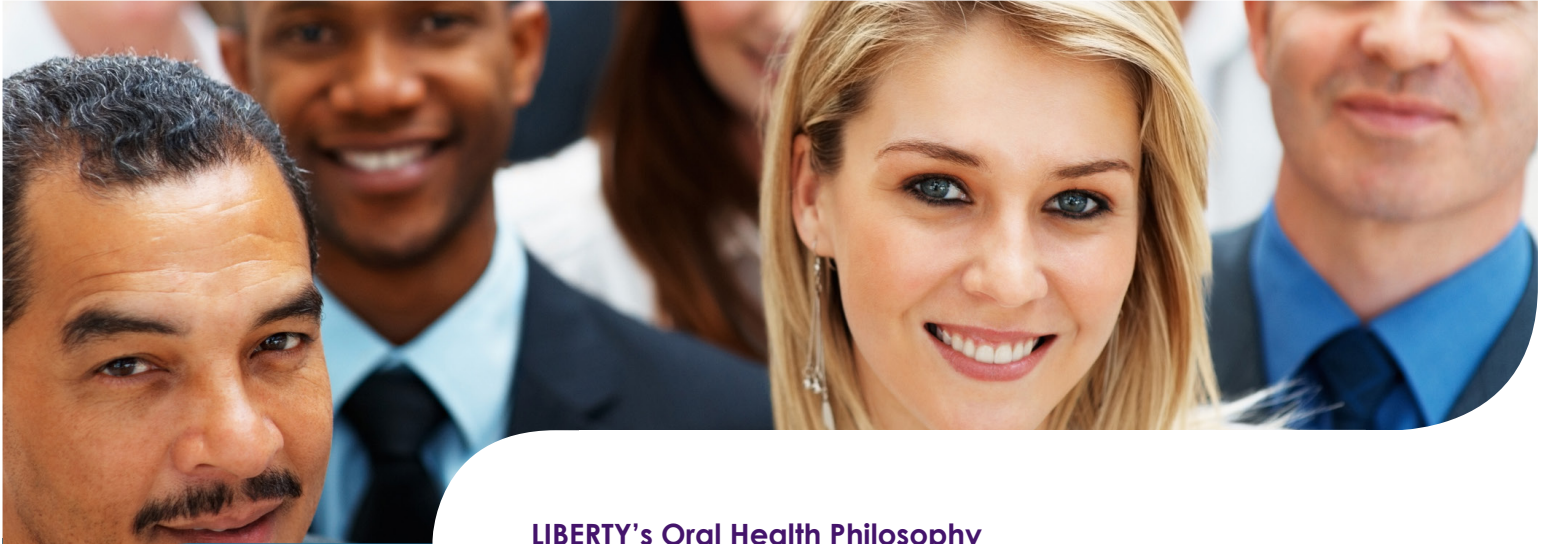




LIBERTY DENTAL PLAN
Making members shine, one smile at a time™



**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 4.5 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.

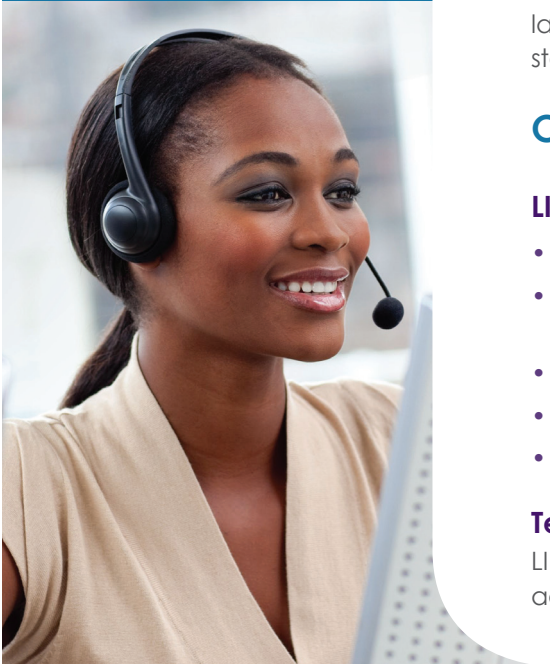
Our Commitment to Our Members

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 purchase the Family Dental Select HMO Plan and 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?

