



**CALIFORNIA  
INDIVIDUAL PLAN  
COMBINED EVIDENCE OF COVERAGE  
AND DISCLOSURE FORM**

**Contains information for Enrollees covered by a COVERED CALIFORNIA Individual Essential Pediatric Dental Benefit (EPDB) Plan, including the “LIBERTY Dental Plan Family Dental HMO” plan.**

Interpretation and translation services may be available for Members with limited English proficiency, including translation of documents into certain threshold languages. To ask for language services call 888-844-3344.

**Spanish (Español)**

**IMPORTANTE:** ¿Puede leer esta noticia? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta noticia escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al 1-888-844-3344.

Hereinafter in this document, LIBERTY Dental Plan of California, Inc. may be referred to as “LIBERTY” or “the Plan.”

**This COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM constitutes only a summary of the dental plan. The dental plan contract must be consulted to determine the exact terms and conditions of coverage.**

A specimen of the dental plan contract will be furnished upon request.

A STATEMENT DESCRIBING OUR POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

Section II of this document contains definitions of terms used throughout this document.

**I. GENERAL INFORMATION**

**BENEFITS MATRIX**

THE FOLLOWING MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM AND THE PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

<b>LIBERTY Dental Plan Family Dental HMO</b>			
<b>Copay Plan</b>			
Member Cost Share amounts describe the Enrollee's out-of-pocket costs.			
	<b>Benefit Type</b>	<b>Pediatric Dental EHB</b>	<b>Adult Dental</b>
	<b>Age</b>	<b>Up to Age 19</b>	<b>Age 19 and Older</b>
	<b>Actuarial Value</b>	85.10%	Not Calculated
	<b>Network Type</b>	<b>In-Network</b>	<b>In-Network</b>
	<b>Individual Deductible</b>	None	None
	<b>Family Deductible (Two or more children)</b>	Not applicable	Not Applicable
	<b>Individual Out of Pocket Maximum</b>	\$350	Not Applicable
	<b>Family Out-of-Pocket Maximum (Two or More Children)</b>	\$700	Not Applicable
	<b>Office Copay</b>	\$0	\$0
	<b>Waiting Period</b>	None	None
	<b>Annual Benefit Limit</b> (the maximum amount the dental plan will pay in the benefit year)	None	None
<b>Procedure Category</b>	<b>Service Type</b>	<b>Member Cost Share</b>	<b>Member Cost Share</b>
<b>Diagnostic &amp; Preventive</b>	Oral Exam	No Charge	No Charge if Covered
	Preventive - Cleaning	No Charge	No Charge if Covered
	Preventive - X-ray	No Charge	No Charge if Covered
	Sealants per Tooth	No Charge	No Charge if Covered
	Topical Fluoride Application	No Charge	No Charge if Covered
	Space Maintainers - Fixed	No Charge	No Charge if Covered
<b>Basic Services</b>	Restorative Procedures	\$25-\$70	\$25-\$70
	Periodontal Maintenance	\$30	\$30
<b>Major Services</b>	Periodontics (other than maintenance)	\$10-\$350	\$10-\$220
	Endodontics	\$20-\$365	\$20-\$365
	Crowns and Casts	\$20-\$310	\$20-\$310
	Prosthodontics	\$35-\$350	\$35-\$400
	Oral Surgery	\$40-\$350	\$35-\$280
<b>Orthodontia</b>	Medically Necessary Orthodontia	\$350	Not Covered

Each individual procedure within each category listed above that is covered under the Program has a specific Copayment, which is shown in the Schedule of Benefits and in the Combined Evidence of Coverage.

## OVERVIEW OF YOUR DENTAL BENEFIT PLAN

### A. HOW TO USE YOUR LIBERTY DENTAL PLAN

This booklet is your Evidence of Coverage (EOC). It explains what LIBERTY covers and does not cover. Also read your Schedule of Benefits (on page 18), which lists co-pays and other fees. Your LIBERTY Dental Plan is an Individual dental plan. To be eligible for this coverage, you must meet the eligibility requirements as stated in this document.

