



LIBERTY Dental Plan of California, Inc.

CA50 PLAN SCHEDULE OF BENEFITS

Covered Benefits, Member Co-payments, Limitations & Exclusions

No Annual Deductible

No Annual Dollar Amount Maximum

- Members must select, and be assigned to, a LIBERTY Dental Plan contracted CA50 dental office to utilize covered benefits. Your assigned 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				D1351	Sealant, per tooth	10	37
D0120	Periodic oral evaluation	0	NPB	D1352	Preventive resin restoration – permanent tooth	10	37
D0140	Limited oral evaluation	0	50	D1510	Space maintainer, fixed, unilateral	50	215
D0145	Oral Evaluation under age 3	0	50	D1515	Space maintainer, fixed, bilateral	50	258
D0150	Comprehensive oral evaluation	0	50	D1520	Space maintainer, removable, unilateral	50	210
D0160	Oral evaluation, problem focused	0	50	D1525	Space maintainer, removable, bilateral	50	210
D0170	Re-evaluation, limited, problem focused	0	50	D1550	Recementation of space maintainer	0	22
D0180	Comprehensive periodontal evaluation	0	50	D1555	Removal of fixed space maintainer	15	60
D0210	Intraoral, complete series (includes bitewings)	0	85	RESTORATIVE			
D0220	Intraoral, periapical, first film	0	21	D2140	Amalgam, 1 surface, primary or permanent	11	71
D0230	Intraoral, periapical, each additional film	0	12	D2150	Amalgam, 2 surfaces, primary or permanent	13	105
D0240	Intraoral, occlusal film	0	21	D2160	Amalgam, 3 surfaces, primary or permanent	15	126
D0250	Extraoral, first film	0	31	D2161	Amalgam, 4 or more surfaces, primary/permanent	17	141
D0260	Extraoral, each additional film	0	20	D2330	Resin-based composite, 1 surface, anterior	15	84
D0270	Bitewing, single film	0	20	D2331	Resin-based composite, 2 surfaces, anterior	18	94
D0272	Bitewings, 2 films	0	31	D2332	Resin-based composite, 3 surfaces, anterior	23	105
D0273	Bitewings, 3 films	0	35	D2335	Resin-based composite, 4+ surfaces/incisal angle	25	115
D0274	Bitewings, 4 films	0	45	D2390	Resin-based composite crown, anterior	30	152
D0277	Vertical bitewings, 7 to 8 films	0	45	D2391	Resin-based composite, 1 surface, posterior	50	71
D0330	Panoramic Film	0	NPB	D2392	Resin-based composite, 2 surfaces, posterior	70	105
D0340	Cephalometric film	See Ortho	See Ortho	D2393	Resin-based composite, 3 surfaces, posterior	120	126
D0415	Collection of microorganisms for culture	25	NPB	D2394	Resin-based composite, 4+ surfaces, posterior	135	135
D0425	Caries susceptibility tests	15	NPB	<p><i>* GUIDELINES for Inlays, Onlays, and Single Crowns:</i></p> <p><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></p> <p><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></p> <p><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></p> <p><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></p> <p><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></p>			
D0460	Pulp vitality tests	0	NPB				
D0470	Diagnostic casts	0	NPB				
D0472	Accession of tissue, gross exam, prep & report	40	NPB				
D0473	Accession of tissue, gross/micro. exam, prep, report	40	NPB				
D0474	Accession of tissue, gross/micro. exam, report	40	NPB				
PREVENTIVE SERVICES							
D1110	Prophylaxis, adult	9	55				
	Prophylaxis, adult (3 rd or more per 12 months)	54	65				
D1120	Prophylaxis, child	9	55				
	Prophylaxis, child (3 rd or more per 12 months)	44	60				
D1203	Topical application of fluoride, child	9	25				
	Topical application fluoride, child (3 rd + in 12 mo.)	18	25				
D1204	Topical application of fluoride, adult	9	18				
D1206	Topical fluoride varnish	9	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				