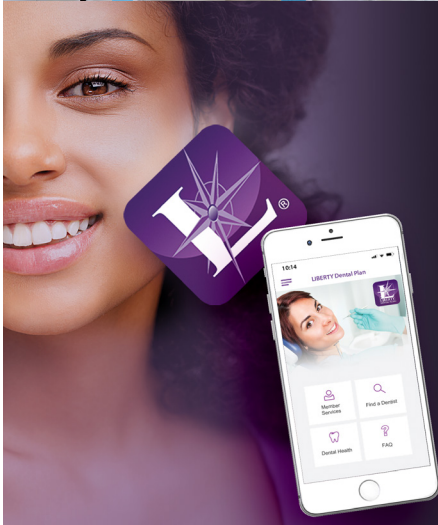
No. Once you are an active member, you are eligible to receive care right away.

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 on the plan for your area:
[Family Dental Select HMO Plan](#) | [Family Dental Choice HMO Plan](#)

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**



Discrimination is against the law. LIBERTY Dental Plan (“LIBERTY”) follows State and Federal civil rights laws. LIBERTY does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

LIBERTY provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, please contact us between 8 a.m. to 5 p.m (PST) by calling (888) 844-3344. Or, if you cannot hear or speak well, please call (800) 735-2929

HOW TO FILE A GRIEVANCE

If you believe that LIBERTY has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with LIBERTY’s Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact LIBERTY’s Civil Rights Coordinator, Monday through Friday, 8 a.m to 5 p.m (PST) by calling 888-704-9833. Or if you cannot hear or speak well, please call (800) 735-2929.
- **In writing:** Fill out a complaint form or write a letter and send it to:
 - P.O. Box 26110
 - Santa Ana, CA 92799
- **In person:** Visit your doctor’s office or LIBERTY Dental Plan and say you want to file a grievance.
- **Electronically:** Visit LIBERTY Dental Plan website at <https://www.libertydentalplan.com>.



OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:

Michele Villados
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **Electronically:** Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

LIBERTY's HIPAA Privacy Notice provides you with information about your rights and our legal duties and privacy practices with respect to Protected Health Information (PHI), including how we use and disclose your PHI. You can always request a written copy of our most current privacy notice from LIBERTY's Privacy Officer by calling 888.704.9833, or online at: www.libertydentalplan.com/HIPAA-Privacy-Notice.

Notice of Language Assistance

IMPORTANT: You can get an interpreter at no cost to talk to your doctor or health plan. To get an interpreter or to request written information (in your language or in a different format, such as Braille or larger font), first call your health plan’s phone number at 1-888-844-3344. Someone who speaks (your language) can help you. If you need more help, call the HMO Help Center at 1-888-466-2219.

IMPORTANTE: Puede obtener la ayuda de un intérprete sin costo alguno para hablar con su médico o con su plan de salud. Para obtener la ayuda de un intérprete o pedir información escrita (en su idioma o en algún formato diferente, como Braille o tipo de letra más grande), primero llame al número de teléfono de su plan de salud al 1-888-844-3344. Alguien que habla español puede ayudarlo. Si necesita ayuda adicional, llame al Centro de ayuda de HMO al 1-888-466-2219. (Spanish)

重要提示: 您與您的醫生或保健計劃工作人員交談時，可獲得免費口譯服務。如需口譯員服務或索取（用給您的語言或布萊葉盲文或大字體等不同格式提供的）書面資料，請先打電話給您的保健計劃，電話號碼 1-888-844-3344。會講（您的語言）的人士將為您提供協助。如需更多協助，請打電話給 HMO 協助中心，電話號碼 1-888-466-2219。（Cantonese or Mandarin）

هام: يمكنك الحصول على خدمات مترجم فوري مجاناً للتحدث مع طبيبك أو خطتك الصحية. للحصول على مترجم فوري أو لطلب معلومات مكتوبة (بلغتك أو بصيغة أخرى، مثل طريقة برايل أو بخط كبير)، اتصل أولاً برقم هاتف الخطة الصحية على 1-888-844-3344. سيساعدك شخص ما يتحدث (نفس لغتك). إذا كنت تريد المزيد من المساعدة، اتصل بمركز مساعدة HMO على الرقم 1-888-466-2219. (Arabic)