### B. HOW TO CONTACT LIBERTY

Our Member Services department is here to help you. Call us if you have a question or a problem:

**LIBERTY Dental Plan of California, Inc.**  
**P.O. Box 26110**  
**Santa Ana, CA 92799-6110**  
**Member Services (Toll-Free): (888) 844-3344**  
**Website: [www.LIBERTYDentalPlan.com](http://www.LIBERTYDentalPlan.com)**

### C. LIBERTY'S SERVICE AREA

LIBERTY has a Service Area, which is the entire state of California. This is the area in which LIBERTY provides dental coverage. You must live or work in the Service Area. You must receive all dental service services within the Service Area, unless you need emergency or Urgent Care. If you move out of the Service Area you must tell LIBERTY.

### D. LIBERTY'S NETWORK

Our network is all the General Dentists and dental Specialists that LIBERTY has contracted with to provide services to our Members. You must get your dental services from your Primary Care Provider and other Providers who are in the network. Call 888-844-3344 to ask for a LIBERTY Provider Directory or use the website.

If you go to Providers outside the network, you will have to pay all the cost, unless you received pre-approval from LIBERTY or you had an emergency or you needed Urgent Care away from home. If you are new to LIBERTY or LIBERTY ends your Provider's contract, you can continue to see your current dentist in some cases. This is called *continuity of care* (see page 9).

### E. YOUR PRIMARY CARE DENTIST (see page 7)

When you join LIBERTY, in most cases you need to choose a Primary Care Provider. This is usually a General Dentist who provides your basic care and coordinates the care you need from other dental specialty Providers.

**EXCEPTION COUNTIES:** If you reside in the following counties, you do not choose a Primary Care Provider. You may access services from any contracted General Dentist in the network: Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, Fresno, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, San Benito, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura and Yuba.

### F. LANGUAGE AND COMMUNICATION ASSISTANCE (see page 17)

If English is not your first language, LIBERTY provides interpretation services and translation of certain written materials in your preferred language. To ask for language services call 888-844-3344. If you have a preferred language, please notify us of your personal language needs by calling 888-844-3344.

### G. HOW TO GET DENTAL CARE WHEN YOU NEED IT

Call your Primary Care Provider first for all your care, unless it is an emergency.

- You usually need a referral and pre-approval to get care from a Provider other than your Primary Care Provider. See the next section.
- The care must be medically necessary for your health. Your dentist and LIBERTY follow guidelines and policies to decide if the care is medically necessary. If you disagree with LIBERTY about whether a service you want is medically necessary, you can file a Grievance or, in some cases, you may request an Independent Medical Review (see page 16).
- The care must be a service that LIBERTY covers. Covered dental services are also called Benefits. To see what services LIBERTY covers, see the Schedule of Benefits on page 19.

### H. TIMELY ACCESS TO CARE

You are entitled to schedule an appointment with your Primary Care Provider within a reasonable time that is appropriate to Your condition:

- Urgent appointments should be scheduled within 72 hours. Discuss Your individual needs with Your Primary Care Provider to determine how soon You can be seen (See pages 7 and 8)
- Non-Urgent Appointments should be offered within 36 business days.
- Preventive dental care appointments should be offered within 40 business days.

If for any reason You are unable to schedule an appointment within these timeframes, please call the Member Services Department at 1-888-844-3344 for assistance.

LIBERTY provides language assistance services at all points of contact, including at your dental appointment. If your Primary Care Provider or Specialist, or their office staff, cannot communicate with You in Your language, LIBERTY can arrange for interpretation services at Your appointment at no cost to You. LIBERTY makes these services available to You even if You are accompanied at Your appointment by a family member or friend that can assist with interpretation. Please contact LIBERTY’s Member Services Department at 1-888-844-3344 to arrange these services as far in advance of Your appointment time as possible.