CODE	DESCRIPTION	MEMBER CO-PAYMENT		CODE	DESCRIPTION	MEMBER CO-PAYMENT	
		General	Specialist			General	Specialist
D2510	Inlay, metallic, 1 surface	170*	NPB	D2970	Temporary crown (fractured tooth)	80	NPB
D2520	Inlay, metallic, 2 surfaces	170*	NPB	D2971	Add'l procedure/new crown, existing partial denture	45	NPB
D2530	Inlay, metallic, 3 or more surfaces	170*	NPB	D2980	Crown repair, by report	45	NPB
D2542	Onlay, metallic, 2 surfaces	175*	NPB	ENDODONTICS			
D2543	Onlay, metallic, 3 surfaces	195*	NPB	D3110	Pulp cap – direct (excluding final restoration)	5	50
D2544	Onlay, metallic, 4 or more surfaces	195*	NPB	D3120	Pulp cap – indirect (excluding final restoration)	5	45
D2610	Inlay, porcelain/ceramic, 1 surface	170*	NPB	D3220	Therapeutic pulpotomy (excluding final restoration)	20	80
D2620	Inlay, porcelain/ceramic, 2 surfaces	170*	NPB	D3221	Pulpal debridement, primary & permanent teeth	10	NPB
D2630	Inlay, porcelain/ceramic, 3 or more surfaces	170*	NPB	D3230	Pulpal therapy (resorbable filling), anterior primary	40	95
D2642	Onlay, porcelain/ceramic, 2 surfaces	195*	NPB	D3240	Pulpal therapy (resorbable filling), posterior, primary	40	95
D2643	Onlay, porcelain/ceramic, 3 surfaces	195*	NPB	D3310	Anterior (excluding final restoration)	110	385
D2644	Onlay, porcelain/ceramic, 4 or more surfaces	195*	NPB	D3320	Bicuspid (excluding final restoration)	120	470
D2650	Inlay, resin-based composite, 1 surface	170*	NPB	D3330	Molar (excluding final restoration)	265	580
D2651	Inlay, resin-based composite, 2 surfaces	170*	NPB	D3331	Treatment of root canal obstruction; non-surgical	225	NPB
D2652	Inlay, resin-based composite, 3 or more surfaces	195*	NPB	D3332	Incomplete endodontic therapy, inoperable	130	NPB
D2662	Onlay, resin-based composite, 2 surfaces	195*	NPB	D3333	Internal root repair of perforation defects	225	NPB
D2663	Onlay, resin-based composite, 3 surfaces	195*	NPB	D3346	Retreatment of previous root canal – anterior	110	385
D2664	Onlay, resin-based composite, 4 or more surfaces	195*	NPB	D3347	Retreatment of previous root canal – bicuspid	130	470
D2710	Crown, resin-based composite (indirect)	195*	NPB	D3348	Retreatment of previous root canal – molar	275	580
D2712	Crown, ¾ resin-based composite (indirect)	195*	NPB	D3351	Apexification/recalcification/pulp reg. – initial visit	65	125
D2720	Crown, resin with high noble metal	195*	NPB	D3352	Apexification/recalcification/pulp reg. – interim med.	65	125
D2721	Crown, resin with predominantly base metal	195*	NPB	D3353	Apexification/recalcification – final visit	65	310
D2722	Crown, resin with noble metal	195*	NPB	D3410	Apicoectomy/periradicular surgery – anterior	150	545
D2740	Crown, porcelain/ceramic substrate	225*	NPB	D3421	Apicoectomy/periradicular surgery – bicuspid	150	565
D2750	Crown, porcelain fused to high noble metal	195*	NPB	D3425	Apicoectomy/periradicular surgery – molar	150	485
D2751	Crown, porcelain fused to predominantly base metal	195*	NPB	D3426	Apicoectomy/periradicular surgery – ea. add. root	100	485
D2752	Crown, porcelain fused to noble metal	195*	NPB	D3430	Retrograde filling – per root	30	170