ԿԱՐԵՎՈՐ ՏԵՂԵԿՈՒԹՅՈՒՆ. Դուք կարող եք խոսել Ձեր բժշկի կամ առողջապահական ծրագրի հետ՝ օգտվելով թարգմանչի ծառայություններից առանց որևէ վճարի: Թարգմանիչ ունենալու կամ գրավոր տեղեկություն խնդրելու համար (հայերենով կամ մեկ այլ ձևաչափով, օրինակ՝ Բրայլը կամ մեծ տառաչափը), նախ զանգահարեք առողջապահական ծրագրի հեռախոսահամարով՝ 1-888-844-3344: Ցանկացած մեկը, ով խոսում է հայերեն, կարող է օգնել Ձեզ: Եթե Ձեզ լրացուցիչ օգնություն է անհրաժեշտ, ապա զանգահարեք Առողջապահական օժանդակության կազմակերպության (HMO) Օգնության կենտրոն՝ 1-888-466-2219 հեռախոսահամարով: (Armenian)

ភាសា ៖ សំខាន់៖ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃ ដើម្បីនិយាយទៅកាន់វេជ្ជបណ្ឌិត ឬគំរោងសុខភាពរបស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ ឬស្នើសុំព័ត៌មានជាលាយលក្ខណ៍អក្សរ (ជាភាសាខ្មែរ ឬជាទម្រង់ផ្សេងទៀត ដូចជាអក្សរព្រាស់ ឬអក្សរពុម្ពផ្សំ) សូមទូរស័ព្ទទៅគំរោងសុខភាពរបស់អ្នក តាមលេខ 1-888-844-3344 ជាមុនសិន។ អ្នកនិយាយភាសាខ្មែរ អាចជួយអ្នកបាន។ បើសិនអ្នកត្រូវការជំនួយបន្ថែម សូមទូរស័ព្ទទៅមជ្ឈមណ្ឌលជំនួយអង្គការថែរក្សាសុខភាព HMO តាមលេខ 1-888-466-2219។ (Khmer)

مهم: برای گفتگو با پزشک معالج یا طرح بیمه می توانید بطور رایگان مترجم حضوری داشته باشید. برای درخواست مترجم حضوری یا برای دریافت اطلاعات بصورت کتبی (به زبان خود، یا با فرمت های دیگر مانند بریل یا چاپ درشت) ابتدا با شماره تلفن طرح خود یعنی 1-888-844-3344 تماس حاصل نمایید. فردی که (زبان شما را) صحبت می کند، می تواند شما را یاری دهد. اگر به کمک بیشتر نیاز دارید با مرکز کمک رسانی اچ ام او (HMO) به شماره 1-888-466-2219 تماس حاصل نمایید. (Farsi)

TSEEM CEEB: Muaj tus neeg txhais lus pub dawb rau koj kom koj tham tau nrog koj tus kws kho mob los yog nrog lub chaw pab them nqi kho mob rau koj. Yog xav tau ib tug neeg txhais lus los yog xav tau cov ntaub ntawv (sau ua koj yam lus los sis ua lwm yam ntawv, zoo li ua lus Braille los sis ua ntawv loj loj), xub hu rau koj lub chaw pab them nqi kho mob tus xov tooj ntawm 1-888-844-3344. Yuav muaj ib tug neeg hais lus Hmoob pab tau koj. Yog koj xav tau kev pab ntxiv, hu rau HMO Qhov Chaw Txais Tos Pab Neeg ntawm 1-888-466-2219. (Hmong)

중요: 의사나 건강 플랜과 대화하실 때 무료 통역 서비스를 받으실 수 있습니다. 통역을 구하시거나 문자 정보(한국어 번역본 또는 점자나 큰 글자 같이 다른 형식으로 된 정보)를 요청하시려면, 가입하신 건강 플랜에 1-888-844-3344 로 먼저 전화하십시오. 한국어를 하는 사람이 도와드릴 수 있습니다. 도움이 더 필요하시면 HMO 도움 센터에 1-888-466-2219 로 연락하십시오. (Korean)

ВАЖНО: Вы можете бесплатно воспользоваться услугами переводчика во время обращения к врачу или в страховой план. Чтобы запросить услуги переводчика или письменную информацию (на русском языке или в другом формате, например, шрифтом Брайля или крупным шрифтом), позвоните в свой страховой план по телефону 1-888-844-3344. Вам окажет помощь русскоговорящий сотрудник. Если вам нужна помощь в других вопросах, позвоните в справочный центр Организации медицинского обеспечения (HMO) по телефону 1-888-466-2219. (Russian)