**I. REFERRALS AND PRE-AUTHORIZATIONS (see page 7)**

You need a referral from your Primary Care Provider and pre-approval from LIBERTY for services to be provided by a Specialist or to receive a second opinion or to see a dentist who is not in LIBERTY’s network. Pre-approval is also called Pre-Authorization.

- Make sure your Primary Care Provider gives you a referral and gets pre-approval if it is required.
- If you do not have a referral and pre-approval when it is required, you will have to pay all of the cost of the service.

You do **not** need a referral and pre-approval to see your Primary Care Provider, or to get emergency care or Urgent Care.

**J. EMERGENCY CARE (see page 8)**

Emergency care is covered anywhere in the world. A condition may be considered an emergency if, without treatment, Your health may be in serious jeopardy, You may experience serious impairment to bodily functions or serious dysfunction of any bodily organ or part. Emergency Care may include care for a bad injury, severe pain, or a sudden serious dental illness. Emergency care may include care for a bad injury, severe pain, or a sudden serious dental illness. Go to your Primary Care Provider for follow-up care. Do not go back to the emergency room for follow-up care.

**K. URGENT CARE (see page 7)**

Urgent care is care that you need soon to prevent a serious health problem. Urgent care is covered anywhere in the world.

**L. CARE WHEN YOU ARE OUT OF THE LIBERTY SERVICE AREA (see page 7)**

Only Emergency and Urgent Care is covered outside of the LIBERTY Service Area.

**M. COSTS (see the “SCHEDULE OF BENEFITS” on page 19 and “What You Pay” on page 10)**

- The Premium is what you pay to LIBERTY to keep coverage.
- A Co-payment is the amount that you must pay to the Provider for a particular covered procedure.
- The yearly deductible is the amount you pay directly to Providers for certain services, before LIBERTY starts to pay.
- The yearly out-of-pocket maximum is the most money you have to pay for your covered dental care in a year.

After you pay your Co-payments, LIBERTY pays for the rest of any covered service. After you have reached the yearly out-of-pocket maximum, LIBERTY pays the rest of the cost of the services for that year, as long as the service you get is a covered benefit.

**N. IF YOU HAVE A COMPLAINT ABOUT YOUR LIBERTY DENTAL PLAN (see page 14)**

LIBERTY provides a Grievance resolution process You can file a complaint (also called an *appeal* or a *grievance*) with LIBERTY for any dissatisfaction you have with LIBERTY, your Benefits, a claim determination, a benefit or coverage determination, your Provider or any aspect of your dental Benefit Plan. If you disagree with LIBERTY’s decision about your complaint, you can get help from the State of California’s HMO Help Center. In some cases, the HMO Help Center can help you apply for an Independent Medical Review (IMR) or file a complaint. IMR is a review of your case by doctors who are not part of your health plan.

**II. DEFINITIONS OF USEFUL TERMS CONTAINED IN THIS DOCUMENT**

The following terms are used in this EOC document:

**APTC: Advanced Premium Tax Credit:** A feature of the Affordable Care Act that provides a subsidy to pay for a part of Your dental Premium.

**Authorization:** The notification of approval by LIBERTY that you may proceed with treatment requested.

**Benefits:** Services covered by your LIBERTY dental plan.

**Benefit Plan:** The LIBERTY dental product that you purchased to provide coverage for dental services.

**Benefit Year:** The year of coverage of your LIBERTY dental plan.

**Capitation:** Pre-paid payments made by LIBERTY to a Contracted General Dentist Provider to provide services to assigned Members.

**Charges:** The fees requested for proposed services or services rendered.

**Contracting Dentist:** A dentist who has signed a contract to provide services to LIBERTY Members in accordance with LIBERTY's rules and regulations.

**Covered Services:** Services listed in this document as a benefit of this dental plan.

**Co-payment:** Any amount charged to a Member at the time of service for Covered Services. Fixed co-payment amounts are listed in the Schedule of Benefits.

**Dental Records:** Refers to diagnostic aid, intraoral and extra-oral radiographs, written treatment record including but not limited to progress notes, dental and periodontal chartings, treatment plans, consultation reports, or other written material relating to an individual's medical and dental history, diagnosis, condition, treatment, or evaluation.

