



LIBERTY Dental Plan of California, Inc.

CA1000 PLAN SCHEDULE OF BENEFITS Covered Benefits, Member Co-payments, Limitations & Exclusions

No Annual Deductible

No Annual Dollar Amount Maximum

- Provider office pre-assignment is not required. However, members must visit a LIBERTY Dental Plan contracted CA1000 dental office to utilize covered benefits. Your CA1000 dental office 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 receiving services from a Dental Specialist, the Member Co-payments in the "Specialist" column will apply.
- Member Co-payments are payable to the dental office at the time services are rendered.
- This Schedule does not guarantee benefits. All services are subject to eligibility and dental necessity at the time of service.
- Dental procedures not listed as covered benefits are available at the dental office's usual and customary fee.
- For a complete description of your Plan, please refer to the Evidence of Coverage in addition to this Schedule.

CODE	DESCRIPTION	MEMBER CO-PAYMENT		CODE	DESCRIPTION	MEMBER CO-PAYMENT	
		General	Specialist			General	Specialist
DIAGNOSTIC SERVICES				D1515	Space maintainer, fixed, bilateral	160	258
D0120	Periodic oral evaluation	12	NPB	D1520	Space maintainer, removable, unilateral	130	210
D0140	Limited oral evaluation	12	50	D1525	Space maintainer, removable, bilateral	185	210
D0145	Oral Evaluation under age 3	12	50	D1550	Recementation of space maintainer	18	22
D0150	Comprehensive oral evaluation	12	50	D1555	Removal of fixed space maintainer	55	60
D0160	Oral evaluation, problem focused	12	50	RESTORATIVE			
D0170	Re-evaluation, limited, problem focused	12	50	D2140	Amalgam, 1 surface, primary or permanent	35	71
D0180	Comprehensive periodontal evaluation	12	50	D2150	Amalgam, 2 surfaces, primary or permanent	45	105
D0210	Intraoral, complete series (includes bitewings)	35	85	D2160	Amalgam, 3 surfaces, primary or permanent	56	126
D0220	Intraoral, periapical, first film	5	21	D2161	Amalgam, 4 or more surfaces, primary/permanent	64	141
D0230	Intraoral, periapical, each additional film	4	12	D2330	Resin-based composite, 1 surface, anterior	45	84
D0240	Intraoral, occlusal film	5	21	D2331	Resin-based composite, 2 surfaces, anterior	56	94
D0250	Extraoral, first film	20	31	D2332	Resin-based composite, 3 surfaces, anterior	73	105
D0260	Extraoral, each additional film	10	20	D2335	Resin-based composite, 4+ surfaces/incisal angle	86	115
D0270	Bitewing, single film	6	20	D2390	Resin-based composite crown, anterior	95	152
D0272	Bitewings, 2 films	10	31	D2391	Resin-based composite, 1 surface, posterior	60	71
D0273	Bitewings, 3 films	12	35	D2392	Resin-based composite, 2 surfaces, posterior	75	105
D0274	Bitewings, 4 films	15	45	D2393	Resin-based composite, 3 surfaces, posterior	90	126
D0277	Vertical bitewings, 7 to 8 films	35	45	D2394	Resin-based composite, 4+ surfaces, posterior	105	135
D0330	Panoramic Film	35	NPB	<i>* GUIDELINES for Inlays, Onlays, and Single Crowns:</i> <i>The total maximum amount chargeable to the member for elective upgraded procedures (explained below) is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.</i> <i>1. Brand name restorations (e.g. Sunrise, Captek, Vitadur-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.</i> <i>2. Benefits for anterior and bicuspid teeth: Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure.</i> <i>3. Benefits for molar teeth: Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain/ceramic crowns are not covered benefits on molar teeth. Any resin to metal or porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.</i> <i>4. Base metal is the benefit. If elected, the member may be charged additional lab costs for a) noble metal, b) high noble metal, or c) titanium.</i>			
D0340	Cephalometric film	See Ortho	See Ortho				
D0460	Pulp vitality tests	0	NPB				
D0470	Diagnostic casts	40	NPB				
PREVENTIVE SERVICES				D2510	Inlay, metallic, 1 surface	252*	NPB
D1110	Prophylaxis, adult	28	55				
	Prophylaxis, adult (3 rd or more per 12 months)	58	65				
D1120	Prophylaxis, child	22	55				
	Prophylaxis, child (3 rd or more per 12 months)	47	60				
D1203	Topical application of fluoride, child	7	25				
	Topical application fluoride, child (3 rd + in 12 mo.)	21	25				
D1204	Topical application of fluoride, adult	7	18				
D1206	Topical fluoride varnish	35	38				
D1310	Nutritional counseling for control of dental disease	0	0				
D1320	Tobacco counseling, control/prevention oral disease	0	0				
D1330	Oral hygiene instruction	0	0				
D1351	Sealant, per tooth	10	37				
D1352	Preventive resin restoration — permanent tooth	10	37				
D1510	Space maintainer, fixed, unilateral	125	215				

