

MO Family Value Dental Plan

Individual Out-of-Pocket Maximum: \$350 Calendar Year (applies to Pediatric only)

Family Out-of-Pocket Maximum: \$700 Calendar Year (applies to Pediatric only)

The following is a complete list of the dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must visit a contracted dental office to utilize covered benefits. The Member's dental office will initiate a treatment plan or recommend the Member see a specialist if the services are dentally necessary and outside the scope of general dentistry. Members may directly refer to a specialist.

	specialist.			
ADA Code	Description	Pediatric Copay ¹	Adult Copay ²	Limitations
	Diagnostic Services			
D0120	Periodic oral evaluation	\$0	\$15	
D0140	Limited oral evaluation	\$0	\$15	1 of (D0120, D0140, D0150, D0180) every 6
D0150	Comprehensive oral evaluation	\$0	\$15	months
D0180	Comprehensive periodontal evaluation	\$0	\$15	1
	Oral evaluation, problem focused	\$0	\$15	
D0210	Intraoral, complete series of radiographic images	\$0	\$50	1 of (D0210, D0330) every 60 months
D0330	Panoramic radiographic image	\$0	\$50	1 01 (D0210, D0330) every 00 months
D0220	Intraoral, periapical, first radiographic image	\$0	\$14	
D0230	Intraoral, periapical, each add 'I radiographic image	\$0	\$10	
	Intraoral, occlusal radiographic image	\$0	\$15	
D0270	Bitewing, single radiographic image	\$0	\$10	
	Bitewings, two radiographic images	\$0	\$28	1 of (D0270-D0277) every 6 months
D0274	Bitewings, four radiographic images	\$0	\$35	1 01 (00270-00277) every 0 months
D0277	Vertical bitewings, 7 to 8 radiographic images	\$0	NPB	
	2D cephalometric radiographic image, measurement and analysis	\$94	NPB	
	2D oral/facial photographic image, intra-orally/extra-orally	\$40	NPB	In conjunction with orthodontic coverage
	Interpretation, diagnostic image by a practitioner, not associated with image, including report	\$61	NPB	
D0470	Diagnostic casts	\$0	\$49	
	Preventive Services			
D1110	Prophylaxis, adult	\$0	\$30	1 of (D1110, D1120) every 6 months
	Prophylaxis, child	\$0	NPB	
D1206	Topical application of fluoride varnish	\$0	NPB	2 of (D1206, D1208) every 12 months
	Topical application of fluoride, excluding varnish	\$0	\$25	, , , ,
	Sealant, per tooth	\$0	NPB	1 of (D1351, D1352) per tooth every 36 months
D1352	Preventive resin restoration, permanent tooth	\$0	NPB	1st and 2nd permanent molars
D1353	Sealant repair, per tooth	\$0	NPB	1 per tooth every 36 months, 1st and 2nd permanent molars
D1510	Space maintainer, fixed, unilateral, per quadrant	\$0	\$150	
D1516	Space maintainer, fixed, bilateral, maxillary	\$0	\$175	
D1517	Space maintainer, fixed, bilateral, mandibular	\$0	\$175	
D1520	Space maintainer, removable, unilateral, per quadrant	\$0	\$200	
D1526	Space maintainer, removable, bilateral, maxillary	\$0	\$225	
D1527	Space maintainer, removable, bilateral, mandibular	\$0	\$225	
D1551	Re-cement or re-bond bilateral space maintainer, maxillary	\$0	\$25	
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	\$0	\$25	
D1553	Re-cement or re-bond unilateral space maintainer, mandibular	\$0	\$25	
D1575	Distal shoe space maintainer, fixed, per quadrant	\$0	\$150	
	Restorative Services			
D2140	Amalgam, one surface, primary or permanent	\$40	\$65	
D2150	Amalgam, two surfaces, primary or permanent	\$45	\$75	
	Amalgam, three surfaces, primary or permanent	\$50	\$90	
	Amalgam, four or more surfaces, primary or permanent	\$60	\$125	
D2330	Resin-based composite, one surface, anterior	\$50	\$80	
	Resin-based composite, two surfaces, anterior	\$60	\$90	
	Resin-based composite, three surfaces, anterior	\$70	\$105	
D2335	Resin-based composite, four or more surfaces, involving incisal angle	\$80	\$130	
GUIDE	LINES for Inlays, Onlays, and Single Crowns:			

1. When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$125.00 per unit, beyond the 6th unit.

2. Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee \$150.00 per unit.

3. For a covered porcelain-fused-to-metal crown, a porcelain margin is considered a material upgrade with a maximum additional charge to the Enrollee of \$75.00 per unit.

4. Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contracted Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment.

D2510	Inlay, metallic, one surface	\$225	\$370	
D2520	Inlay, metallic, two surfaces	\$365	\$395	
D2530	Inlay, metallic, three or more surfaces	\$325	\$450	
D2542	Onlay, metallic, two surfaces	\$345	\$500	
D2543	Onlay, metallic, three surfaces	\$350	\$530	
D2544	Onlay, metallic, four or more surfaces	\$350	\$615	1 of (D2510-D2794, D6058-D6077, D6210-D6794)
D2740	Crown, porcelain/ceramic*	\$350	\$640	per tooth every 60 months
D2750	Crown, porcelain fused to high noble metal*	\$350	\$675	
D2751	Crown, porcelain fused to predominantly base metal	\$350	\$585	
D2752	Crown, porcelain fused to noble metal*	\$350	\$630	
D2780	Crown, ¾ cast high noble metal*	\$350	\$630	
D2781	Crown. ¾ cast predominantly base metal	\$350	\$575	