D2780	Crown, ¾ cast high noble metal	195*	NPB	D3450	Root Amputation – per root	95	350
D2781	Crown, ¾ cast predominantly base metal	195	NPB	D3910	Surgical procedure for isolation with rubber dam	20	NPB
D2782	Crown, ¾ cast noble metal	195*	NPB	D3920	Hemisection (incl. root removal), not incl. root canal	90	395
D2783	Crown, ¾ porcelain/ceramic	195*	NPB	D3950	Canal prep. & fitting of preformed dowel/post	0	NPB
D2790	Crown, full cast high noble metal	195*	NPB	PERIODONTICS			
D2791	Crown, full cast predominantly base metal	195	NPB	D4210	Gingivectomy/gingivoplasty, 4+ teeth per quadrant	125	685
D2792	Crown, full cast noble metal	195*	NPB	D4211	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant	16	320
D2794	Crown, titanium	195*	NPB	D4240	Ging. flap procedure, 4+ teeth per quadrant	250	475
D2799	Provisional crown	140	NPB	D4241	Ging. flap procedure, 1-3 teeth per quadrant	250	315
D2910	Recement inlay, onlay, partial coverage restoration	0	NPB	D4245	Apically positioned flap	260	NPB
D2915	Recement cast or prefabricated post & core	10	NPB	D4249	Clinical crown lengthening, hard tissue	352	NPB
D2920	Recement crown	0	45	D4260	Osseous surgery, 4+ teeth per quadrant	250	675
D2930	Prefabricated stainless steel crown, primary tooth	50	126	D4261	Osseous surgery, 1-3 teeth per quadrant	250	675
D2931	Prefabricated stainless steel crown, permanent tooth	50	178	D4263	Bone replacement graft, 1 st site in quadrant	242	NPB
D2932	Prefabricated resin crown	25	136	D4264	Bone replacement graft, ea. additional site, quad.	132	NPB
D2933	Prefabricated stainless steel crown, resin window	25	NPB	D4270	Pedicle soft tissue graft procedure	425	NPB
D2934	Prefabricated esthetic coated SS crown, primary	25	NPB	D4271	Free soft tissue graft procedure (incl. donor site)	425	NPB
D2940	Protective restoration (temporary)	0	99	D4274	Distal/proximal wedge procedure	240	NPB
D2950	Core build-up, including any pins	50	NPB	D4320	Provisional splinting - intracoronal	148	NPB
D2951	Pin retention, per tooth, in addition to restoration	15	NPB	D4321	Provisional splinting - extracoronal	148	NPB
D2952	Post & core in addition to crown, indirect fabric.	50*	NPB	<i>GUIDELINE: No more than two (2) quadrants of periodontal scaling and root planing per appointment/per day are allowable.</i>			
D2953	Each additional indirect fabric. post, same tooth	40*	NPB	D4341	Periodontal scaling & root planing, 4+ teeth/quad.	50	210
D2954	Prefabricated post & core in addition to crown	45	NPB	D4342	Periodontal scaling & root planing, 1-3 teeth/quad.	50	140
D2955	Post removal (not in conj. with endodontic therapy)	10	NPB	D4355	Full mouth debridement	40	NPB
D2957	Each additional prefabricated post, same tooth	20	NPB	D4381	Localized delivery of antimicrobial agent/per tooth	40	NPB
D2960	Labial veneer (resin laminate), chairside	200	NPB	D4910	Periodontal maintenance	40	85
D2961	Labial veneer (resin laminate), laboratory	325	NPB	D4920	Unscheduled dressing change/non-treating dentist	20	35
D2962	Labial veneer (porcelain laminate), laboratory	500	NPB				