CODE	DESCRIPTION	MEMBER CO-PAYMENT		CODE	DESCRIPTION	MEMBER CO-PAYMENT	
		General	Specialist			General	Specialist
D2520	Inlay, metallic, 2 surfaces	306*	NPB	PERIODONTICS			
D2530	Inlay, metallic, 3 or more surfaces	381*	NPB	D4210	Gingivectomy/gingivoplasty, 4+ teeth per quadrant	237	685
D2542	Onlay, metallic, 2 surfaces	380*	NPB	D4211	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant	41	320
D2543	Onlay, metallic, 3 surfaces	408*	NPB	D4240	Ging. flap procedure, 4+ teeth per quadrant	525	475
D2544	Onlay, metallic, 4 or more surfaces	408*	NPB	D4241	Ging. flap procedure, 1-3 teeth per quadrant	525	315
D2720	Crown, resin with high noble metal	408*	NPB	D4260	Osseous surgery, 4+ teeth per quadrant	531	675
D2721	Crown, resin with predominantly base metal	383*	NPB	D4261	Osseous surgery, 1-3 teeth per quadrant	531	675
D2722	Crown, resin with noble metal	387*	NPB	GUIDELINE: No more than two (2) quadrants of periodontal scaling and root planing per appointment/per day are allowable.			
D2740	Crown, porcelain/ceramic substrate	373*	NPB	D4341	Periodontal scaling & root planing, 4+ teeth/quad.	97	210
D2750	Crown, porcelain fused to high noble metal	408*	NPB	D4342	Periodontal scaling & root planing, 1-3 teeth/quad.	97	140
D2751	Crown, porcelain fused to predominantly base metal	383*	NPB	D4355	Full mouth debridement	30	NPB
D2752	Crown, porcelain fused to noble metal	387*	NPB	D4910	Periodontal maintenance	65	85
D2780	Crown, ¾ cast high noble metal	372*	NPB	D4920	Unscheduled dressing change/non-treating dentist	NPB	35
D2781	Crown, ¾ cast predominantly base metal	395	NPB	PROSTHODONTICS - REMOVABLE			
D2782	Crown, ¾ cast noble metal	395*	NPB	D5110	Complete denture, maxillary	549	NPB
D2790	Crown, full cast high noble metal	395*	NPB	D5120	Complete denture, mandibular	549	NPB
D2791	Crown, full cast predominantly base metal	337	NPB	D5130	Immediate denture, maxillary	599	NPB
D2792	Crown, full cast noble metal	350*	NPB	D5140	Immediate denture, mandibular	599	NPB
D2794	Crown, titanium	395*	NPB	D5211	Maxillary partial denture, resin base	347	NPB
D2910	Recement inlay, onlay, partial coverage restoration	32	NPB	D5212	Mandibular partial denture, resin base	347	NPB
D2915	Recement cast or prefabricated post & core	34	NPB	D5213	Maxillary partial denture, cast metal/resin base	580	NPB
D2920	Recement crown	26	45	D5214	Mandibular partial denture, cast metal/resin base	580	NPB
D2930	Prefabricated stainless steel crown, primary tooth	109	126	D5225	Maxillary partial denture, flexible base	450	NPB
D2931	Prefabricated stainless steel crown, permanent tooth	100	178	D5226	Mandibular partial denture, flexible base	450	NPB
D2932	Prefabricated resin crown	93	136	D5281	Removable unilateral partial denture, 1 pc. cast	420	NPB
D2940	Protective restoration (temporary)	26	99	D5410	Adjust complete denture, maxillary	23	NPB
D2950	Core build-up, including any pins	94	NPB	D5411	Adjust complete denture, mandibular	23	NPB
D2951	Pin retention, per tooth, in addition to restoration	30	NPB	D5421	Adjust partial denture, maxillary	23	NPB
D2952	Post & core in addition to crown, indirect fabric.	139*	NPB	D5422	Adjust partial denture, mandibular	23	NPB
D2953	Each additional indirect fabric. post, same tooth	58*	NPB	D5510	Repair broken complete denture base	61	NPB
D2954	Prefabricated post & core in addition to crown	113	NPB	D5520	Replace missing/broken teeth, complete denture	63	NPB
D2955	Post removal (not in conj. with endodontic therapy)	35	NPB	D5610	Repair resin denture base	52	NPB
D2957	Each additional prefabricated post, same tooth	58	NPB	D5620	Repair cast framework	66	NPB
ENDODONTICS				D5630	Repair or replace broken clasp	73	NPB
D3110	Pulp cap — direct (excluding final restoration)	30	50	D5640	Replace broken teeth, per tooth	63	NPB
D3120	Pulp cap — indirect (excluding final restoration)	30	45	D5650	Add tooth to existing partial denture	64	NPB
D3220	Therapeutic pulpotomy (excluding final restoration)	61	80	D5660	Add clasp to existing partial denture	73	NPB
D3230	Pulpal therapy (resorbable filling), anterior primary	61	95	D5710	Rebase complete maxillary denture	208	NPB
D3240	Pulpal therapy (resorbable filling), posterior, primary	61	95	D5711	Rebase complete mandibular denture	208	NPB
D3310	Anterior (excluding final restoration)	244	385	D5720	Rebase maxillary partial denture	208	NPB
D3320	Bicuspid (excluding final restoration)	293	470	D5721	Rebase mandibular partial denture	208	NPB
D3330	Molar (excluding final restoration)	387	580	D5730	Reline complete maxillary denture, chairside	137	NPB
D3346	Retreatment of previous root canal — anterior	244	385	D5731	Reline complete mandibular denture, chairside	137	NPB
D3347	Retreatment of previous root canal — bicuspid	293	470	D5740	Reline maxillary partial denture, chairside	137	NPB
D3348	Retreatment of previous root canal — molar	387	580	D5741	Reline mandibular partial denture, chairside	137	NPB
D3351	Apexification/recalcification/pulp reg. — initial visit	44	125	D5750	Reline complete maxillary denture, laboratory	159	NPB
D3352	Apexification/recalcification/pulp reg. — interim med.	44	125	D5751	Reline complete mandibular denture, laboratory	159	NPB
D3353	Apexification/recalcification — final visit	44	310	D5760	Reline maxillary partial denture, laboratory	159	NPB
D3410	Apicoectomy/periradicular surgery — anterior	210	545	D5761	Reline mandibular partial denture, laboratory	159	NPB
D3421	Apicoectomy/periradicular surgery — bicuspid	210	565	D5820	Interim partial denture, maxillary	267	NPB
D3425	Apicoectomy/periradicular surgery — molar	210	485	D5821	Interim partial denture, mandibular	267	NPB
D3426	Apicoectomy/periradicular surgery — ea. add. root	120	485	D5850	Tissue conditioning, maxillary	55	NPB
D3430	Retrograde filling — per root	66	170	D5851	Tissue conditioning, mandibular	55	NPB
D3450	Root Amputation — per root	130	350	D5860	Overdenture, complete, by report	848	NPB
D3920	Hemisection (incl. root removal), not incl. root canal	130	395				

