D8671 | Periodic orthodontic treatment visit associated with orthognathic surgery | \$0.00 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$250.00 |



Liberty Dental Plan

LS200 plan

CALIFORNIA

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| D9986 | Missed appointment | \$20.00 |
| D9987 | Cancelled appointment | \$0.00 |

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 General Dentist will initiate the referral process with Liberty Dental Plan. When you receive services from a Dental Specialist utilizing the proper referral process, the Member Co-Payments listed in this Copayment Schedule will apply.



Orthodontic Exclusions:

1. Replacement of lost or stolen orthodontic appliances
2. Lost, stolen or broken appliances
3. Orthodontic treatment started prior to member's effective date of coverage unless covered through an orthodontic takeover provision.
4. Extractions for orthodontic purposes, (will not be applied if extraction is consistent with professionally recognized standards of dental practice or arises in the context of an emergency dental condition)."
5. Treatment in progress at the time of eligibility, unless included as an orthodontic rider to the groups benefits.
6. Temporomandibular joint syndrome (TMJ) surgical orthodontics
7. Myofunctional therapy
8. Treatment of cleft palate
9. Treatment of micrognathia
10. Treatment of macroglossia
11. Changes in orthodontic treatment necessitated by accident of any kind.
12. Orthodontic coverage is limited to 24 months of treatment, followed by 24 months of retention office visits.
13. Services provided after the 24th month of treatment and/or retention is the responsibility of the patient at a fee not to exceed \$130 per month.
14. In the event of termination the patient is responsible for the usual fee of the treating dentist pro-rated over the remainder of treatment and/or retention.

Limitations

1. Fabricated crowns, onlays and inlays may be covered when a tooth with a good prognosis requires restoration but has insufficient remaining structure to reliably retain a filling. Coverage for these procedures limited to members age 16 and over.
2. Procedures that appear to have a poor prognosis as determined by a licensed Liberty dentist consultant are not covered.
3. Localized delivery of antimicrobial agents may be covered 4-6 weeks after the completion of scaling and root planing as an adjunctive procedure for 2 non-responsive sites in a quadrant with 5mm pockets or deeper plus inflammation.
4. For treatment plans involving 7 or more units of crowns and/or fixed partial dentures (bridges), contracted providers may charge an additional \$200 co-payment per unit. In such cases, the first 6 units, as described in limitation #7 above, are covered at the specified member co-payment amount only, as documented in this Schedule of Benefits.
5. Fixed partial dentures (bridges) are covered when: replacing a "like-for-like" existing fixed partial denture with identical pontics and abutment teeth with good prognosis; abutment teeth qualify for crowns on their own merit; there is only

- one missing permanent tooth in a full arch and the bridge would have opposing teeth in the opposite arch.
6. Pediatric referrals, if authorized by Liberty, are covered only for dependent children through the age of 6 unless the child qualifies under the American with Disabilities Act (ADA).

Exclusions

1. Any procedure not specifically listed as a Covered Benefit.
2. Replacement of lost or stolen prosthetics or appliances including partial dentures, full dentures, and orthodontic appliances.
3. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than those situations described in the Schedule of Benefits (**).
4. Treatment started prior to coverage or after termination of coverage.
5. Procedures, appliances, or restorations to treat temporomandibular joint dysfunctions (e.g. adjustments/corrections to the facial bones), congenital or developmental situations (including supernumerary teeth) or medically induced dental disorders, including but not limited to: myofunctional treatment (e.g. speech therapy), or myoskeletal dysfunctions, unless otherwise covered as an orthodontic benefit.
6. Services for cosmetic purposes or for conditions that are a result of hereditary developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
7. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice.
8. Procedures performed on natural teeth solely to increase vertical dimension or restore occlusion.
9. Any service performed outside of your assigned dental office, unless expressly authorized by Liberty Dental Plan, or unless as outlined and covered in the "Emergency Dental Care" section of the Evidence of Coverage.
10. The removal of asymptomatic, unerupted third molars (or other teeth) that appear to have an unimpeded pathway to eruption and no active pathology.
11. Procedures or appliances that are provided by a dentist who specializes in prosthodontic services.
12. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction), for rebuilding occlusion or maintaining chewing surfaces or teeth that are out of alignment or for stabilizing teeth. Examples of such treatment are equilibration and periodontal splinting.
13. Any routine dental services performed by a dentist or dental specialist in an inpatient/outpatient hospital setting.
14. Consultations for non-covered services.

Notice of Non-Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members or residents: You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

հայերեն (Armenian): Ձանգահարեք վերը նշված հեռախոսահամարով անվճար լեզվական օգնություն ծառայություններ ստանալու համար:

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.