L I B E R Dental P				
ADA	Description	Pediatric	Adult	Limitations
Code		Copay ¹	Copay ²	
0.0700	Restorative Services (continued)	4050	4505	
	Crown, % porcelain/ceramic*	\$350	\$595	
	Crown, full cast high noble metal* Crown, full cast predominantly base metal	\$350 \$350	\$620 \$580	1 of (D2510-D2794, D6058-D6077, D6210-D6794)
	Crown, full cast noble metal*	\$350	\$595	per tooth every 60 months
	Crown, titanium and titanium alloys*	\$350	\$650	
	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	\$45	\$47	
	Re-cement or re-bond crown	\$50	\$51	
	Prefabricated porcelain/ceramic crown, primary tooth	\$100	NPB	
	Prefabricated stainless steel crown, primary tooth	\$75	NPB	1 of (D2929-D2931) per tooth every 60 months
	Prefabricated stainless steel crown, permanent tooth	\$100	NPB	
	Protective restoration	\$60	NPB	1 (D0050)
	Core buildup, including any pins when required	\$95 \$30	\$145	1 (D2950) per tooth every 60 months
	Pin retention, per tooth, in addition to restoration Prefabricated post and core in addition to crown	\$115	\$34 \$160	1 (D2954) per tooth every 60 months
	Crown repair necessitated by restorative material failure	\$105	\$100	
	Inlay repair necessitated by restorative material failure	\$65	\$65	
	Onlay repair necessitated by restorative material failure	\$80	\$80	
	Veneer repair necessitated by restorative material failure	\$65	\$65	
D2990	Resin infiltration of incipient smooth surface lesions	\$15	\$15	1 (D2990) every 36 months
	Endodontic Services			
D3220	Therapeutic pulpotomy (excluding final restoration)	\$75	\$95	
	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	\$70	\$75	
	Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$80	\$94	1 of (D3230, D3240) per tooth per lifetime
	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	\$80	\$105	- (,, p p
	Endodontic therapy, anterior tooth (excluding final restoration)	\$270	\$405	
	Endodontic therapy, premolar tooth (excluding final restoration)	\$320	\$490	
	Endodontic therapy, molar tooth (excluding final restoration) Retreatment of previous root canal therapy, anterior	\$350 \$350	\$610 \$405	
	Retreatment of previous root canal therapy, premolar	\$350	\$405 \$490	
	Retreatment of previous root canal therapy, molar	\$350	\$590	
	Apexification/recalcification, initial visit	\$105	NPB	
	Apexification/recalcification, interim medication replacement	\$110	NPB	
	Apexification/recalcification, final visit	\$230	NPB	
D3410	Apicoectomy, anterior	\$275	\$225	
D3421	Apicoectomy, premolar (first root)	\$285	\$275	
	Apicoectomy, molar (first root)	\$305	\$295	
	Apicoectomy, (each additional root)	\$115	\$175	
	Root amputation, per root	\$145	\$160	
D3920	Hemisection, not including root canal therapy	\$105	\$215	
D4210	Periodontal Services	¢205	¢250	
	Gingivectomy or gingivoplasty, four or more teeth per quadrant Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$205 \$125	\$250 \$120	-
	Gingivectomy or gingivoplasty, restorative procedure, per tooth	\$125	\$120	1
	Gingivectority of gingivoplasty, resolutive procedure, per tooth	\$225	\$425	
	Gingival hap procedure, not of three teeth per quadrant	\$225	\$225	1 of (D4210-D4264) per site/quad every 36
	Osseous surgery, four or more teeth per quadrant	\$350	\$450	months
	Osseous surgery, one to three teeth per quadrant	\$200	\$375	
	Bone replacement graft, retained natural tooth, first site, quadrant	\$245	\$450	
D4264	Bone replacement graft, retained natural tooth, each additional site	\$245	\$450	
	Pedicle soft tissue graft procedure	\$245	\$450	
	Autogenous connective tissue graft procedure, first tooth	\$265	\$380	
	Non-autogenous connective tissue graft, first tooth	\$245	\$300	1 of (D4275, D4285) per tooth every 36 months
	Free soft tissue graft, first tooth	\$200	\$275	
	Free soft tissue graft, each additional tooth Clinical crown lengthening, hard tissue	\$200 \$175	\$135 \$375	
	Autogenous connective tissue graft procedure, each additional tooth, per site	\$175	\$375	
	Non-autogenous connective tissue graft procedure, each additional tooth, per site	\$245	\$300	1 of (D4275, D4285) per tooth every 36 months
			<i>4300</i>	1 of (D4273, D4203) per tooth every so months
GUIDEU				
GUIDELI No more	than two (2) guadrants of periodontal scaling and root planing per appointment/per day are allowable			
No more	than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.	\$120	\$1 4 5	1 of (D4341, D4342) per site/guad every 24
No more D4341	Periodontal scaling and root planing, four or more teeth per quadrant	\$120 \$90	\$145 \$130	1 of (D4341, D4342) per site/quad every 24 months
No more D4341 D4342	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant	\$120 \$90 \$0	\$145 \$130 \$30	months
No more D4341 D4342 D4346	Periodontal scaling and root planing, four or more teeth per quadrant	\$90	\$130	
No more D4341 D4342 D4346 D4355	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$90 \$0	\$130 \$30	months 1 of (D1110, D1120, D4346) every 6 months
No more D4341 D4342 D4346 D4355	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant Scaling in presence of moderate or severe inflammation, full mouth after evaluation Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	\$90 \$0 \$60	\$130 \$30 \$105	months 1 of (D1110, D1120, D4346) every 6 months 1 (D4355) per lifetime
No more D4341 D4342 D4346 D4355 D4910	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant Scaling in presence of moderate or severe inflammation, full mouth after evaluation Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit Periodontal maintenance	\$90 \$0 \$60	\$130 \$30 \$105	months 1 of (D1110, D1120, D4346) every 6 months 1 (D4355) per lifetime
No more D4341 D4342 D4346 D4355 D4910 D5110 D5120	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant Scaling in presence of moderate or severe inflammation, full mouth after evaluation Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit Periodontal maintenance Removable Prosthodontic Services Complete denture, maxillary Complete denture, mandibular	\$90 \$0 \$60 \$80 \$350 \$350	\$130 \$30 \$105 \$85 \$755 \$755	months 1 of (D1110, D1120, D4346) every 6 months 1 (D4355) per lifetime
No more D4341 D4342 D4346 D4355 D4910 D5110 D5120 D5130	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant Scaling in presence of moderate or severe inflammation, full mouth after evaluation Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit Periodontal maintenance Removable Prosthodontic Services Complete denture, maxillary Complete denture, maxillary	\$90 \$0 \$60 \$80 \$350 \$350 \$350	\$130 \$30 \$105 \$85 \$755 \$755 \$825	months 1 of (D1110, D1120, D4346) every 6 months 1 (D4355) per lifetime
No more D4341 D4342 D4346 D4355 D4910 D5110 D5110 D5120 D5130 D5140	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant Scaling in presence of moderate or severe inflammation, full mouth after evaluation Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit Periodontal maintenance Removable Prosthodontic Services Complete denture, maxillary Complete denture, maxillary Immediate denture, maxillary Immediate denture, mandibular	\$90 \$0 \$60 \$80 \$350 \$350 \$350 \$350	\$130 \$30 \$105 \$85 \$755 \$755 \$825 \$825	months 1 of (D1110, D1120, D4346) every 6 months 1 (D4355) per lifetime 4 (D4910) every 12 months
No more D4341 D4342 D4346 D4355 D4910 D5110 D5110 D5120 D5130 D5140 D5211	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant Scaling in presence of moderate or severe inflammation, full mouth after evaluation Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit Periodontal maintenance Removable Prosthodontic Services Complete denture, maxillary Complete denture, maxillary Immediate denture, maxillary Immediate denture, maxillary Immediate denture, resin base	\$90 \$0 \$60 \$350 \$350 \$350 \$350 \$350 \$350	\$130 \$30 \$105 \$85 \$755 \$755 \$825 \$825 \$825 \$505	months 1 of (D1110, D1120, D4346) every 6 months 1 (D4355) per lifetime
No more D4341 D4342 D4346 D4355 D4910 D5110 D5120 D5120 D5130 D5140 D5211 D5212	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant Scaling in presence of moderate or severe inflammation, full mouth after evaluation Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit Periodontal maintenance Removable Prosthodontic Services Complete denture, maxillary Immediate denture, maxillary Immediate denture, mandibular Maxillary partial denture, resin base Mandibular partial denture, resin base	\$90 \$0 \$60 \$350 \$350 \$350 \$350 \$350 \$350 \$350 \$35	\$130 \$30 \$105 \$85 \$755 \$755 \$825 \$825 \$825 \$505	months 1 of (D1110, D1120, D4346) every 6 months 1 (D4355) per lifetime 4 (D4910) every 12 months
No more D4341 D4342 D4346 D4355 D4910 D5110 D5120 D5130 D5140 D5211 D5212 D5213	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant Scaling in presence of moderate or severe inflammation, full mouth after evaluation Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit Periodontal maintenance Removable Prosthodontic Services Complete denture, maxillary Immediate denture, maxillary Immediate denture, mandibular Maxillary partial denture, resin base Mandibular partial denture, cast metal, resin base	\$90 \$0 \$60 \$350 \$350 \$350 \$350 \$350 \$350 \$350 \$35	\$130 \$30 \$105 \$85 \$755 \$825 \$825 \$825 \$505 \$505 \$715	months 1 of (D1110, D1120, D4346) every 6 months 1 (D4355) per lifetime 4 (D4910) every 12 months
No more D4341 D4342 D4346 D4355 D4910 D5110 D5120 D5130 D5140 D5211 D5212 D5213 D5214	Periodontal scaling and root planing, four or more teeth per quadrant Periodontal scaling and root planing, one to three teeth per quadrant Scaling in presence of moderate or severe inflammation, full mouth after evaluation Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit Periodontal maintenance Removable Prosthodontic Services Complete denture, maxillary Immediate denture, maxillary Immediate denture, mandibular Maxillary partial denture, resin base Mandibular partial denture, resin base	\$90 \$0 \$60 \$350 \$350 \$350 \$350 \$350 \$350 \$350 \$35	\$130 \$30 \$105 \$85 \$755 \$755 \$825 \$825 \$825 \$505	months 1 of (D1110, D1120, D4346) every 6 months 1 (D4355) per lifetime 4 (D4910) every 12 months