MAHALAGA: Maaari kang kumuha ng isang tagasalin nang walang bayad upang makipag-usap sa iyong doktor o planong pangkalusugan. Upang makakuha ng isang tagasalin o upang humiling ng nakasulat na impormasyon (sa iyong wika o sa ibang anyo, tulad ng Braille o malalaking letra), tawagan muna ang numero ng telepono ng iyong planong pangkalusugan sa 1-888-844-3344. Ang isang tao na nakapagsasalita ng Tagalog ay maaaring tumulong sa iyo. Kung kailangan mo ng karagdagang tulong, tawagan ang Sentro ng Pagtulong ng HMO sa 1-888-466-2219. (Tagalog)



LƯU Ý QUAN TRỌNG: Quý vị có thể được cấp dịch vụ thông dịch miễn phí khi đi khám tại văn phòng bác sĩ hoặc khi cần liên lạc với chương trình bảo hiểm sức khỏe của quý vị. Để được cấp dịch vụ thông dịch hoặc yêu cầu văn bản thông tin bằng tiếng Việt hoặc bằng một hình thức khác như chữ nổi hoặc bản in bằng chữ khổ lớn, trước tiên hãy gọi số điện thoại của chương trình bảo hiểm sức khỏe của quý vị tại 1-888-844-3344. Sẽ có người nói tiếng Việt giúp đỡ quý vị. Nếu quý vị cần được giúp đỡ thêm, vui lòng gọi Trung tâm Hỗ trợ HMO theo số 1-888-466-2219. (Vietnamese)

ENPÒTAN: Ou kapab jwenn yon moun pou entèprete pou ou gratis pou w ka pale avèk doktè ou oswa plan sante ou. Pou jwenn yon entèprete oswa mande enfòmasyon ekri (nan lang kreyòl ayisyen oswa yon diferan fòm tankou ekri Bray oswa pi gwo lèt), rele nimewo telefòn plan sante ou a ki se 1-888-844-3344. Yon moun ki pale kreyòl ayisyen kapab ede ou. Si ou bezwen plis asistans, rele HMO Help Center nan nimewo 1-888-466-2219. (Haitian Creole)

IMPORTANTE: Você pode usar um intérprete gratuitamente para falar com seu médico ou comunicar-se com seu plano de saúde. Para pedir um intérprete ou solicitar informações por escrito (no seu idioma ou em outro formato, como em Braille ou em letras grandes), primeiramente, ligue para o telefone de seu plano de saúde no número 1-888-844-3344. Uma pessoa que fala português irá atendê-lo. Se precisar de mais ajuda, ligue para o HMO Help Center no telefone 1-888-466-2219. (Portuguese)

ਮਹੱਤਵਪੂਰਨ: ਤੁਸੀਂ ਆਪਣੇ ਡਾਕਟਰ ਜਾਂ ਸਿਹਤ ਯੋਜਨਾ ਲਈ ਗੱਲ ਕਰਨ ਵਾਸਤੇ ਮੁਫਤ ਅਨੁਵਾਦਕ ਪਾ ਸਕਦੇ ਹੋ। ਅਨੁਵਾਦਕ ਪਾਉਣ ਲਈ ਜਾਂ ਲਿਖਤੀ ਜਾਣਕਾਰੀ (ਆਪਣੀ ਭਾਸ਼ਾ ਜਾਂ ਵੱਖਰੇ ਫਾਰਮੈਟ ਵਿੱਚ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਜਾਂ ਵੱਡੇ ਅੱਖਰ) ਦੀ ਬੇਨਤੀ ਕਰਨ ਲਈ, ਪਹਿਲਾਂ 1-888-844-3344 'ਤੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਦੇ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਵੀ (ਤੁਹਾਡੀ ਭਾਸ਼ਾ) ਬੋਲੇਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦਾ ਹੈ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਹੋਰ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-888-466-2219 'ਤੇ HMO Help Center (ਐਚ.ਐਮ.ਓ. ਸਹਾਇਤਾ ਸੈਂਟਰ) ਨੂੰ ਕਾਲ ਕਰੋ। (Punjabi)

重要 通訳を通して医師や医療保険会社とお話しいただけます。料金はかかりません。日本語でサポートを受けたり、日本語で書かれた情報を入手するには、あなたの医療保険会社(1-888-844-3344)までお電話ください。日本語が話せるスタッフがお手伝いします。さらなるサポートが必要な場合は、HMO Help Center (1-888-466-2219)までお電話ください。(Japanese)