CODE	DESCRIPTION	MEMBER CO-PAYMENT		CODE	DESCRIPTION	MEMBER CO-PAYMENT	
		General	Specialist			General	Specialist
PROSTHODONTICS – REMOVABLE				D6063	Abutment supported cast metal crown, base metal	861	990
D5110	Complete denture, maxillary	250	NPB	D6064	Abutment supported cast metal crown, noble metal	912	1,048
D5120	Complete denture, mandibular	250	NPB	D6094	Abutment supported crown, titanium	670	770
D5130	Immediate denture, maxillary	250	NPB	D6065	Implant supported porcelain/ceramic crown	1,040	1,196
D5140	Immediate denture, mandibular	250	NPB	D6066	Implant supported porcelain/metal crown	1,013	1,165
D5211	Maxillary partial denture, resin base	375	NPB	D6067	Implant supported metal crown	984	1,131
D5212	Mandibular partial denture, resin base	375	NPB	D6068	Abutment supported retainer, porcelain/ceramic FPD	1,110	1,276
D5213	Maxillary partial denture, cast metal/resin base	400	NPB	D6069	Abutment supported retainer, metal FPD, high noble	1,096	1,260
D5214	Mandibular partial denture, cast metal/resin base	400	NPB	D6070	Abut. support. retainer, porc./metal FPD, base metal	1,035	1,190
D5225	Maxillary partial denture, flexible base	400	NPB	D6071	Abut. support. retainer, porc./metal FPD, noble	1,056	1,214
D5226	Mandibular partial denture, flexible base	400	NPB	D6072	Abut. support. retainer, cast metal FPD, high noble	1,028	1,182
D5281	Removable unilateral partial denture, 1 pc. cast	250	NPB	D6073	Abut. support. retainer, cast metal FPD, base metal	930	1,069
D5410	Adjust complete denture, maxillary	10	NPB	D6074	Abut. support. retainer, cast metal FPD, noble	1,005	1,155
D5411	Adjust complete denture, mandibular	10	NPB	D6194	Abut. supported retainer crown, FPD, titanium	670	770
D5421	Adjust partial denture, maxillary	10	NPB	D6075	Implant supported retainer for ceramic FPD	1,092	1,255
D5422	Adjust partial denture, mandibular	10	NPB	D6076	Implant supported retainer for porc./metal FPD	1,064	1,223
D5510	Repair broken complete denture base	45	NPB	D6077	Implant supported retainer for cast metal FPD	984	1,131
D5520	Replace missing/broken teeth, complete denture	20	NPB	D6092	Recement implant/abutment supported crown	45	52
D5610	Repair resin denture base	45	NPB	D6093	Recement implant/abutment supported FPD	65	75
D5620	Repair cast framework	45	NPB	PROSTHODONTICS – FIXED			
D5630	Repair or replace broken clasp	45	NPB	* <i>GUIDELINES for Pontics and Abutment Inlays, Onlays and Crowns</i>			
D5640	Replace broken teeth, per tooth	45	NPB	<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>			
D5650	Add tooth to existing partial denture	30	NPB	1. <i>Brand name restorations</i> (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.			
D5660	Add clasp to existing partial denture	45	NPB	2. <i>Benefits for anterior and bicuspid teeth:</i> 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.			
D5670	Replace all teeth & acrylic/cast metal frame, max.	88	NPB	3. <i>Benefits for molar teeth:</i> 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.			
D5671	Replace all teeth & acrylic/cast metal frame, mand.	88	NPB	4. <i>Base metal is the benefit.</i> If elected, the member may be charged additional lab costs for a) noble metal, b) high noble metal, or c) titanium.			
D5710	Rebase complete maxillary denture	70	NPB	D6205	Pontic, indirect resin based composite	195*	NPB
D5711	Rebase complete mandibular denture	70	NPB	D6210	Pontic, cast high noble metal	195*	NPB
D5720	Rebase maxillary partial denture	70	NPB	D6211	Pontic, cast predominantly base metal	195	NPB
D5721	Rebase mandibular partial denture	70	NPB	D6212	Pontic, cast noble metal	195*	NPB
D5730	Reline complete maxillary denture, chairside	60	NPB	D6214	Pontic, titanium	195*	NPB
D5731	Reline complete mandibular denture, chairside	60	NPB	D6240	Pontic, porcelain fused to high noble metal	195*	NPB
D5740	Reline maxillary partial denture, chairside	60	NPB	D6241	Pontic, porcelain fused to predominantly base metal	195*	NPB
D5741	Reline mandibular partial denture, chairside	60	NPB	D6242	Pontic, porcelain fused to noble metal	195*	NPB
D5750	Reline complete maxillary denture, laboratory	75	NPB	D6245	Pontic, porcelain/ceramic	195*	NPB
D5751	Reline complete mandibular denture, laboratory	75	NPB	D6250	Pontic, resin with high noble metal	195*	NPB
D5760	Reline maxillary partial denture, laboratory	75	NPB	D6251	Pontic, resin with predominantly base metal	195*	NPB
D5761	Reline mandibular partial denture, laboratory	75	NPB	D6252	Pontic, resin with noble metal	195*	NPB
D5810	Interim complete denture, maxillary	178	NPB	D6253	Provisional pontic	150	NPB
D5811	Interim complete denture, mandibular	178	NPB	D6545	Retainer, cast metal for resin bonded fixed prosth.	160*	NPB
D5820	Interim partial denture, maxillary	90	NPB	D6548	Retainer, proc./ceramic, resin bonded fixed prosth.	160	NPB
D5821	Interim partial denture, mandibular	90	NPB	D6600	Inlay, porcelain/ceramic, 2 surfaces	275*	NPB
D5850	Tissue conditioning, maxillary	30	NPB	D6601	Inlay, porcelain/ceramic, 3 or more surfaces	280*	NPB
D5851	Tissue conditioning, mandibular	30	NPB				
IMPLANT SERVICES							
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.							
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				