D5224 Immediate mandibular partial denture, cast metal framework, resin denture base \$350 \$715 D5282 Removable unilateral partial denture, one piece cast metal, maxillary \$305 NPB D5283 Removable unilateral partial denture, one piece cast metal, mandibular \$305 NPB D5410 Adjust complete denture, maxillary \$40 \$38 D5411 Adjust complete denture, mandibular \$40 \$38		1 of (D5110-D5224, D5282, D5283) pe
D5222Immediate mandibular partial denture, resin base\$350\$505D5223Immediate maxillary partial denture, cast metal framework, resin denture base\$350\$715D5242Immediate mandibular partial denture, cast metal framework, resin denture base\$305\$NP8D5242Immediate mandibular partial denture, one piece cast metal, maxillary\$305NP8D5243Removable unilateral partial denture, one piece cast metal, mandibular\$305NP8D5241Adjust complete denture, maxillary\$40\$38D5411Adjust partial denture, mandibular\$40\$38D5422Adjust partial denture, mandibular\$40\$38D5423Renovable unilateral partial denture, mandibular\$40\$38D5411Adjust partial denture, mandibular\$40\$38D5424Adjust partial denture, mandibular\$40\$38D5425Repair broken complete denture base, mandibular\$40\$38D5512Repair broken complete denture base, mandibular\$70\$88D5520Repair resin partial denture base, mandibular\$75\$95D5621Repair cast partial framework, maxillary\$105\$135D5622Repair cast partial framework, maxillary\$105\$135D5623Repair cast partial framework, maxillary\$105\$135D5624Repair cast partial framework, maxillary\$55\$95D5625Repair cast partial framework, maxillary\$105\$135D5620Repair cast partial framework, maxill		every 60 months
105223Immediate maxillary partial denture, cast metal framework, resin denture base\$350\$71555242Immediate mandibular partial denture, cast metal framework, resin denture base\$305NPB55282Removable unilateral partial denture, one piece cast metal, mandibular\$305NPB55283Removable unilateral partial denture, one piece cast metal, mandibular\$305NPB55284Adjust complete denture, maxillary\$40\$3855411Adjust partial denture, mandibular\$40\$3855422Adjust partial denture, mandibular\$40\$3855423Repair broken complete denture base, mandibular\$40\$3855513Repair broken complete denture base, mandibular\$80\$9655514Repair resin partial denture base, mandibular\$77\$8855614Repair resin partial denture base, mandibular\$75\$9555618Repair cast partial framework, maxillary\$105\$13555629Replace missing or broken teeth, complete denture\$77\$9555614Repair cast partial denture base, mandibular\$75\$9555629Replace missing or broken teeth, complete denture\$75\$9555630Replace missing partial denture base, maxillary\$105\$13555630Replace nesting partial denture base, maxillary\$105\$13555630Replace nesting partial denture\$80\$11555630Replace broken retertive clasping materials, per tooth\$85\$31555630		every 60 months
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5283Removable unilateral partial denture, one piece cast metal, mandibular\$305NPB5410Adjust complete denture, maxillary\$40\$385411Adjust complete denture, mandibular\$40\$385421Adjust partial denture, maxillary\$40\$385421Adjust partial denture, maxillary\$40\$385421Adjust partial denture, mandibular\$40\$385511Repair broken complete denture base, maxillary\$80\$965512Repair broken complete denture base, maxillary\$80\$965520Repair resin partial denture base, maxillary\$75\$955611Repair resin partial denture base, maxillary\$75\$955612Repair resin partial denture base, maxillary\$105\$1355620Repair cast partial framework, mandibular\$105\$1355621Repair cast partial framework, maxillary\$105\$1355622Replace broken teeth, per tooth\$85\$1355630Replace broken teeth, per tooth\$85\$1355640Add tooth to existing partial denture\$205\$3075710Rebase complete maxillary denture\$205\$3075720Rebase complete maxillary denture\$205\$290	ery 12 month	1 of (D5410-D5422) per arch every 12 r
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5421Adjust partial denture, maxillary\$40\$381 of (D5410-D5422) per arch ever5422Adjust partial denture, mandibular\$40\$385511Repair broken complete denture base, mandibular\$80\$965512Repair broken complete denture base, maxillary\$80\$965520Replace missing or broken teeth, complete denture\$70\$885611Repair resin partial denture base, maxillary\$75\$955612Repair resin partial denture base, maxillary\$105\$1355612Repair cast partial framework, mandibular\$105\$1355622Repair cast partial framework, maxillary\$105\$1355630Repair or replace broken retentive clasping materials, per tooth\$85\$1355640Replace testing partial denture\$80\$1155650Add tooth to existing partial denture, per tooth\$100\$11255660Add tooth to existing partial denture, per tooth\$100\$1255710Rebase complete maxillary denture\$205\$3075711Rebase complete mandibular denture\$205\$290	ery 12 month	1 of (D5410-D5422) per arch every 12 r
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5511Repair broken complete denture base, mandibular\$80\$965512Repair broken complete denture base, maxillary\$80\$965520Replace missing or broken teeth, complete denture\$70\$885611Repair resin partial denture base, mandibular\$75\$955612Repair resin partial denture base, maxillary\$75\$955621Repair cast partial framework, mandibular\$105\$1355622Repair cast partial framework, maxillary\$105\$1355630Repair or replace broken retentive clasping materials, per tooth\$85\$1355640Replace broken teeth, per tooth\$80\$1155650Add tooth to existing partial denture, per tooth\$100\$1255710Rebase complete maxillary denture\$205\$3075711Rebase complete mandibular denture\$205\$290		
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ADA				
_	Description	Pediatric	Adult	Limitations
Code	Description	Copay ¹	Copay ²	Limitations
	Implant Services (continued)			
	Replacement of semi-precision, precision attachment, implant/abutment supported prosthesis, per			
D6091	attachment	\$20	NPB	1 (D6091) per tooth every 60 months
D6005	Repair implant abutment, by report	\$230	NPB	1 (D6095) per tooth every 60 months
	Implant removal, by report	\$180	NPB	1 (D6100) per tooth every 60 months
	Debridement of a peri-implant defect(s), surrounding single implant, including flap entry/closure	\$165	NPB	
D0101	Debridement and osseous contouring of a peri-implant defect(s) surrounding single implant, including flap	\$105	INFD	1 of (D6101, D6102) per site every 60 months
D6102		\$350	NPB	1 of (D6101, D6102) per site every 60 months
DC102	entry/closure	ć 1 7 F	NDD	
	Bone graft for repair of peri-implant defect, does not include flap entry and closure	\$175	NPB	
	Bone graft at time of implant placement	\$165	NPB	
	Implant/abutment supported removable denture, maxillary	\$350	NPB	
	Implant/abutment supported removable denture, mandibular	\$350	NPB	
	Implant/abutment supported removable denture, partial, maxillary	\$350	NPB	
	Implant/abutment supported removable denture, partial, mandibular	\$350	NPB	
	Implant/abutment supported fixed denture, maxillary	\$350	NPB	4
	Implant/abutment supported fixed denture, mandibular	\$350	NPB	1 of (D6114-D6117) per arch every 60 months
D6116	Implant/abutment supported fixed denture for partial, maxillary	\$350	NPB	
D6117	Implant/abutment supported fixed denture for partial, mandibular	\$350	NPB	
D6190	Radiographic/surgical implant index, by report	\$130	NPB	1 (D6190) every 60 months
	Fixed Prosthodontic Services			
*GUIDEI	LINES for Bridges:			
1. When	a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$125	5.00 per unit,	beyond the	6th unit.
	lain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional cha			
	covered porcelain-fused-to-metal crown, a porcelain margin is considered a material upgrade with a maximum addi	•		•
	brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or mati	0		· ·
			lenai upgrat	des. The contract Dentist may charge an additional
	o exceed \$325.00 in addition to the listed Copayment.	1 4	1	I
