

# CA Family Dental HMO



LIBERTY Dental Plan



COVERED  
CALIFORNIA



Talk to a LIVE  
Member Services  
Representative every  
step of the way!

## LIBERTY's Oral Health Philosophy

Our philosophy is simple and has remained the same since our inception. We are committed to ensuring that our members receive necessary preventative and diagnostic treatments on a routine basis, averting costly and damaging episodic treatment. Additionally, we reach out to members to provide them with valuable Oral Hygiene Instruction and Case Management when necessary to promote a lifetime of exceptional oral health.

## Who We Are

LIBERTY Dental Plan (LIBERTY) is a privately held dental benefits corporation that has been providing dental services since 2001. We currently serve over 3 million members in all 50 states, and partner with some of the nation's largest health plans, labor groups, and employer groups, as well as federal, state and local governments. We are also local, with an office in Irvine, CA.

## Our Commitment to Our Members

### LIBERTY's Concierge Style Customer Service:

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

### Technology Driven Administration

LIBERTY's technology solutions were designed specifically to reduce administrative burdens for members, providers and our client partners.



LIBERTY Dental Plan of California, Inc.

Making members shine, one smile at a time™ [www.libertydentalplan.com/coveredca](http://www.libertydentalplan.com/coveredca)



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## **LIBERTY offers:**

- Real-time web access to online transactions, such as claims, provider services, pre-authorization submissions, eligibility & benefits inquiries, claims tracking and more.
- LIBERTY Dental Plan's mobile phone app gives members quick and easy access to: electronic ID cards, search for a network dentist, benefit & copay information and more.

## **Frequently Asked Questions**

### **Are these HMO or PPO plans?**

LIBERTY provides small business employees HMO plans for individuals and families that reside in California. Some counties will require assignment to a primary care dentist. Your Benefit Schedule will provide this information upon enrollment.

### **Do I have to choose a dentist?**

Yes, if you reside in the counties of Alameda, El Dorado, Kern, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara and Yolo. A contracted LIBERTY primary care dentist will be assigned to you and your family upon enrollment. Assignment to a dentist is not required for members residing in other counties within California.

### **How do I see a specialist?**

In the event that you need to be seen by a Specialist, LIBERTY requires pre-authorization. In most cases, your primary care dentist will file a referral on your behalf.

### **Are there waiting periods to be met?**

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

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

Please refer to the Copayment Schedule for a full description of covered procedure codes and applicable copayments. For questions, ask your network dentist before you receive services and/or call the LIBERTY Member Services at **888.844.3344**.

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

Out-of-Pocket Maximum means the maximum amount of money that a Pediatric Enrollee must pay for Benefits under this Program during a plan year. If more than one Pediatric Enrollee is covered, the financial obligation for covered services is not more than the family Out-of-Pocket Maximum amount. Once the amount paid by all Pediatric Enrollee(s) equals the annual Out-of-Pocket Maximum, no further payment will be required by any of the Pediatric Enrollee(s) for the remainder of the Plan Year for covered services.

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**Individual Out-of-Pocket Maximum: \$350 (applies to Pediatric only)**  
**Family Out-of-Pocket Maximum: \$700 (applies to Pediatric only)**

The following is a summary of the dental procedures for which benefits are payable under this Plan. Members must visit a contracted dental office to utilize covered benefits.

**For a full list of Covered Benefits, Copayments, Limitations & Exclusions click here: [Copayment Schedule](#)**

| ADA Code  | Description  | Child Copayment* | Adult Copayment** |
|---|--|------------------|-------------------|
| <b>Diagnostic Services</b>  |  |                  |                   |
| D0120   | Periodic oral exam   | \$0              | \$0               |
| D0150   | Comprehensive oral exam  | \$0              | \$0               |
| D0210   | Full mouth x-ray   | \$0              | \$0               |
| D0220   | Individual tooth x-ray   | \$0              | \$0               |
| D0270   | Bitewing x-ray   | \$0              | \$0               |
| <b>Preventive Services</b>  |  |                  |                   |
| D1110   | Routine cleaning (adult)                                       | \$0              | \$0               |
| D1120   | Routine cleaning (child)                                       | \$0              | \$0               |
| D1206   | Topical application of fluoride varnish                        | \$0              | \$0               |
| D1208   | Topical application of fluoride                                | \$0              | Not Covered       |
| D1351   | Sealant, per tooth   | \$0              | Not Covered       |
| D1510   | Space maintainer, fixed, unilateral                            | \$0              | Not Covered       |
| <b>Restorative Services</b>   |  |                  |                   |
| D2140   | Amalgam (silver) - 1 surface                                   | \$25             | \$25              |
| D2330   | White filling, 1 surface, front teeth                          | \$30             | \$30              |
| D2930   | Prefabricated stainless steel crown, primary tooth             | \$65             | Not Covered       |
| <b>Endodontic Services</b>  |  |                  |                   |
| D3240   | Pulpal therapy   | \$55             | Not Covered       |
| D3330   | Root canal - molar (excluding final restoration)               | \$300            | \$300             |
| <b>Periodontal Services</b>   |  |                  |                   |
| D4210   | Gingivectomy/gingivoplasty, 4+ teeth/quad.                     | \$150            | \$150             |
| D4341   | Periodontal scaling & root planing, 4+ teeth/quad.             | \$55             | \$55              |
| <b>Removable Prosthodontic Services (Dentures)</b>                          |  |                  |                   |
| D5110   | Complete denture, maxillary                                    | \$300            | \$400             |
| <b>Oral and Maxillofacial Surgery</b>                                       |  |                  |                   |
| D7140   | Extraction, erupted tooth or exposed root (simple extractions) | \$65             | \$65              |
| D7210   | Surgical removal of erupted tooth (surgical extractions)       | \$120            | \$115             |
| <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, only available on the Family Dental HMO Plan  
 \*\*\*\$350 Per course of treatment, regardless of plan year

**LIBERTY Dental Plan of California, Inc.**  
 PO Box 26110, Santa Ana, CA 92799-6110 **Member Services: 888.844.3344**

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