**Dependent:** Any eligible Member of a Subscriber's family who is enrolled in LIBERTY Dental Plan.

**Dental Necessity or Dentally Necessary:** A Covered Service that meets Plan guidelines for appropriateness and reasonableness by virtue of a clinical review of submitted information. Covered Services may be reviewed for Dental Necessity prior to or after rendering. Payment for services occurs for Covered Services that are deemed Dentally Necessary by the Plan.

**Disputed Dental Service:** Any service that is the subject of a dispute filed by either Member or Provider.

**Domestic Partner:** A person that is in a committed life-sharing relationship with the Member.

**Emergency Care / Emergency Dental Service:** Emergency Dental Service and care include (and are covered by LIBERTY Dental Plan) dental screening, examination, evaluation by a Dentist or dental Specialist to determine if an emergency dental condition exists. A condition may be considered an emergency if, without treatment, Your health may be in serious jeopardy, You may experience serious impairment to bodily functions or serious dysfunction of any bodily organ or part. Medical emergencies are not covered by LIBERTY Dental Plan if the services are rendered in a hospital setting which are covered by a Medical Plan, or if LIBERTY Dental Plan determines the services were not dental in nature.

**Enrollee:** see Member.

**EPDB or Essential Pediatric Dental Benefit:** Refers to plans mandated by the Affordable Care Act to provide essential pediatric dental benefits to children.

**Exclusion:** A statement describing one or more services or situations where coverage is not provided for dental services by the Plan.

**General Dentist:** A licensed dentist who provides general dental services and who does not identify as a Specialist.

**Grievance:** Any expression of dissatisfaction; also known as a complaint. See Grievance Section of EOC for pertinent rules, regulations and processes.

**Independent Medical Review (IMR):** A California program where certain denied services may be subject to an external review. For Individual Plans, IMR is only available for medical services.

**Individual Plan:** A dental Benefit Plan providing coverage for an individual person. A spouse or covered Dependent may also be included on the same Individual Plan as the Subscriber.

**In-Network Benefits:** Benefits available to you when you receive services from a Contracted Provider

**Member:** Subscriber or eligible Dependent(s) who are actually enrolled in the Plan. Also known as Enrollee.

**Non-Participating Provider:** A dentist that has no contract to provide services for LIBERTY.

**Open Enrollment Period:** A period of time where enrollment in a dental plan may be started or changed.

**Out-of-Area Coverage:** Benefits provided when you are out of the Plan's Service Area, or away from your Primary Care Provider.

**Our-of Area Urgent Care:** Urgent services that are needed while you are located out of the Service Area or away from your Primary Care Provider.

**Participating Dental Group, Dental Office, or Provider:** A dental facility and its dentists that are under contract to provide services to LIBERTY Members in accordance with LIBERTY's rules and regulations.

**Plan:** LIBERTY Dental Plan of California, Inc.

**Pre-Authorization:** A document submitted in your behalf requesting an advance determination and approval to render desired treatment services for you.

**Premium:** The fee paid to LIBERTY for this Benefit Plan.

**Primary Care Provider:** A dentist affiliated with LIBERTY to provide services to covered Members of the Plan. The Primary Care Dentist is responsible to provide or arrange for needed dental services.

**Professional Services:** Dental services or procedures provided by a licensed dentist or approved auxiliaries.

**Provider:** A contracted dentist providing services under contract with the Plan.

**Specialist:** Refers to Endodontists, Oral Surgeons, Orthodontists, Pediatric Dentists or Periodontists.

**Specialist:** A Dentist that has received advanced training in one of the dental specialties approved by the American Dental Association as a dental specialty, and practices as a Specialist. Examples are Endodontists, Oral and Maxillofacial Surgeon, Periodontists and Pediatric Dentist.

**Subscriber:** Member, Enrollee or "You" are equivalent in this document.

**Surcharge:** An amount charged in addition to a listed Co-payment for a requested service or feature

**Terminated Provider:** A dentist that formerly delivered services under contract that is no longer associated with the Plan.