	Pontic, cast high noble metal*	\$350	\$575	<u> </u>
D6211	Pontic, cast predominantly base metal	\$350	\$540	
D6212	Pontic, cast noble metal*	\$350	\$560	
D6214	Pontic, titanium, and titanium alloys*	\$350	NPB	1
D6240	Pontic, porcelain fused to high noble metal*	\$350	\$600	1
	Pontic, porcelain fused to predominantly base metal	\$380	\$560	1
	Pontic, porcelain fused to noble metal*	\$400	\$575	1
	Pontic, porcelain/ceramic*	\$350	\$525	+
	Retainer, cast metal for resin bonded fixed prosthesis	\$330	NPB	+
		\$210	NPB	4
	Retainer, porcelain/ceramic, resin bonded fixed prosthesis*	\$210		4
	Resin retainer, for resin bonded fixed prosthesis		NPB	1 of (D2510-D2794, D6058-D6077, D6210-D6794)
	Retainer crown, porcelain/ceramic*	\$350	\$640	per tooth every 60 months
	Retainer crown, porcelain fused to high noble metal*	\$350	\$675	
	Retainer crown, porcelain fused to predominantly base metal	\$350	\$585	4
D6752	Retainer crown, porcelain fused to noble metal*	\$350	\$630	<u> </u>
D6780	Retainer crown, ¾ cast high noble metal*	\$350	\$600	
D6781	Retainer crown, ¾ cast predominantly base metal	\$350	\$575	
D6782	Retainer crown, ¾ cast noble metal*	\$350	\$545	
DC702	Retainer crown, ¼ porcelain/ceramic*			
ר בא/סיחי	netaller crown, 74 porcelain/ ceraine	\$350	\$590	1
D6790	Retainer crown, full cast high noble metal*	\$350 \$350	\$590 \$620	
D6790 D6791	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal	\$350 \$350 \$350	\$590 \$620 \$580	
D6790 D6791 D6792	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal*	\$350 \$350 \$350 \$350 \$350	\$590 \$620 \$580 \$597	
D6790 D6791 D6792 D6794	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys*	\$350 \$350 \$350 \$350 \$350 \$350	\$590 \$620 \$580 \$597 NPB	*
D6790 D6791 D6792 D6794 D6930	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture	\$350 \$350 \$350 \$350 \$350 \$350 \$350 \$60	\$590 \$620 \$580 \$597 NPB \$60	
D6790 D6791 D6792 D6794 D6930	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure	\$350 \$350 \$350 \$350 \$350 \$350	\$590 \$620 \$580 \$597 NPB	
D6790 D6791 D6792 D6794 D6930 D6980	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services	\$350 \$350 \$350 \$350 \$350 \$350 \$60 \$140	\$590 \$620 \$580 \$597 NPB \$60 \$175	
D6790 D6791 D6792 D6794 D6930 D6980 D7140	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root	\$350 \$350 \$350 \$350 \$350 \$60 \$140 \$130	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78	
D6790 D6791 D6792 D6794 D6930 D6980 D7140 D7210	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$350 \$350 \$350 \$350 \$350 \$60 \$140 \$130 \$160	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150	
D6790 D6791 D6792 D6794 D6930 D6980 D7140 D7210 D7220	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth Removal of impacted tooth, soft tissue	\$350 \$350 \$350 \$350 \$350 \$350 \$140 \$140 \$130 \$160 \$160	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172	Removal of impacted third molars in Enrollees under
D6790 D6791 D6792 D6794 D6930 D6980 D7140 D7210 D7220 D7230	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth coth requiring removal of bone and/or sectioning of tooth Removal of impacted tooth, soft tissue Removal of impacted tooth, partially bony	\$350 \$350 \$350 \$350 \$350 \$350 \$140 \$140 \$130 \$160 \$160 \$200	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220	19 is not covered unless specific documentation is
D6790 D6791 D6792 D6794 D6930 D6980 D7140 D7140 D7210 D7220 D7230 D7240	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, partially bony Removal of impacted tooth, completely bony	\$350 \$350 \$350 \$350 \$350 \$350 \$140 \$140 \$130 \$160 \$160 \$200 \$250	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D6980 D7140 D7210 D7220 D7220 D7230 D7240	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal of impacted tooth, completely bony Removal impacted tooth, complete bony, complication	\$350 \$350 \$350 \$350 \$350 \$350 \$140 \$140 \$130 \$160 \$160 \$200	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220	19 is not covered unless specific documentation is
D6790 D6791 D6792 D6794 D6930 D6980 D7140 D7210 D7220 D7220 D7230 D7240	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, partially bony Removal of impacted tooth, completely bony	\$350 \$350 \$350 \$350 \$350 \$350 \$140 \$140 \$130 \$160 \$160 \$200 \$250	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D6980 D7140 D7210 D7220 D7230 D7240 D7241 D7250	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal of impacted tooth, completely bony Removal impacted tooth, complete bony, complication	\$350 \$350 \$350 \$350 \$350 \$140 \$140 \$140 \$160 \$160 \$160 \$200 \$250 \$250	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240 \$278	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D6980 D7140 D7210 D7220 D7220 D7220 D7240 D7241 D7250 D7251	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal of impacted tooth, completely bony Removal impacted tooth, complete bony, complication Removal of residual tooth roots (cutting procedure)	\$350 \$350 \$350 \$350 \$60 \$140 \$130 \$160 \$160 \$200 \$250 \$250 \$250	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$220 \$220 \$240 \$278 \$147	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D6980 D7140 D7210 D7220 D7220 D7220 D7220 D7240 D7241 D7250 D7251	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal impacted tooth, complete bony, complication Removal of residual tooth roots (cutting procedure) Coronectomy, intentional partial tooth removal	\$350 \$350 \$350 \$350 \$350 \$60 \$140 \$130 \$160 \$160 \$160 \$200 \$250 \$2250 \$2250 \$220 \$35	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$220 \$2240 \$278 \$147 \$230	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D6980 D7210 D7220 D7220 D7230 D7240 D7241 D7251 D7250 D7251	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal of residual tooth, completely bony Removal of residual tooth roots (cutting procedure) Coronectomy, intentional partial tooth removal Tooth reimplantation and/or stabilization, accident	\$350 \$350 \$350 \$350 \$350 \$350 \$140 \$140 \$160 \$160 \$160 \$2200 \$250 \$250 \$250 \$250 \$250 \$250 \$2	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240 \$278 \$172 \$220 \$240 \$278 \$147 \$230 NPB NPB	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D6980 D7210 D7220 D7220 D7220 D7230 D7240 D7241 D7250 D7251 D7250 D7251 D7270	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, requiring removal of bone and/or sectioning of tooth Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal of residual tooth roots (cutting procedure) Coronectomy, intentional partial tooth removal Tooth reimplantation and/or stabilization, accident Exposure of an unerupted tooth Alveoloplasty with extractions, four or more teeth per quadrant	\$350 \$350 \$350 \$350 \$350 \$350 \$140 \$140 \$110 \$160 \$160 \$200 \$220 \$220 \$220 \$220 \$220 \$220 \$2	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240 \$278 \$147 \$220 \$240 \$278 \$147 \$230 NPB NPB \$162	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D7940 D7210 D7220 D7230 D7240 D7240 D7241 D7250 D7251 D7250 D7251 D72710 D7251 D72710 D7280	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal of residual tooth roots (cutting procedure) Coronectomy, intentional partial tooth removal Tooth reimplantation and/or stabilization, accident Exposure of an unerupted tooth Alveoloplasty with extractions, four or more teeth per quadrant	\$350 \$350 \$350 \$350 \$350 \$140 \$140 \$130 \$160 \$160 \$200 \$250 \$220 \$220 \$220 \$220 \$220 \$22	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240 \$278 \$147 \$220 \$240 \$278 \$147 \$230 NPB NPB \$162 \$130	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D7140 D7210 D7220 D7230 D7240 D7241 D7251 D7251 D7251 D7270 D7270 D7270 D7310	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal of impacted tooth, complete bony, complication