CODE	DESCRIPTION	MEMBER CO-PAYMENT		CODE	DESCRIPTION	MEMBER CO-PAYMENT	
		General	Specialist			General	Specialist
D6602	Inlay, cast high noble metal, 2 surfaces	275*	NPB	D7285	Biopsy of oral tissue, hard (bone, tooth)	60	195
D6603	Inlay, cast high noble metal, 3 or more surfaces	280*	NPB	D7286	Biopsy of oral tissue, soft	45	195
D6604	Inlay, cast base metal, 2 surfaces	275	NPB	D7287	Exfoliative cytological sample collection	8	NPB
D6605	Inlay, cast base metal, 3 or more surfaces	280	NPB	D7288	Brush biopsy, transepithelial sample collection	8	NPB
D6606	Inlay, cast noble metal, 2 surfaces	275*	NPB	D7310	Alveoloplasty with extractions, 4+ teeth, quadrant	30	130
D6607	Inlay, cast noble metal, 3 or more surfaces	280*	NPB	D7311	Alveoloplasty with extractions, 1-3 teeth, quadrant	30	130
D6624	Inlay, titanium	280*	NPB	D7320	Alveoloplasty, w/o extractions, 4+ teeth, quadrant	40	160
D6608	Onlay, porcelain/ceramic, 2 surfaces	285*	NPB	D7321	Alveoloplasty, w/o extractions, 1-3 teeth, quadrant	40	160
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	290*	NPB	D7340	Vestibuloplasty, ridge extension (2 nd epithelialization)	135	1,260
D6610	Onlay, cast high noble metal, 2 surfaces	285*	NPB	D7350	Vestibuloplasty, ridge extension	195	2,625
D6611	Onlay, cast high noble metal, 3 or more surfaces	290*	NPB	D7450	Removal, benign odontogenic cyst/tumor, up to 1.25	140	NPB
D6612	Onlay, cast base metal, 2 surfaces	285	NPB	D7451	Removal, benign odontogenic cyst/tumor, over 1.25	290	NPB
D6613	Onlay, cast base metal, 3 or more surfaces	290	NPB	D7460	Removal, benign nonodontogenic cyst/tumor, to 1.25	165	NPB
D6614	Onlay, cast noble metal, 2 surfaces	285*	NPB	D7461	Removal, benign nonodontogenic cyst/tumor, 1.25+	220	NPB
D6615	Onlay, cast noble metal 3 or more surfaces	290*	NPB	D7471	Removal of lateral exostosis, maxilla or mandible	175	NPB
D6634	Onlay, titanium	290*	NPB	D7472	Removal of torus palatinus	130	NPB
D6710	Crown, indirect resin based composite	195*	NPB	D7473	Removal of torus mandibularis	130	NPB
D6720	Crown, resin with high noble metal	195*	NPB	D7485	Surgical reduction of osseous tuberosity	90	NPB
D6721	Crown, resin with predominantly base metal	195*	NPB	D7510	Incision & drainage of abscess, intraoral soft tissue	18	110
D6722	Crown, resin with noble metal	195*	NPB	D7511	Incision/drainage, abscess, intraoral soft, complicated	28	NPB
D6740	Crown, porcelain/ceramic	195*	NPB	D7520	Incision & drainage, abscess, extraoral soft tissue	18	265
D6750	Crown, porcelain fused to high noble metal	195*	NPB	D7521	Incision/drainage, abscess, extraoral soft, complicate	28	NPB
D6751	Crown, porcelain fused to predominantly base metal	195*	NPB	D7530	Remove foreign body, mucosa, skin, tissue	35	NPB
D6752	Crown, porcelain fused to noble metal	195*	NPB	D7560	Maxillary sinusotomy, remove th. frag./foreign body	88	NPB
D6780	Crown, ¾ cast high noble metal	195*	NPB	D7960	Frenulectomy (frenectomy or frenotomy), sep. proc.	60	325
D6781	Crown, ¾ cast predominantly base metal	195	NPB	D7963	Frenuloplasty	60	NPB
D6782	Crown, ¾ cast noble metal	195*	NPB	D7970	Excision of hyperplastic tissue, per arch	40	350