**Service Area:** The counties in California where LIBERTY provides coverage.

**Urgent Care:** See Emergency Care

**Usual Charges:** A dentist's usual charge for a service

**You:** Pertains to Individual Members including covered Dependent children on the Essential Pediatric Benefit Individual Plans who are the beneficiary of this dental Benefit Plan.

### **III. ACCESS TO SERVICES – SEEING A DENTIST**

LIBERTY Dental Plan contracts with General Dentists and Specialists to provide services covered by your Plan. Contact us toll-free at (888) 844-3344 or via our website, [www.LIBERTYdentalplan.com](http://www.LIBERTYdentalplan.com), to find a dentist in your area. All services and Benefits described in this publication are covered only if provided by a contracted Primary Care Provider or Specialist. The only time you may receive care outside the network is for Emergency Dental Services as described herein under "Emergency Dental Care" or "Urgent Care."

#### **A. FACILITIES**

LIBERTY makes available Primary Care Providers (General Dentist) and Specialists throughout the state of California within a reasonable distance from your home or workplace. Contact LIBERTY toll-free at 888-844-3344 or via website at [www.LIBERTYdentalplan.com](http://www.LIBERTYdentalplan.com) to find a dentist in your area.

Our goal is to provide you with appropriate dental benefits, delivered by highly qualified dental professionals in a comfortable setting. All of LIBERTY Dental Plan's contracted private practice dentists have undergone strict credentialing procedures, background checks and office evaluations. In addition, each participating dentist must adhere to strict contractual guidelines. All dentists are pre-screened and reviewed on a regular basis. We conduct a quality assessment program which includes ongoing contract management to assure compliance with continuing education, accessibility for Members, appropriate diagnosis and treatment planning. Your Primary Care Dentist will provide for all of your dental care needs including referring you to a Specialist, should it be necessary. All Enrollees shall have a residence or workplace within thirty (30) minutes or fifteen (15) miles of a Primary Care Dental office.

## **B. DENTAL HEALTH EDUCATION**

For further information on using your dental Benefits, please see the website at [www.LIBERTYdentalplan.com](http://www.LIBERTYdentalplan.com). The website contains other helpful information on dental and oral health information to assist you in assessing your risk of future dental disease, home care measures you can take to keeping your teeth and mouth healthy. Further, the condition of your teeth, gums and mouth can have profound effect on your total overall health. Information on how your oral health can affect your overall health conditions such as cardiovascular conditions, diabetes, obesity, pregnancy and pre- and peri-natal health as well as other health conditions can be found on the website.

## **C. CHOICE OF PROVIDERS**

**PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHAT PROVIDER DENTAL SERVICES MAY BE OBTAINED**

1. **General Dentistry/Primary Care Dentistry:** Except as noted below under Exception, when you join LIBERTY Dental Plan, you must choose a Primary Care Dentist to which you will be assigned. Your assigned Primary Care Provider is responsible for coordinating any specialty care dental services you might need. You must obtain general dental services from your assigned Primary Care Provider. Your assigned Primary Care Provider will share information with any Specialist to coordinate your overall care.

Unless otherwise noted in the Exception below, if you do not select a Primary Care Provider, one will be chosen for you by LIBERTY upon your enrollment and you will be notified of this assignment.

All family Members in the Essential Pediatric Benefit Plan on the same Individual Plan must be assigned to and receive treatment from the same Primary Care Provider.