Removal of residual tooth roots (cutting procedure) Coronectomy, intentional partial tooth removal Tooth reimplantation and/or stabilization, accident Exposure of an unerupted tooth Alveoloplasty with extractions, one to three teeth per quadrant Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$350 \$350 \$350 \$350 \$350 \$140 \$140 \$140 \$160 \$160 \$160 \$200 \$250 \$250 \$250 \$250 \$250 \$250 \$25	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240 \$278 \$147 \$220 \$240 \$278 \$147 \$220 \$240 \$278 \$147 \$220 \$240 \$278 \$147 \$230 NPB \$162 \$130 \$210	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D7140 D7210 D7220 D7230 D7240 D7240 D7251 D7250 D7251 D7250 D7251 D7270 D7310 D7310 D7311	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal of impacted tooth, complete bony, complication Removal of residual tooth roots (cutting procedure) Coronectomy, intentional partial tooth removal Tooth reimplantation and/or stabilization, accident Exposure of an unerupted tooth Alveoloplasty with extractions, one to three teeth per quadrant Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$350 \$350 \$350 \$350 \$350 \$140 \$140 \$140 \$160 \$160 \$160 \$200 \$250 \$250 \$250 \$250 \$250 \$250 \$25	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$220 \$220 \$220 \$220 \$220 \$228 \$147 \$230 NPB NPB NPB \$162 \$130 \$210 \$190	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D6980 D7210 D7220 D7220 D7220 D7230 D7241 D7251 D7251 D7251 D7270 D7280 D7251 D7270 D7280 D7310 D7310 D7311 D7320	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth Removal of impacted tooth, soft tissue Removal of impacted tooth, partially bony Removal of impacted tooth, completely bony Removal of residual tooth roots (cutting procedure) Coronectomy, intentional partial tooth removal Tooth reimplantation and/or stabilization, accident Exposure of an unerupted tooth Alveoloplasty with extractions, four or more teeth per quadrant Alveoloplasty, w/o extractions, one to three teeth per quadrant Alveoloplasty, w/o extractions, one to three teeth per quadrant Alveoloplasty, w/o extractions, neuto three teeth per quadrant </td <td>\$350 \$350 \$350 \$350 \$350 \$140 \$140 \$140 \$160 \$160 \$160 \$200 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$25</td> <td>\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240 \$278 \$147 \$230 NPB \$147 \$230 NPB \$162 \$130 \$210 \$210 \$360</td> <td>19 is not covered unless specific documentation is provided that substantiates the need for removal</td>	\$350 \$350 \$350 \$350 \$350 \$140 \$140 \$140 \$160 \$160 \$160 \$200 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$25	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240 \$278 \$147 \$230 NPB \$147 \$230 NPB \$162 \$130 \$210 \$210 \$360	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D6980 D7210 D7220 D7220 D7230 D7240 D7240 D7240 D7251 D7250 D7251 D7270 D7280 D7310 D7311 D7320 D7321 D7321	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, partially bony Removal of impacted tooth, completely bony Removal of impacted tooth, completely bony Removal of residual tooth roots (cutting procedure) Coronectomy, intentional partial tooth removal Tooth reimplantation and/or stabilization, accident Exposure of an unerupted tooth Alveoloplasty with extractions, four or more teeth per quadrant Alveoloplasty, w/o extractions, one to three teeth per quadrant Alveoloplasty, w/o extractions, one to three teeth per quadrant Retoing and and manage of abscess, intraoral soft tissue	\$350 \$350 \$350 \$350 \$350 \$140 \$140 \$140 \$160 \$160 \$160 \$200 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$220 \$250 \$25	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240 \$240 \$240 \$240 \$240 \$240 \$24	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D6980 D7210 D7220 D7220 D7230 D7240 D7240 D7240 D7251 D7250 D7251 D7250 D7311 D7311 D7311 D7311 D7311 D7310	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal of residual tooth, completely bony Removal of residual tooth couplete bony, complication Removal of residual tooth roots (cutting procedure) Coronectomy, intentional partial tooth removal Tooth reimplantation and/or stabilization, accident Exposure of an unerupted tooth Alveoloplasty with extractions, four or more teeth per quadrant Alveoloplasty, w/o extractions, four or more teeth per quadrant Alveoloplasty, w/o extractions, one to three teeth per quadrant Removal of lateral exostosis, maxilla or mandible Incision & drainage of abscess, intraoral soft tissue Suture of recent small wounds up to 5 cm	\$350 \$350 \$350 \$350 \$350 \$350 \$140 \$140 \$140 \$160 \$160 \$200 \$250 \$250 \$250 \$250 \$250 \$250 \$25	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240 \$240 \$278 \$147 \$230 NPB \$162 \$130 \$210 \$210 \$360 \$360 \$385 NPB	19 is not covered unless specific documentation is provided that substantiates the need for removal and is approved the Plan
D6790 D6791 D6792 D6794 D6930 D7240 D7210 D7220 D7220 D7230 D7240 D7240 D7250 D7251 D7250 D7251 D7270 D7211 D7320 D7311 D7320 D7311 D7320 D7311 D7320 D7311 D7320 D7311 D7320 D7311	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal of residual tooth roots (cutting procedure) Coronectomy, intentional partial tooth removal Tooth reimplantation and/or stabilization, accident Exposure of an unerupted tooth Alveoloplasty with extractions, four or more teeth per quadrant Alveoloplasty, w/o extractions, one to three teeth per quadrant Alveoloplasty, w/o extractions, one to three teeth per quadrant Removal of lateral exostosis, maxilla or mandible Incision & drainage of abscess, intraoral soft tissue Suture of recent small wounds up to 5 cm Collection and application of autologous blood concentrate product	\$350 \$350 \$350 \$350 \$350 \$350 \$350 \$140 \$140 \$140 \$160 \$160 \$160 \$200 \$250 \$250 \$250 \$250 \$250 \$250 \$25	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240 \$278 \$150 \$172 \$220 \$240 \$278 \$147 \$230 NPB NPB \$162 \$130 \$210 \$147 \$210 \$147 \$230 NPB NPB \$162 \$130 \$210 \$190 \$360 \$360 \$210 \$190 \$360 \$360 \$210 \$210 \$210 \$210 \$210 \$210 \$210 \$21	19 is not covered unless specific documentation is provided that substantiates the need for removal
D6790 D6791 D6792 D6794 D6930 D7240 D7210 D7220 D7220 D7230 D7240 D7240 D7250 D7251 D7250 D7251 D7270 D7211 D7320 D7311 D7320 D7311 D7320 D7311 D7320 D7311 D7320 D7311 D7320 D7311	Retainer crown, full cast high noble metal* Retainer crown, full cast predominantly base metal Retainer crown, full cast noble metal* Retainer crown, full cast noble metal* Retainer crown, titanium and titanium alloys* Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure Oral & Maxillofacial Services Extraction, erupted tooth or exposed root Extraction, erupted tooth, soft tissue Removal of impacted tooth, soft tissue Removal of impacted tooth, completely bony Removal of residual tooth, completely bony Removal of residual tooth couplete bony, complication Removal of residual tooth roots (cutting procedure) Coronectomy, intentional partial tooth removal Tooth reimplantation and/or stabilization, accident Exposure of an unerupted tooth Alveoloplasty with extractions, four or more teeth per quadrant Alveoloplasty, w/o extractions, four or more teeth per quadrant Alveoloplasty, w/o extractions, one to three teeth per quadrant Removal of lateral exostosis, maxilla or mandible Incision & drainage of abscess, intraoral soft tissue Suture of recent small wounds up to 5 cm	\$350 \$350 \$350 \$350 \$350 \$350 \$140 \$140 \$140 \$160 \$160 \$200 \$250 \$250 \$250 \$250 \$250 \$250 \$25	\$590 \$620 \$580 \$597 NPB \$60 \$175 \$78 \$150 \$172 \$220 \$240 \$240 \$278 \$147 \$230 NPB \$162 \$130 \$210 \$210 \$360 \$360 \$385 NPB	19 is not covered unless specific documentation is provided that substantiates the need for removal and is approved the Plan



