



## LIBERTY Dental Plan | Florida SHOP Exchange



### Our Commitment to Our Members

**Talk to a LIVE Member Services staff every step of the way!**



#### **LIBERTY's Oral Health Philosophy**

Our philosophy is simple and has remained the same since our inception. We are committed to ensuring that our members receive necessary preventative and diagnostic treatments on a routine basis, averting costly and damaging episodic treatment. Additionally, we reach out to members to provide them with valuable Oral Hygiene Instruction and Case Management when necessary to promote a lifetime of exceptional oral health.

#### **Why We're Different**

LIBERTY Dental Plan is a privately held dental benefits corporation that has been providing dental services since 2001. We currently serve nearly 3 million members in all 50 states, and partner with some of the nation's largest health plans, labor groups, and employer groups, as well as federal, state and local governments. We are also local.

#### **LIBERTY's Concierge Style Customer Service:**

- 24-hour access to emergency dental care coordinated by Dental Director
- Multilingual Member Services staff with dental backgrounds, allowing for 98% first call resolution
- Communication in over 150 languages
- Complete Case Management
- Selection of pre-screened dentists

#### **Technology Driven Administration**

LIBERTY's technology solutions were designed specifically to reduce administrative burdens for members, providers and our client partners.



## LIBERTY offers:

- Real-time web access to online transactions, such as claims, provider services, pre-authorization submissions, eligibility & benefits inquiries, claims tracking and more.
- LIBERTY Dental Plan's mobile phone app gives members quick and easy access to: electronic ID cards, search for a network dentist, benefit & copay information and more.

## Frequently Asked Questions

### Is this an HMO or PPO?

LIBERTY provides this HMO plan to individual and families that reside in the state of Florida.

### Do I have to choose a dentist?

Yes. All members and dependents must use the same contracted LIBERTY dentist, referred to as a network dentist.

### How do I see a specialist?

In the event that you need to be seen by a Specialist, LIBERTY requires pre-authorization. In most cases, your primary care dentist will file a referral on your behalf.

### Are there waiting periods to be met?

No. Once you are an active member, you are eligible to receive care right away.

### How will I know what my copayment will be?

Please refer to the Copayment Schedule (*links provided on next page*) for a full description of covered procedure codes and applicable copayments. For questions, ask your network dentist before you receive services and/or call the LIBERTY Member Services at **877.877.1893**.

### What is an Out-of-Pocket Maximum?

Out-of-Pocket Maximum means the maximum amount of money that a Pediatric Enrollee must pay for Benefits under this Program during a plan year. If more than one Pediatric Enrollee is covered, the financial obligation for covered services is not more than the family Out-of-Pocket Maximum amount. Once the amount paid by all Pediatric Enrollee(s) equals the annual Out-of-Pocket Maximum, no further payment will be required by any of the Pediatric Enrollee(s) for the remainder of the Plan Year for covered services.



## FL Pediatric Low with Adult Option

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**Individual Out-of-Pocket Maximum: \$350 (applies to Pediatric only)**  
**Family Out-of-Pocket Maximum: \$700 (applies to Pediatric only)**

The following is a summary of the dental procedures for which benefits are payable under this Plan. Members must visit a contracted dental office to utilize covered benefits.

ADA Code	Description	Child Copayment*	Adult Copayment**
<b>Diagnostic Services</b>			
D0120	Periodic oral exam	\$0	\$0
D0150	Comprehensive oral exam	\$0	\$0
D0210	Full mouth x-ray	\$0	\$0
D0220	Individual tooth x-ray	\$0	\$0
D0270	Bitewing x-ray	\$0	\$0
<b>Preventive Services</b>			
D1110	Routine cleaning (adult)	\$0	\$25
D1120	Routine cleaning (child)	\$0	Not Covered
D1206	Topical application of fluoride varnish	\$0	Not Covered
D1208	Topical application of fluoride	\$0	\$0
D1351	Sealant, per tooth	\$0	Not Covered
D1510	Space maintainer, fixed, unilateral	\$0	\$80
<b>Restorative Services</b>			
D2140	Amalgam (silver) - 1 surface	\$40	\$20
D2330	White filling, 1 surface, front teeth	\$50	\$65
D2930	Prefabricated stainless steel crown, primary tooth	\$75	Not Covered
<b>Endodontic Services</b>			
D3240	Pulpal therapy	\$80	\$80
D3330	Root canal - molar (excluding final restoration)	\$350	\$425
<b>Periodontal Services</b>			
D4210	Gingivectomy/gingivoplasty, 4+ teeth/quad.	\$205	\$255
D4341	Periodontal scaling & root planing, 4+ teeth/quad.	\$120	\$120
<b>Removable Prosthodontic Services (Dentures)</b>			
D5110	Complete denture, maxillary	\$350	\$505
<b>Oral and Maxillofacial Surgery</b>			
D7140	Extraction, erupted tooth or exposed root (simple extractions)	\$130	\$45
D7210	Surgical removal of erupted tooth (surgical extractions)	\$160	\$70
<b>Orthodontics (Services are limited to medically necessary treatment)</b>			
D8080	Comprehensive orthodontic treatment adolescent dentition	\$350	Not Covered
*Pediatric Benefits – Apply to dependents to the age of 19			
**Adult Benefits – Apply to Enrollees 19 and over, only available on the Family Dental HMO Plan			
For a full list of Covered Benefits, Copayments, Limitations & Exclusions click here: <a href="#">Copayment Schedule</a>			



**LIBERTY Dental Plan of Florida**  
 PO Box 15149, Tampa, FL 33684  
**Member Services: 877.877.1893**

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