2. **Changing Primary Care Dentists:** You may contact LIBERTY at any time to change your Primary Care Provider. Contact our Member Services Department toll-free at (888) 844-3344 (during regular business hours) or submit a change request in writing to: LIBERTY Dental Plan, P.O. Box 26110, Santa Ana, CA, 92799-6110. Your requested change to a Primary Care Dentist will be in effect on the first (1<sup>st</sup>) day of the following month if the change is received by LIBERTY Dental Plan prior to the twentieth (20<sup>th</sup>) of the current month. Your request to change dentists will not be processed if you have an outstanding balance with your current dentist.
3. **Exception:** Those enrolling in the EXCEPTION COUNTIES (on page 2) do not select a Primary Care Dentist at the point of enrollment. To access care under in these counties, simply contact a LIBERTY Dental Plan Provider who is contracted to provide services under your selected plan for an appointment. The Primary Care Dentist will then contact LIBERTY Dental Plan to verify your eligibility. You may obtain information on Providers in these counties by phone or website. In these counties you are not assigned to this Provider and may change to a different contracted Primary Care Dentist Provider at any time.
4. **Care from a Dental Specialist:** You may only obtain care from a dental Specialist only after your referral to a Specialist has been submitted by your assigned Primary Care Provider to LIBERTY for approval. You may only receive services from a dental Specialist that have been Pre-Authorized for you by LIBERTY. Your Specialist will submit a Pre-Authorization for services to LIBERTY for Pre-Authorization.

All services and Benefits described in this publication are covered only if provided by a contracted LIBERTY Dental Plan participating Primary Care Dentist or Specialist. The only time you may receive care outside the network is for Emergency Dental Services as described herein under "Emergency Dental Care".

## **D. URGENT CARE**

Urgent care is care you need within 24 to 72 hours, and are services needed to prevent the serious deterioration of your dental health resulting from an unforeseen illness or injury for which treatment cannot be delayed. The Plan provides coverage for urgent dental services only if the services are required to alleviate severe pain or bleeding or if an Enrollee reasonably believes that the condition, if not diagnosed or treated, may lead to disability, dysfunction or death. Contact your assigned Primary Care Provider for your urgent needs during business hours or after hours. If you are out of the area, you may contact LIBERTY for referral to another contracted dentist that can treat your urgent condition. For after-hours Urgent Care outside the Service Area, you may proceed to find a dentist who can assist

You. LIBERTY will reimburse you for covered dental expenses up to a maximum of seventy-five dollars (\$75) less applicable Co-payments per calendar year. You should notify LIBERTY as soon as possible after receipt of Urgent Care services preferable within 48 hours. If it is determined that your treatment was not due to a dental emergency, the services of any non-contracted dentist will not be covered.

#### **E. EMERGENCY DENTAL CARE**

All affiliated LIBERTY Dental Plan Primary Care Dental offices provide availability of Emergency Dental Services twenty-four (24) hours per day, seven (7) days per week. The Plan provides coverage for Emergency Dental Services if, without treatment, Your health may be in serious jeopardy, You may experience serious impairment to bodily functions or serious dysfunction of any bodily organ or part. Emergency Care may include care for a bad injury, severe pain, or a sudden serious dental illness. You may also wish to consider contacting the “911” emergency response system. The use of such system should be done so responsibly.

In the event you require Emergency Dental Care, contact your Primary Care Dentist to schedule an immediate appointment. For urgent or unexpected dental conditions that occur after-hours or on weekends, contact your Primary Care Dentist for instructions on how to proceed.

If your Primary Care Dentist is not available, or if you are out of the area and cannot contact LIBERTY to redirect you to another contracted Dental Office, contact any licensed dentist to receive emergency care. LIBERTY will reimburse you for covered dental expenses up to a maximum of seventy-five dollars (\$75), less applicable Co-payments. You should notify LIBERTY as soon as possible after receipt of Emergency Dental Services, preferably within 48 hours. If it is determined that your treatment was not due to a dental emergency, the services of any non-contracted dentist will not be covered.

**Emergency Dental Service** (covered by your LIBERTY Dental Plan) is defined in the California Health & Safety Code, to include a dental screening, examination, evaluation by dentist or Specialist to determine if an emergency dental condition exists, and to provide care that would be acknowledged as within professionally recognized standards of dental care and in order to alleviate any emergency symptoms in a dental office. Medical and/or psychiatric emergencies are not covered by LIBERTY Dental Plan and are generally covered by a Medical Plan. LIBERTY does not cover services that LIBERTY determines were not dental in nature.