ADA Description	Pediatric Copay ¹	Adult Copay ²	Limitations
Orthodontic Services	copay	copay	
rthodontic procedures are benefits for medically necessary handicapping malocclusion, cleft palate	and facial growth manage	amont cas	s for Enrollees under the age of 19 and shall be
rior authorized. All copayments paid by the enrollee, including orthodontic copayments, apply towa			-
D8010 Limited orthodontic treatment of the primary dentition	\$350	NPB	1
D8020 Limited orthodontic treatment of the transitional dentition	\$350	NPB	
D8030 Limited orthodontic treatment of the adolescent dentition	\$350	NPB	
D8050 Interceptive orthodontic treatment of the primary dentition	\$350	NPB	
D8060 Interceptive orthodontic treatment of the transitional dentition	\$350	NPB	
D8070 Comprehensive orthodontic treatment of the transitional dentition	\$350	NPB	
D8080 Comprehensive orthodontic treatment of the adolescent dentition	\$350	NPB	
D8090 Comprehensive orthodontic treatment of the adult dentition	\$350	NPB	
D8210 Removable appliance therapy	\$88	NPB	
D8220 Fixed appliance therapy	\$127	NPB	
D8660 Pre-orthodontic treatment examination to monitor growth and development	\$50	NPB	
D8670 Periodic orthodontic treatment visit	\$30	NPB	
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$100	NPB	
Adjunctive General Services			
IUIDELINE: weep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery an he scope of his/her licensure; and when warranted by documented conditions that local anesthetic and cont ensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of	aindicated. General anesth	nesia, as use	ed for dental pain control, means the elimination of a
SUIDELINE: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery an he scope of his/her licensure; and when warranted by documented conditions that local anesthetic and cont ensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of onscious sedation/analgesia.	d pedodontic procedures w aindicated. General anesti themselves sufficient justifi	hen dispens nesia, as use cation for c	ed for dental pain control, means the elimination of
SUIDELINE: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery an he scope of his/her licensure; and when warranted by documented conditions that local anesthetic and cont sensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of conscious sedation/analgesia. D9219 Evaluation for moderate sedation, deep sedation or general anesthesia	d pedodontic procedures w aindicated. General anesth themselves sufficient justifi \$0	hen dispens nesia, as use cation for c \$0	ed for dental pain control, means the elimination of a
SUIDELINE: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery an he scope of his/her licensure; and when warranted by documented conditions that local anesthetic and cont sensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of conscious sedation/analgesia. D9219 Evaluation for moderate sedation, deep sedation or general anesthesia D9222 Deep sedation/general anesthesia, first 15 minute increment	d pedodontic procedures w aindicated. General anesth themselves sufficient justifi \$0 \$60	hen dispens nesia, as use cation for c \$0 \$82	ed for dental pain control, means the elimination of a
GUIDELINE: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery an the scope of his/her licensure; and when warranted by documented conditions that local anesthetic and cont sensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of conscious sedation/analgesia. D9219 Evaluation for moderate sedation, deep sedation or general anesthesia D9222 Deep sedation/general anesthesia, first 15 minute increment D9223 Deep sedation/general anesthesia, each subsequent 15 minute increment	d pedodontic procedures w raindicated. General anesth themselves sufficient justifi \$0 \$60 \$60	hen dispens nesia, as uso cation for c \$0 \$82 \$82	ed for dental pain control, means the elimination of a
GUIDELINE: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery an he scope of his/her licensure; and when warranted by documented conditions that local anesthetic and cont ensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of sonscious sedation/analgesia. D9219 Evaluation for moderate sedation, deep sedation or general anesthesia D9222 Deep sedation/general anesthesia, first 15 minute increment D9223 Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	d pedodontic procedures w aindicated. General anesth themselves sufficient justifi \$0 \$60 \$60 \$70	hen dispens nesia, as use cation for c \$0 \$82 \$82 \$67	ed for dental pain control, means the elimination of a
SUIDELINE: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery an he scope of his/her licensure; and when warranted by documented conditions that local anesthetic and cont idensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of sconscious sedation/analgesia. D9219 Evaluation for moderate sedation, deep sedation or general anesthesia D9222 Deep sedation/general anesthesia, first 15 minute increment D9223 Deep sedation/general anesthesia, each subsequent 15 minute increment D9239 Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment D9243 Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	d pedodontic procedures w aindicated. General anesti themselves sufficient justifi \$0 \$60 \$60 \$70 \$70	hen dispens nesia, as use cation for c \$0 \$82 \$82 \$67 \$67	ed for dental pain control, means the elimination of a
GUIDELINE: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery an he scope of his/her licensure; and when warranted by documented conditions that local anesthetic and cont ensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of iconscious sedation/analgesia. D9219 Evaluation for moderate sedation, deep sedation or general anesthesia D9222 Deep sedation/general anesthesia, first 15 minute increment D9230 Deep sedation/general anesthesia, each subsequent 15 minute increment D9231 Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment D9232 Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment D9230 Consultation, other than requesting dentist	d pedodontic procedures w aindicated. General anesti themselves sufficient justifi \$0 \$60 \$60 \$70 \$70 \$0 \$0	hen dispens nesia, as use cation for c \$0 \$82 \$82 \$82 \$67 \$67 \$55	ed for dental pain control, means the elimination of a
GUIDELINE: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery an he scope of his/her licensure; and when warranted by documented conditions that local anesthetic and cont ensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of conscious sedation/analgesia. D9219 Evaluation for moderate sedation, deep sedation or general anesthesia D9222 Deep sedation/general anesthesia, first 15 minute increment D9223 Deep sedation/general anesthesia, each subsequent 15 minute increment D9239 Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment D9243 Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment D9310 Consultation, other than requesting dentist D9310 Therapeutic parenteral drug, single administration	d pedodontic procedures w aindicated. General anesth themselves sufficient justifi \$0 \$60 \$60 \$70 \$70 \$70 \$30	hen dispens nesia, as use cation for c \$0 \$82 \$82 \$67 \$67 \$55 \$31	ed for dental pain control, means the elimination of a
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Enrollee is covered, the financial obligation for covered services is not more than the multiple child annual Out of-Pocket maximum. Once the amount paid by all Pediatric Enrollee(s) equals the annual Out-of-Pocket Maximum shown above, no further payment will be required by any of the Pediatric Enrollee(s) for the remainder of the Calendar Year for covered services.

