

## MO Family Value Dental Plan



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 our members receive necessary preventive 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 5.5 million members nationwide, and partner with some of the nation's largest health plans, labor groups, and employer groups, as well as federal, state and local governments.

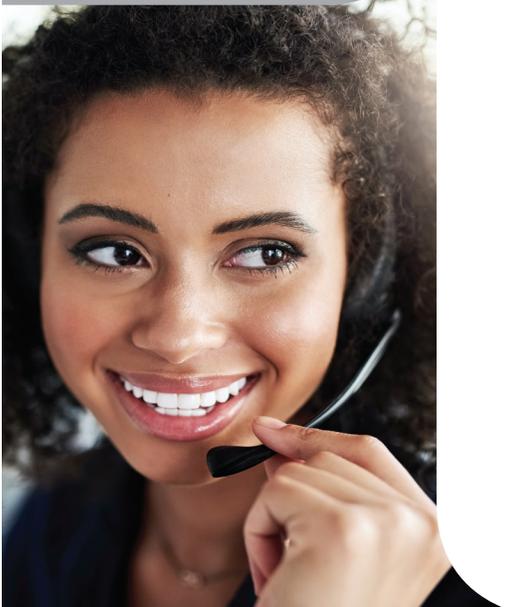
### Our Commitment to Our Members

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

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

#### Online Services We Offer:

- 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.



## MO Family Value Dental Plan

## Frequently Asked Questions

### What is a DEPO plan?

LIBERTY's DEPO plan is a copay plan that provides members the freedom to use any LIBERTY Dental Plan contracted provider. While the benefits work the same as a regular DHMO plan, there is no pre-selection or assignment to a network dentist. Each member of a family may choose a different contracted provider for their dental needs. This plan is offered to individuals and families that reside in Saint Louis, Missouri. This dental plan is not Medicaid and, depending on the services you receive, copayments are due at the time of the visit to the dental office. There are no waiting periods on this plan. Once you are an active member, you are eligible to receive care right away.

### How do I see a specialist?

Your network dentist will initiate a treatment plan, or will initiate the specialty referral process with LIBERTY Dental Plan if the services are dentally necessary and outside the scope of general dentistry.

### When will I be eligible to receive dental benefits?

You are eligible to receive dental benefits on the effective date for which you have applied, once you've activated your coverage. To activate your coverage, LIBERTY must receive your application and the first month's premium ("initial binder payment") by the payment deadline provided on your initial binder letter. Once your coverage is activated, you will receive a welcome kit and an ID card in the mail.

### How do I make an initial binder payment?

Complete your application first. Once completed, you can submit your first month's payment by clicking on the payment URL at the end of your application submission. You can also wait for your initial binder letter for instructions. We encourage you to set up recurring payments to avoid cancellation or lapse in coverage. Do not delay in making a payment. Untimely payment will result in cancellation of your coverage due to non-payment.

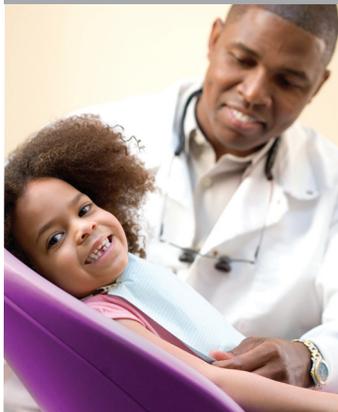
### How will I know what my copayment will be?

The total copayments you will owe depend on the treatment plan your dentist recommends and the services you receive. A Copayment Schedule (*links provided on next page*) provides a complete list of covered procedures by code and copayment. Some services, such as crowns, may include lab fees in addition to your listed copayment. The Copayment Schedule will explain the maximum amount a contracted dentist may charge in addition to the listed copayment for lab fees.

For questions about the cost of your treatment plan, ask your network dentist **before** you receive services and/or call LIBERTY Member Services at **888.902.0407**.

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

"Out-of-Pocket Maximum" is the maximum dollar amount that a Pediatric Enrollee can pay in copays to a contracted dentist for Benefits during a Calendar Year. Pediatric Enrollees must pay the listed copay amount before the Out-of-Pocket Maximum is met. If more than one Pediatric Enrollee is covered, the maximum dollar amount applied is 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 copayment is required for the remainder of the Calendar Year. The Out-of-Pocket Maximum does not apply to services provided to members ages 19 and older, or to non-covered services.



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**Individual Out-of-Pocket Maximum: \$375 (applies to Pediatric only)**  
**Family Out-of-Pocket Maximum: \$750 (applies to Pediatric only)**

The following is a summary of the dental procedures for which benefits are payable under this Plan. Members must visit a contracted dental office to utilize covered benefits. For a full list of Covered Benefits, Copayments, Limitations & Exclusions click here: [Copayment Schedule](#)

ADA Code	Description	Child Copayment*	Adult Copayment**
<b>Diagnostic Services</b>			
D0120	Periodic oral exam	\$0	\$15
D0150	Comprehensive oral exam	\$0	\$15
D0210	Full mouth x-ray	\$0	\$50
D0220	Individual tooth x-ray	\$0	\$14
D0270	Bitewing x-ray	\$0	\$10
<b>Preventive Services</b>			
D1110	Routine cleaning (adult)	\$0	\$30
D1120	Routine cleaning (child)	\$0	Not Covered
D1206	Topical application of fluoride varnish	\$0	Not Covered
D1208	Topical application of fluoride	\$0	\$25
D1351	Sealant, per tooth	\$0	Not Covered
D1510	Space maintainer, fixed, unilateral	\$0	\$150
<b>Restorative Services</b>			
D2140	Amalgam (silver) - 1 surface	\$40	\$65
D2330	White filling, 1 surface, front teeth	\$50	\$80
D2930	Prefabricated stainless steel crown, primary tooth	\$75	Not Covered
<b>Endodontic Services</b>			
D3240	Pulpal therapy	\$80	\$105
D3330	Root canal - molar (excluding final restoration)	\$350	\$610
<b>Periodontal Services</b>			
D4210	Gingivectomy/gingivoplasty, 4+ teeth/quad.	\$205	\$250
D4341	Periodontal scaling & root planing, 4+ teeth/quad.	\$120	\$145
<b>Removable Prosthodontic Services (Dentures)</b>			
D5110	Complete denture, maxillary	\$350	\$755
<b>Oral and Maxillofacial Surgery</b>			
D7140	Extraction, erupted tooth or exposed root (simple extractions)	\$130	\$78
D7210	Surgical removal of erupted tooth (surgical extractions)	\$160	\$150
<b>Orthodontics (Services are limited to medically necessary treatment)</b>			
D8080	Comprehensive orthodontic treatment adolescent dentition	\$350	Not covered

\*Pediatric Benefits – Apply to dependents to the age of 19

\*\*Adult Benefits – Apply to Enrollees 19 and over

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