CODE	DESCRIPTION	MEMBER CO-PAYMENT		CODE	DESCRIPTION	MEMBER CO-PAYMENT	
		General	Specialist			General	Specialist
IMPLANT SERVICES				D6242	Pontic, porcelain fused to noble metal	387*	NPB
GUIDELINE: Implants and all services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for porcelain, noble metal, high noble metal, or titanium for implants and procedures associated with implants.				D6250	Pontic, resin with high noble metal	387*	NPB
				D6251	Pontic, resin with predominantly base metal	387*	NPB
				D6252	Pontic, resin with noble metal	387*	NPB
				D6545	Retainer, cast metal for resin bonded fixed prosth.	200*	NPB
				D6720	Crown, resin with high noble metal	408*	NPB
				D6721	Crown, resin with predominantly base metal	383*	NPB
				D6722	Crown, resin with noble metal	387*	NPB
				D6750	Crown, porcelain fused to high noble metal	408*	NPB
				D6751	Crown, porcelain fused to predominantly base metal	383*	NPB
				D6752	Crown, porcelain fused to noble metal	387*	NPB
				D6780	Crown, ¾ cast high noble metal	395*	NPB
				D6781	Crown, ¾ cast predominantly base metal	395	NPB
				D6782	Crown, ¾ cast noble metal	395*	NPB
D6790	Crown, full cast high noble metal	350*	NPB				
D6791	Crown, full cast predominantly base metal	383	NPB				
D6792	Crown, full cast noble metal	350*	NPB				
D6794	Crown, titanium	383*	NPB				
D6930	Recement fixed partial denture	41	NPB				
D6970	Post & core in addition to FPD retainer, indirect	129*	NPB				
D6972	Prefabricated post & core in add. to FPD retainer	89	NPB				
D6973	Core buildup for retainer, including any pins	94	NPB				
D6976	Each additional indirectly fabricated post/same tooth	58*	NPB				
D6977	Each additional prefabricated post, same tooth	58	NPB				
PROSTHODONTICS - FIXED				ORAL AND MAXILLOFACIAL SURGERY			
* GUIDELINES for Pontics and Abutment Inlays, Onlays and Crowns <u>The total maximum amount chargeable to the member for elective upgraded procedures (explained below) is \$250.00 per tooth. Providers are required to explain covered benefits as well as any elective differences in materials and fees prior to providing an elective upgraded procedure.</u> 1. <u>Brand name restorations</u> (e.g. Sunrise, Captek, Vitadur-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits. 2. <u>Benefits for anterior and bicuspid teeth:</u> Resin, porcelain and any resin to base metal or porcelain to base metal crowns are covered benefits for anterior and bicuspid teeth. Adding a porcelain margin may be considered an elective upgraded procedure. 3. <u>Benefits for molar teeth:</u> Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain/ceramic crowns are not covered benefits on molar teeth. Any resin to metal or porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure. 4. <u>Base metal is the benefit.</u> If elected, the member may be charged additional lab costs for a) noble metal, b) high noble metal, or c) titanium.				D7111	Extraction, coronal remnants, deciduous tooth	45	75
				D7140	Extraction, erupted tooth or exposed root	53	95
				D7210	Surgical removal of erupted tooth	88	145
				D7220	Removal of impacted tooth, soft tissue	150	165
				D7230	Removal of impacted tooth, partially bony	175	220
				D7240	Removal of impacted tooth, completely bony	206	260
				D7241	Removal impacted tooth, complete bony, complication	206	290
				D7250	Surgical removal residual tooth roots, cutting proc.	94	95