Payment for services that are Optional, that are upgraded treatment (such as precious or semi-precious metals and material upgrades) or that are not covered under the Contract will not count toward the Out-of-Pocket Maximum, and payment for such services still applies after the annual Out-of-Pocket Maximum is met.

Record of payment for covered procedures should be kept by the Responsible Party. When the Out-of-Pocket Maximum has been reached; contact the Customer Service department at 877-877-1893 for instruction on how to submit. Proof that the Out-of-Pocket Maximum has been reached must be submitted to LIBERTY Dental Plan.



Exclusions:

Except as specifically provided, the following services, supplies, or charges are not covered:

- 1 Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law.
- 2 Services and treatment which are experimental or investigational.
- 3 Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not you claim the benefits or compensation.
- 4 Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group.
- 5 Services and treatment performed prior to your effective date of coverage.
- 6 Services and treatment incurred after the termination date of your coverage unless otherwise indicated.
- 7 Services and treatment which are not dentally necessary or which do not meet generally accepted standards of dental practice.
- 8 Services and treatment resulting from your failure to comply with professionally prescribed treatment.
- 9 Telephone consultations.
- 10 Any charges for failure to keep a scheduled appointment.
- 11 Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
- 12 Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD).
- 13 Services or treatment provided as a result of intentionally self-inflicted injury or illness.
- 14 Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection.
- 15 Office infection control charges.
- 16 Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/mailing copies of your records, charts or x-rays.
- 17 State or territorial taxes on dental services performed.
- 18 Those submitted by a dentist, which is for the same services performed on the same date for the same member by another dentist.
- 19 Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
- 20 Those for which the member would have no obligation to pay in the absence of this or any similar coverage.
- 21 Those which are for specialized procedures and techniques.
- 22 Those performed by a dentist who is compensated by a facility for similar covered services performed for members.
- 23 Duplicate, provisional and temporary devices, appliances, and services.
- 24 Plaque control programs, oral hygiene instruction, and dietary instructions.
- 25 Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to,
- equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.
- 26 Gold foil restorations.
- 27 Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
- 28 Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization.
- 29 Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient).
- 30 Charges by the provider for completing dental forms.
- 31 Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it.
- 32 Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners.
- 33 Cone Beam Imaging and Cone Beam MRI procedures.
- 34 Sealants for teeth other than permanent molars.
- 35 Replacement of dentures that have been lost, stolen or misplaced.
- 36 Orthodontic care for dependent children age 19 and over.
- 37 Repair of damaged orthodontic appliances.



Exclusions Continued:

- 38 Replacement of lost or missing appliances.
- 39 Fabrication of athletic mouth guard.
- 40 Internal and external bleaching.
- 41 Nitrous oxide.
- 42 Oral sedation.
- 43 Topical medicament center.
- 44 Bone grafts when done in connection with extractions, apicoetomies or non-covered/non eligible implants.
- 45 When two or more services are submitted and the services are considered part of the same service to one another the Plan will pay the most comprehensive service (the service that includes the other non-benefited service) as determined by the dental plan.
- 46 When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), the Plan will pay for the service that represents the final treatment as determined by the dental plan.



Discrimination is against the law. LIBERTY Dental Plan ("LIBERTY") complies with all applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, or sex.

LIBERTY provides free aids and services to people with disabilities, and free language services to people whose primary language is not English, such as:

- Qualified interpreters, including sign language interpreters
- Written information in other languages and formats, including large print, audio, accessible electronic formats, etc.

If you need these services, please contact us at 1-888-902-0407.