D6783	Crown, ¾ porcelain/ceramic	195*	NPB	D7971	Excision of pericoronal gingival	40	200
D6790	Crown, full cast high noble metal	195*	NPB	ADJUNCTIVE GENERAL SERVICES			
D6791	Crown, full cast predominantly base metal	195	NPB	D9110	Palliative (emergency) treatment, minor procedure	10	80
D6792	Crown, full cast noble metal	195*	NPB	D9120	Fixed partial denture sectioning	12	NPB
D6793	Provisional retainer crown	125	NPB	D9210	Local anesthesia not with operative/surgical proced.	0	0
D6794	Crown, titanium	195*	NPB	D9211	Regional block anesthesia	0	0
D6930	Recement fixed partial denture	25	NPB	D9212	Trigeminal division block anesthesia	0	0
D6940	Stress breaker	165	NPB	D9215	Local anesthesia with operative/surgical procedure	0	0
D6970	Post & core in addition to FPD retainer, indirect	50*	NPB	** GUIDELINE: Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery and pedodontic procedures when dispensed in a dental office by a practitioner acting within the scope of his/her licensure; and when warranted by documented conditions that local anesthetic is contraindicated. General anesthesia, as used for dental pain control, means the elimination of all sensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of themselves sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analgesia.			
D6972	Prefabricated post & core in add. to FPD retainer	47	NPB	D9220	Deep sedation/general anesthesia, 1 st 30 minutes	225**	225**
D6973	Core buildup for retainer, including any pins	45	NPB	D9221	Deep sedation/general anesthesia, each add. 15 min.	125**	125**
D6976	Each additional indirectly fabricated post/same tooth	20*	NPB	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	40	45
D6977	Each additional prefabricated post, same tooth	20	NPB	D9241	Intravenous conscious sedation/analgesia, 1 st 30 min.	225**	225**
D6980	Fixed partial denture repair, by report	45	NPB	D9242	IV conscious sedation/analgesia, each add. 15 min.	125**	125**
ORAL AND MAXILLOFACIAL SURGERY				D9248	Non-intravenous conscious sedation	100	100
D7111	Extraction, coronal remnants, deciduous tooth	10	75	D9310	Consultation, other than requesting dentist	50	65
D7140	Extraction, erupted tooth or exposed root	15	95	D9430	Office visit, observation, regular hrs., no other serv.	0	40
D7210	Surgical removal of erupted tooth	25	145	D9440	Office visit, after regularly scheduled hours	20	125
D7220	Removal of impacted tooth, soft tissue	45	165	D9450	Case presentation, detailed & extensive treatment	0	0
D7230	Removal of impacted tooth, partially bony	55	220	D9630	Other drugs and/or medicaments, by report	15	35
D7240	Removal of impacted tooth, completely bony	80	260	D9910	Application of desensitizing medicament	15	NPB
D7241	Removal impacted tooth, complete bony complication	130	290				
D7250	Surgical removal residual tooth roots, cutting proc.	35	95				
D7261	Primary closure of a sinus perforation	310	NPB				
D7270	Tooth reimplantation/stabilization, accident	285	NPB				
D7280	Surgical access of an unerupted tooth	140	NPB				
D7282	Mobilization of erupted/malpositioned tooth	80	NPB				
D7283	Placement, device to facilitate eruption, impaction	80	NPB				