				D7285	Biopsy of oral tissue, hard (bone, tooth)	137	195
				D7286	Biopsy of oral tissue, soft	82	195
				D7310	Alveoloplasty with extractions, 4+ teeth, quadrant	110	130
				D7311	Alveoloplasty with extractions, 1-3 teeth, quadrant	110	130
				D7320	Alveoloplasty, w/o extractions, 4+ teeth, quadrant	140	160
D7321	Alveoloplasty, w/o extractions, 1-3 teeth, quadrant	140	160				
D7340	Vestibuloplasty, ridge extension (2 nd epithelialization)	675	1,260				
D7350	Vestibuloplasty, ridge extension	950	2,625				
D7510	Incision & drainage of abscess, intraoral soft tissue	65	110				
D7520	Incision & drainage, abscess, extraoral soft tissue	75	265				
D7960	Frenulectomy (frenectomy or frenotomy), sep. proc.	125	325				
D7970	Excision of hyperplastic tissue, per arch	175	350				
D7971	Excision of pericoronal gingival	200	200				
ADJUNCTIVE GENERAL SERVICES				D9110	Palliative (emergency) treatment, minor procedure	30	80
				D9210	Local anesthesia not with operative/surgical proced.	0	0
				D9211	Regional block anesthesia	0	0
				D9212	Trigeminal division block anesthesia	0	0
				D9215	Local anesthesia with operative/surgical procedure	0	0
				D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	45	45
				D9310	Consultation, other than requesting dentist	55	65
				D9430	Office visit, observation, regular hrs., no other serv.	12	40
D6010	Surgical placement of implant body, endosteal	2,000	2,300				
D6056	Prefabricated abutment, includes placement	210	241				
D6058	Abutment supported porcelain/ceramic crown	1,110	1,276				
D6059	Abutment supported porcelain/high noble crown	1,096	1,259				
D6060	Abutment supported porcelain/base metal crown	1,035	1,190				
D6061	Abutment supported porcelain/noble metal crown	1,056	1,214				
D6062	Abutment supported cast metal crown, high noble	1,003	1,153				
D6063	Abutment supported cast metal crown, base metal	861	990				
D6064	Abutment supported cast metal crown, noble metal	912	1,048				
D6094	Abutment supported crown, titanium	670	770				
D6065	Implant supported porcelain/ceramic crown	1,040	1,196				
D6066	Implant supported porcelain/metal crown	1,013	1,165				
D6067	Implant supported metal crown	984	1,131				
D6068	Abutment supported retainer, porcelain/ceramic FPD	1,110	1,276				
D6069	Abutment supported retainer, metal FPD, high noble	1,096	1,260				
D6070	Abut. support. retainer, porc./metal FPD, base metal	1,035	1,190				
D6071	Abut. support. retainer, porc./metal FPD, noble	1,056	1,214				
D6072	Abut. support. retainer, cast metal FPD, high noble	1,028	1,182				
D6073	Abut. support. retainer, cast metal FPD, base metal	930	1,069				
D6074	Abut. support. retainer, cast metal FPD, noble	1,005	1,155				
D6194	Abut. supported retainer crown, FPD, titanium	670	770				
D6075	Implant supported retainer for ceramic FPD	1,092	1,255				
D6076	Implant supported retainer for porc./metal FPD	1,064	1,223				
D6077	Implant supported retainer for cast metal FPD	984	1,131				
D6092	Recement implant/abutment supported crown	45	52				
D6093	Recement implant/abutment supported FPD	65	75				
D6210	Pontic, cast high noble metal	372*	NPB				
D6211	Pontic, cast predominantly base metal	337	NPB				
D6212	Pontic, cast noble metal	372*	NPB				
D6214	Pontic, titanium	372*	NPB				
D6240	Pontic, porcelain fused to high noble metal	387*	NPB				
D6241	Pontic, porcelain fused to predominantly base metal	383*	NPB				