**Reimbursement for Emergency Dental Care:** If the requirements in the section titled “Emergency Dental Care” are satisfied, LIBERTY will cover up to \$75 of such services per calendar year. If you pay a bill for covered Emergency Dental Care, submit a copy of the paid bill to LIBERTY Dental Plan, Claims Department, P.O. Box 26110, Santa Ana, CA, 92799-6110. Please include a copy of the claim from the Provider’s office or a legible statement of services/invoice. Please forward to LIBERTY Dental Plan with the following information:

- Your membership information.
- Individual’s name that received the Emergency Dental Services.
- Name and address of the dentist providing the Emergency Dental Service.
- A statement explaining the circumstances surrounding the emergency visit.

If additional information is needed, you will be notified in writing. If any part of your claim is denied you will receive a written explanation of benefits (EOB) within 30 days of LIBERTY Dental Plan’s receipt of the claim that includes:

- The reason for the denial.
- Reference to the pertinent Evidence of Coverage provisions on which the denial is based.
- Notice of your right to request reconsideration of the denial, and an explanation of the Grievance procedures. You may also refer to the EOC section, GRIEVANCE PROCEDURES below.

#### **F. SECOND OPINION**

At no cost to you, you may request a second dental opinion when appropriate, by directly contacting Member Services either by calling the toll-free number (888) 844-3344 or by writing to: LIBERTY Dental Plan, P.O. Box 26110, Santa Ana, CA, 92799-6110. Your Primary Care Provider may also request a second dental opinion on your behalf by submitting a Standard Specialty or Orthodontic Referral form with appropriate x-rays. All requests for a second dental opinion are approved by LIBERTY Dental Plan within 72 hours of receipt of such request. Upon approval, LIBERTY Dental Plan will make the appropriate second dental opinion arrangements and advise the attending dentist of your concerns. You will then be advised of the arrangement so an appointment can be scheduled. Upon request, you may obtain a copy of LIBERTY Dental Plan’s policy description for a second dental opinion.

#### **G. REFERRAL TO A SPECIALIST**

In the event that you need to be seen by a Specialist, LIBERTY Dental Plan requires prior benefit Authorization. Your Primary Care Dentist is responsible for obtaining authorization for you to receive specialty care.

The Pre-Authorization submission will be responded to within five (5) business days of receipt, unless urgent.



If your specialty referral Pre-Authorization is denied or you are dissatisfied with the Pre-Authorization, you have the right to file a Grievance. See EOC section, GRIEVANCE PROCEDURES below.

If your Primary Care Dentist has difficulty locating a Specialist in your area, contact LIBERTY Member Services for assistance in locating a Specialist.

#### **H. AUTHORIZATION, MODIFICATION OR DENIAL OF SERVICES**

No prior benefit Authorization is required in order to receive general dental services from your Primary Care Dentist. The Primary Care Dentist has the authority to make most coverage determinations. The coverage determinations are achieved through comprehensive oral evaluations which are covered by your plan. Your Primary Care Dentist is responsible for communicating the results of the comprehensive oral evaluation and advising of available Benefits and associated cost.

Referral to a Specialist is the responsibility of your assigned contracted Primary Care Provider (see Referral to a Specialist above).

Specialty services proposed by any Specialist to whom you are referred must be Pre-Authorized prior to rendering care, except for Emergency Dental Services (Emergency Dental Care and Urgent Care services described above).

You or your Providers may call Member Services toll-free at 1-888-844-3344 for information on Pre-Authorization of services policies, procedures or the status of a particular referral or Pre-Authorization.

Specialty referral and Pre-Authorization of specialty services proposed by the Specialist is processed within 5 days of receipt of all information necessary to make the determination. When LIBERTY is unable to make the determination within the 5-day requirement, LIBERTY will notify your Provider and you of the information needed to complete the review and the anticipated date when the determination will be made.

