



LIBERTY Dental Plan



COVERED CALIFORNIA



**Talk to a LIVE
Member Services
Representative 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.

Who We Are

LIBERTY Dental Plan (LIBERTY) is a privately held dental benefits corporation that has been providing dental services since 2001. We currently serve over 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, with an office in Irvine, CA.

Our Commitment to Our Members

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.





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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

Are these HMO or PPO plans?

LIBERTY provides Dental HMO plans for individuals and families that reside in California. Some counties will require assignment to a primary care dentist. Your Benefit Schedule will provide this information upon enrollment.

Do I have to choose a dentist?

Yes, if you reside in the counties of Alameda, El Dorado, Kern, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara and Yolo. A contracted LIBERTY primary care dentist will be assigned to you and your family upon enrollment. Assignment to a dentist is not required for members residing in other counties within California.

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 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 **888.844.3344**.

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.

CA Individual Marketplace



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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.

For a full list of Covered Benefits, Copayments, Limitations & Exclusions click here: [Copayment Schedule](#)

ADA Code	Description	Child Copayment*	Adult Copayment**
Diagnostic Services			
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
Preventive Services			
D1110	Routine cleaning (adult)	\$0	\$0
D1120	Routine cleaning (child)	\$0	Not Covered
D1206	Topical application of fluoride varnish	\$0	\$0
D1208	Topical application of fluoride	\$0	\$0
D1351	Sealant, per tooth	\$0	Not Covered
D1510	Space maintainer, fixed, unilateral	\$0	Not Covered
Restorative Services			
D2140	Amalgam (silver) - 1 surface	\$25	\$25
D2330	Resin-based composite (white), 1 surface, front teeth	\$30	\$30
D2930	Prefabricated stainless steel crown, primary tooth	\$65	Not Covered
Endodontic Services			
D3240	Pulpal therapy	\$55	Not Covered
D3330	Root canal - molar (excluding final restoration)	\$300	\$300
Periodontal Services			
D4210	Gingivectomy/gingivoplasty, 4+ teeth/quad.	\$150	\$150
D4341	Periodontal scaling & root planing, 4+ teeth/quad.	\$55	\$55
Removable Prosthodontic Services (Dentures)			
D5110	Complete denture, maxillary	\$300	\$400
Oral and Maxillofacial Surgery			
D7140	Extraction, erupted tooth or exposed root (simple extractions)	\$65	\$65
D7210	Surgical removal of erupted tooth (surgical extractions)	\$120	\$115
Orthodontics (Services are limited to medically necessary treatment)			
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
 ***\$350 Per course of treatment, regardless of plan year

LIBERTY Dental Plan of California, Inc.
 PO Box 26110, Santa Ana, CA 92799-6110 **Member Services: 888.844.3344**

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Making members shine, one smile at a time™ www.libertydentalplan.com/coveredca