CODE	DESCRIPTION	MEMBER CO-PAYMENT	
		General	Specialist
D9440	Office visit, after regularly scheduled hours	70	125
D9450	Case presentation, detailed & extensive treatment	0	0
D9630	Other drugs and/or medicaments, by report	25	35
D9951	Occlusal adjustment, limited	39	75
D9952	Occlusal adjustment, complete	156	210
	Broken appointment, less than 24 hour notice	25	25
	Office visit, per visit	0	10
ORTHODONTICS			
If orthodontics is a covered benefit under your plan, you will find the benefits listed on the following page.			

LIBERTY Dental Plan will arrange for you to receive services from a contracted Dental Specialist if the necessary treatment is outside the scope of General Dentistry. Your General Dentist will initiate the referral process with LIBERTY Dental Plan. When you receive services from a Dental Specialist utilizing the proper referral process, the Member Co-Payments listed in this Copayment Schedule will apply.

Classification of Metals (Source: ADA Council on Scientific Affairs)

The noble metal classification system has been adopted as a more precise method of reporting various alloys used in dentistry. The alloys are defined on the basis of the percentage of metal content:

High Noble: Gold (Au), Palladium (Pd), and/or Platinum (Pt) equal to or more than 60% (with at least 40% Gold (Au));

Titanium and Titanium Alloys: Titanium (Ti) more than 85%;

Noble: Gold (Au), Palladium (Pd), and/or Platinum (Pt) equal to or more than 25%;

Predominantly Base: Gold (Au), Palladium (Pd), and/or Platinum (Pt) less than 25%.

LIBERTY Dental Plan of California, Inc.

CA1000 PLAN ORTHODONTIC COVERAGE

Principal Benefits and Coverage

Primary Dentition:	Teeth developed and erupted first in order of time.
Transitional Dentition:	The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.
Adolescent Dentition:	The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.
Adult Dentition:	The dentition that is present after the cessation of growth that would affect orthodontic treatment.

Treatment must be provided by a LIBERTY Dental Plan contracted orthodontic provider.
Any procedure not listed is available at the provider's usual and customary fee.