If you believe LIBERTY has failed to provide these services or has discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with LIBERTY's Civil Rights Coordinator:

- **Phone:** 888-704-9833
- **TTY:** 800-735-2929
- **Fax:** 888-273-2718
- Email: <u>compliance@libertydentalplan.com</u>
- Online: <u>https://www.libertydentalplan.com/About-LIBERTY-Dental/Compliance/Contact-Compliance.aspx</u>

If you need help filing a grievance, LIBERTY's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Online at: <u>https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</u> Complaint forms are available at <u>http://www.hhs.gov/ocr/office/file/index.html</u>

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.



If you, or someone you're helping, has questions about LIBERTY Dental Plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (888) 902-0407.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de LIBERTY Dental Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (888) 902-0407. (Spanish)

如果您,或是您正在協助的對象,有關於 LIBERTY Dental Plan 方面的問題,您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話 (888) 902-0407。(Chinese)

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về LIBERTY Dental Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (888) 902-0407. (Vietnamese)

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa LIBERTY Dental Plan, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa (888) 902-0407. (Tagalog)

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 LIBERTY Dental Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (888) 902-0407 로 전화하십시오. (Korean)

Si oumenm oswa yon moun w ap ede gen kesyon konsènan LIBERTY Dental Plan, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (888) 902-0407. (Haitian Creole)

Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի LIBERTY Dental Plan մասին, Դուք իրավունք ունեք անվձար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով։ Թարգմանչի հետ խոսելու համար զանգահարե՛ք (888) 902-0407: (Armenian)

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу LIBERTY Dental Plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (888) 902-0407. (Russian)

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص LIBERTY Dental Plan ، فلديك الحق في الحصول على المساعدة والمعلومات لضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ 0407-902 (888) (Arabic)

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد LIBERTY Dental Plan ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید .0407-902 (888) تماس حاصل نمایید (Farsi)

ご本人様、またはお客様の身の回りの方でも、LIBERTY Dental Plan についてご質問がござい ましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金 はかかりません。通訳とお話される場合、(888) 902-0407 までお電話ください。(Japanese)



ਜੇਕਰ ਤੁਹਾਡਾ, ਜਾਂ ਕੋਈ ਹੋਰ ਜਿਸਦੀ ਤੁਸੀਂ ਸਹਾਇਤਾ ਕਰ ਰਹੇ ਹੋ, ਉਸਦਾ LIBERTY Dental Plan (ਲਿਬਰਟੀ ਡੈਂਟਲ ਪਲੈਨ) ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੈ, ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਅਤੇ ਜਾਣਕਾਰੀ ਪਾਉਣ ਦਾ ਅਧਿਕਾਰ ਹੈ| ਅਨੁਵਾਦਕ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ (888) 902-0407 'ਤੇ ਕਾਲ ਕਰੋ| (Punjabi)

បើសិនរូបអ្នក ឬជនណាម្នាក់ដែលអ្នកជួយ មានសំណួរអំពី LIBERTY Dental Plan អ្នកមានសិទ្ធិទទួលជំនួយ និងព័ត៌មាន ជាភាសាខ្មែរ ដោយឥតអស់ថ្លៃឡើយ។ ដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ សូមហៅលេខ

(888) 902-0407^q (Khmer)

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog LIBERTY Dental Plan, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau (888) 902-0407. (Hmong)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o LIBERTY Dental Plan, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (888) 902-0407. (Portuguese)



Discrimination is against the law. LIBERTY Dental Plan ("LIBERTY") complies with all applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, or sex.

LIBERTY provides free aids and services to people with disabilities, and free language services to people whose primary language is not English, such as:

- Qualified interpreters, including sign language interpreters
- Written information in other languages and formats, including large print, audio, accessible electronic formats, etc.

If you need these services, please contact us at 1-888-902-0407.

If you believe LIBERTY has failed to provide these services or has discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with LIBERTY's Civil Rights Coordinator:

- **Phone:** 888-704-9833
- **TTY:** 800-735-2929
- **Fax:** 888-273-2718
- Email: <u>compliance@libertydentalplan.com</u>
- Online: <u>https://www.libertydentalplan.com/About-LIBERTY-Dental/Compliance/Contact-Compliance.aspx</u>

If you need help filing a grievance, LIBERTY's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Online at: <u>https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</u> Complaint forms are available at <u>http://www.hhs.gov/ocr/office/file/index.html</u>

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.



If you, or someone you're helping, has questions about LIBERTY Dental Plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (888) 902-0407.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de LIBERTY Dental Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (888) 902-0407. (Spanish)

如果您,或是您正在協助的對象,有關於 LIBERTY Dental Plan 方面的問題,您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話 (888) 902-0407。(Chinese)

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về LIBERTY Dental Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (888) 902-0407. (Vietnamese)

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa LIBERTY Dental Plan, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa (888) 902-0407. (Tagalog)

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 LIBERTY Dental Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (888) 902-0407 로 전화하십시오. (Korean)

Si oumenm oswa yon moun w ap ede gen kesyon konsènan LIBERTY Dental Plan, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (888) 902-0407. (Haitian Creole)

Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի LIBERTY Dental Plan մասին, Դուք իրավունք ունեք անվձար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով։ Թարգմանչի հետ խոսելու համար զանգահարե՛ք (888) 902-0407: (Armenian)

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу LIBERTY Dental Plan, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (888) 902-0407. (Russian)

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص LIBERTY Dental Plan ، فلديك الحق في الحصول على المساعدة والمعلومات لضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ 0407-902 (888) (Arabic)

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد LIBERTY Dental Plan ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید .0407-902 (888) تماس حاصل نمایید (Farsi)

ご本人様、またはお客様の身の回りの方でも、LIBERTY Dental Plan についてご質問がござい ましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金 はかかりません。通訳とお話される場合、(888) 902-0407 までお電話ください。(Japanese)



ਜੇਕਰ ਤੁਹਾਡਾ, ਜਾਂ ਕੋਈ ਹੋਰ ਜਿਸਦੀ ਤੁਸੀਂ ਸਹਾਇਤਾ ਕਰ ਰਹੇ ਹੋ, ਉਸਦਾ LIBERTY Dental Plan (ਲਿਬਰਟੀ ਡੈਂਟਲ ਪਲੈਨ) ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੈ, ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਅਤੇ ਜਾਣਕਾਰੀ ਪਾਉਣ ਦਾ ਅਧਿਕਾਰ ਹੈ| ਅਨੁਵਾਦਕ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ (888) 902-0407 'ਤੇ ਕਾਲ ਕਰੋ| (Punjabi)

បើសិនរូបអ្នក ឬជនណាម្នាក់ដែលអ្នកជួយ មានសំណួរអំពី LIBERTY Dental Plan អ្នកមានសិទ្ធិទទួលជំនួយ និងព័ត៌មាន ជាភាសាខ្មែរ ដោយឥតអស់ថ្លៃឡើយ។ ដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ សូមហៅលេខ

(888) 902-0407^q (Khmer)

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog LIBERTY Dental Plan, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau (888) 902-0407. (Hmong)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o LIBERTY Dental Plan, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (888) 902-0407. (Portuguese)