CODE	DESCRIPTION	MEMBER CO-PAYMENT	
		General	Specialist
D9911	Application of desensitizing resin, per tooth	15	NPB
D9930	Treatment of complications, post surgical, unusual	15	NPB
D9940	Occlusal guard, by report	175	NPB
D9942	Repair and/or relines of occlusal guard	40	NPB
D9950	Occlusion analysis, mounted case	0	NPB
D9951	Occlusal adjustment, limited	0	75
D9952	Occlusal adjustment, complete	20	210
D9971	Odontoplasty 1-2 teeth	10	NPB
	Broken appointment, less than 24 hour notice	25	25
	Office visit, per visit	6	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.

CA50 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 relines 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.
P.O. Box 26110
Santa Ana, CA 92799-6110

Members with Questions, please call:
Member Services (888) 703-6999

Providers with Questions, please call:
Professional Services (800) 268-9012

Website: www.libertydentalplan.com

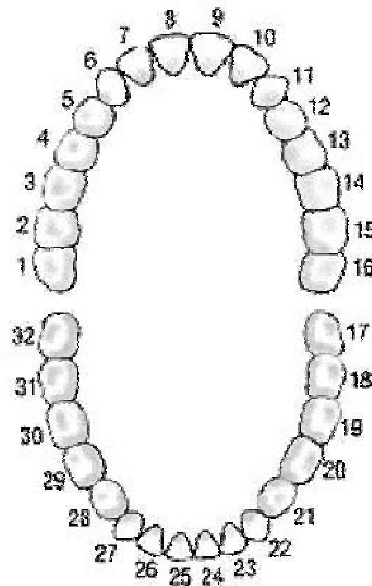
PERMANENT TEETH

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:

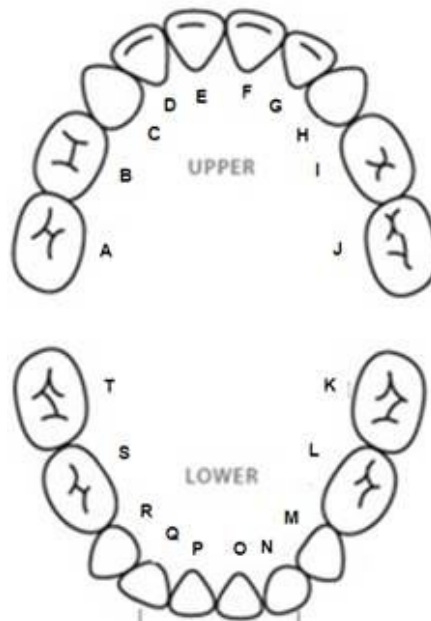
- 17: 3rd Molar – posterior tooth
- 18: 2nd Molar – posterior tooth
- 19: 1st Molar – posterior tooth
- 20: 2nd Bicuspid – posterior tooth
- 21: 1st Bicuspid – posterior tooth
- 22: Cuspid – anterior tooth
- 23: Lateral incisor – anterior tooth
- 24: Central incisor – anterior tooth

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