ADA Code	Description	Member Co-Payment
Orthodontic Diagnostic Records		
D0340	Cephalometric film	100
D0470	Diagnostic casts	75
D9310	Consultation	0
Limited Orthodontic Treatment		
D8010	Limited orthodontic treatment of the primary dentition	1,100
D8020	Limited orthodontic treatment of the transitional dentition	1,100
D8030	Limited orthodontic treatment of the adolescent dentition	1,100
D8040	Limited orthodontic treatment of the adult dentition	1,150
Interceptive Orthodontic Treatment		
D8050	Interceptive orthodontic treatment of the primary dentition	500
D8060	Interceptive orthodontic treatment of the transitional dentition	550
Comprehensive Orthodontic Treatment (24 Months of Usual and Customary Orthodontic Treatment)		
D8070	Comprehensive orthodontic treatment of the transitional dentition	2,200
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2,200
D8090	Comprehensive orthodontic treatment of the adult dentition	2,300
Minor Treatment to Control Harmful Habits		
D8210	Removable appliance therapy	350
D8220	Fixed appliance therapy	350
Other Orthodontic Services		
D8660	Pre-orthodontic treatment visit	0
D8670	Periodic orthodontic visits (as part of contract)	0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	300
	Broken appointment (less than 24 hour notice)	20

Orthodontic Exclusions:

1. Lost, stolen or broken appliances
2. Extractions for orthodontic purposes, (will not be applied if extraction is consistent with professionally recognized standards of dental practice or arises in the context of an emergency dental condition)
3. Temporomandibular joint syndrome (TMJ) surgical orthodontics
4. Myofunctional therapy
5. Treatment of cleft palate
6. Treatment of micrognathia
7. Treatment of macroglossia

LIMITATIONS:

1. Prophylaxis are covered once every six consecutive months. Additional prophylaxis are available at the listed member co-payment amount;
2. Full Mouth X-rays are limited to once every 36 consecutive months;
3. Fluoride Treatments are covered once every 6 consecutive months. Additional fluoride treatments, up to the 18th birth date, are available at the listed member co-payment amount;
4. Sealants are covered only on the first and second permanent molars and up to the 14th birth date;
5. Crowns, Jackets, Inlays and Onlays are benefits on the same tooth only once every five years, and consistent with professionally recognized standards of dental practice;
6. Replacement of existing Full and Partial Dentures are covered once per arch every 5 years, except when they cannot be made functional through reline or repairs;
7. Denture Relines are covered twice per year, and only when consistent with professionally recognized standards of dental practice;
8. Any routine dental services performed by a Primary Care Dentist or Specialist in an inpatient/outpatient hospital setting, under certain circumstances, will be considered for coverage.

EXCLUSIONS:

1. Any procedure not specifically listed as a Covered Benefit;
2. Replacement of lost or stolen prosthetics or appliances including crowns, bridges, partial dentures, full dentures, and orthodontic appliances;
3. Any treatment requested, or appliances made, which are either not necessary for maintaining or improving dental health, or are for cosmetic purposes unless otherwise covered as a benefit;
4. Procedures considered experimental, treatment involving implants or pharmacological regimens other than listed as Covered Benefit (See "Independent Medical Review" in the Group Evidence of Coverage and Disclosure Form);
5. Oral surgery requiring the setting of bone fractures or bone dislocations;
6. Hospitalization;
7. Out-patient services;
8. Ambulance services;
9. Durable Medical Equipment;
10. Mental Health services;
11. Chemical Dependency services;
12. Home Health services;
13. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than listed as Covered Benefit;
14. Treatment started before the member was eligible, or after the member was no longer eligible
15. Procedures, appliances, or restorations to correct congenital, developmental or medically induced dental disorder, including but not limited to: myofunctional(e.g. speech therapy), myoskeletal, or temporomandibular joint dysfunctions (e.g. adjustments/corrections to the facial bones) unless otherwise covered as an orthodontic benefit;
16. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice;
17. Treatment of malignancies, cysts, or neoplasms;
18. Orthodontic treatment started prior to member's effective date of coverage;
19. Appliances needed to increase vertical dimension or restore occlusion;
20. Any services performed outside of your assigned dental office, unless expressly authorized by Liberty Dental Plan, or unless as outlined and covered in "Emergency Dental Care" section.

LIBERTY Dental Plan of California, Inc.
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Members with Questions, please call:
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Professional Services (800) 268-9012

Website: www.libertydentalplan.com

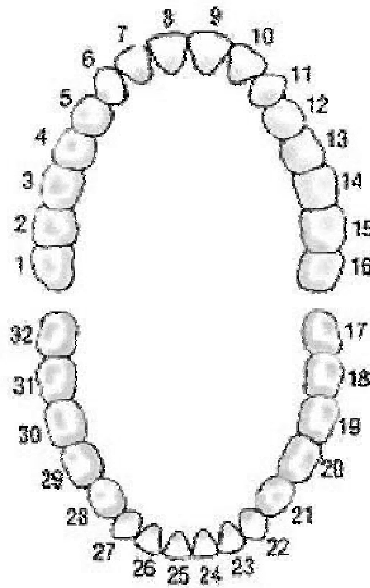
PERMANENT TEETH

Upper Right:

- 1: 3rd Molar – posterior tooth
- 2: 2nd Molar – posterior tooth
- 3: 1st Molar – posterior tooth
- 4: 2nd Bicuspid – posterior tooth
- 5: 1st Bicuspid – posterior tooth
- 6: Cuspid – anterior tooth
- 7: Lateral incisor – anterior tooth
- 8: Central incisor – anterior tooth

Lower Right:

- 25: Central incisor – anterior tooth
- 26: Lateral incisor – anterior tooth
- 27: Cuspid – anterior tooth
- 28: 1st Bicuspid – posterior tooth
- 29: 2nd Bicuspid – posterior tooth
- 30: 1st Molar – posterior tooth
- 31: 2nd Molar – posterior tooth
- 32: 3rd Molar – posterior tooth



Upper Left:

- 9: Central incisor – anterior tooth
- 10: Lateral incisor – anterior tooth
- 11: Cuspid – anterior tooth
- 12: 1st Bicuspid – posterior tooth
- 13: 2nd Bicuspid – posterior tooth
- 14: 1st Molar – posterior tooth
- 15: 2nd Molar – posterior tooth
- 16: 3rd Molar – posterior tooth

Lower Left:

- 17: 3rd Molar – posterior tooth
- 18: 2nd Molar – posterior tooth
- 19: 1st Molar – posterior tooth
- 20: 2nd Bicuspid – posterior tooth
- 21: 1st Bicuspid – posterior tooth
- 22: Cuspid – anterior tooth
- 23: Lateral incisor – anterior tooth
- 24: Central incisor – anterior tooth

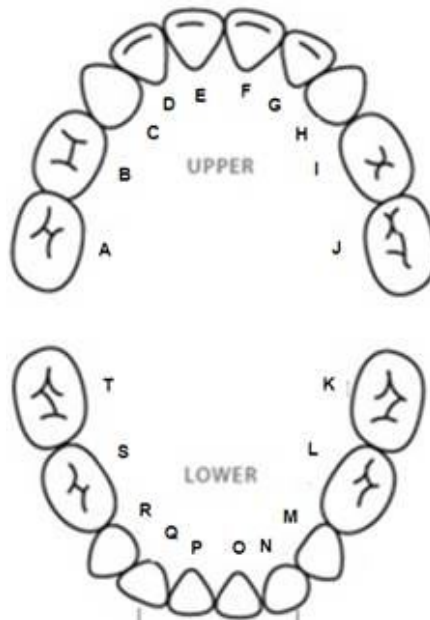
PRIMARY TEETH

Upper Right:

- A: 2nd primary molar – posterior tooth
- B: 1st primary molar – posterior tooth
- C: Cuspid – anterior tooth
- D: Lateral incisor – anterior tooth
- E: Central incisor – anterior tooth

Lower Right:

- T: 2nd primary molar – posterior tooth
- S: 1st primary molar – posterior tooth
- R: Cuspid – anterior tooth
- Q: Lateral incisor – anterior tooth
- P: Central incisor – anterior tooth



Upper Left:

- F: Central incisor – anterior tooth
- G: Lateral incisor – anterior tooth
- H: Cuspid – anterior tooth
- I: 1st primary molar – posterior tooth
- J: 2nd primary molar – posterior tooth

Lower Left:

- K: 2nd primary molar – posterior tooth
- L: 1st primary molar – posterior
- M: Cuspid – anterior tooth
- N: Lateral incisor – anterior tooth
- O: Central incisor – anterior tooth