Any denial, delay or modification of services will contain a clear and concise description of the utilization review criteria, guideline, clinical reason or contractual section of the coverage documentation used to make such a determination. Such determinations will include the name and telephone number of the health care professional responsible for the determination and information on how you can

Determinations to deny, delay or modify treatment requested on your behalf will contain information on how you may file a Grievance based on this determination.

**Urgent requests:** If you or your Primary Care Dentist encounter an urgent condition in which there is an imminent and serious threat to your health including but not limited to, the potential loss of life, limb, or other major body function, or the normal timeframe for the decision making process as described above would be detrimental to your life or health, the response to the request for referral should not exceed seventy-two (72) hours from the time of receipt of such information, based on the nature of the urgent or emergent condition.

The decision to approve, modify or deny will be communicated to the Primary Care Dentist within twenty-four (24) hours of the decision. In cases where the review is retrospective (services already provided), the decision shall be communicated to the Enrollee within thirty (30) days of the receipt of the information.

#### **I. CONTINUITY OF CARE**

**Current Members:** Current Members may have the right to the benefit of completion of care with their Terminated Provider for certain specified acute or serious chronic dental conditions. Please call the Plan at 1-888-844-3344 to see if you may be eligible for this benefit. You may request a copy of the Plan's Continuity of Care Policy. You must make a specific request to continue under the care of your Terminated Provider. We are not required to continue your care with that Provider if you are not eligible under our policy or if we cannot reach agreement with your Terminated Provider on the terms regarding your care in accordance with California law.

**New Members:** A New Member may have the right to the qualified benefit of completion of care with their Non-Participating Provider for certain specified acute or serious chronic dental conditions. Please call the Plan at 1-888-844-3344 to see if you may be eligible for this benefit. You may request a copy of the Plan's Continuity of Care Policy. You must make a specific request to continue under the care of your current Provider. We are not required to continue your care with that Provider if you are not eligible under our policy or if we cannot reach agreement with your Provider on the terms regarding your care in accordance with California law. This policy does not apply to new Members of an individual Subscriber contract.

#### **J. LANGUAGE ASSISTANCE**

Interpretation and translation services may be available for Members with limited English proficiency, including translation of documents into certain threshold languages. To ask for language services call 888-844-3344.

## **IV. FEES AND CHARGES – WHAT YOU PAY**

### **A. PREMIUMS AND PREPAYMENT FEES**

**Covered California:** If you purchased your Individual Plan from Covered California, you make the first payment directly to them and all remaining payments to LIBERTY at the address provided in Appendix 2.

Premiums are due to LIBERTY Dental Plan prior to the month of coverage.

Your Premium and payment terms are listed in Appendix 2, including mailing address for payments.

Premiums must be paid for the period in which services are received.

### **B. CHANGES TO BENEFITS AND PREMIUMS**

**For Covered California Members, renewal and benefit changes are subject to Covered California terms and conditions.**

LIBERTY Dental Plan may change the covered Benefits, Co-payments, and Premium rates from time to time. LIBERTY Dental Plan will not decrease the covered Benefits or increase the Premium rates during the term of the agreement without giving notice to you at least sixty (60) days before the proposed change.

At renewal, LIBERTY may change the Premium and may provide 60 days' notice of any Premium change.

### **C. OTHER CHARGES**

You are responsible only for Premiums and listed Co-payments for Covered Services. You may be responsible for other Charges for non-covered or optional services as described in this Evidence of Coverage document. You should discuss any Charges for non-covered or optional services directly with your Provider. To avoid any financial misunderstandings, you may wish to obtain a written disclosure of all services proposed or received, whether covered or not.

If you receive services that require Pre-Authorization without the necessary authorization (other than emergent or Urgent Care services as medically necessary), you will be responsible for full payment of the Provider's usual fee to the Provider for any such services.

You may be responsible for additional fees for returned or dishonored checks, cancelled credit card payments, broken or missed appointment Charges or other administrative Charges such as finance charges for any third-party payment organizations as agreed upon mutually by you and your Provider as per business arrangements and disclosures made by LIBERTY or the treating Provider.

### **D. LIABILITY FOR PAYMENT**

You are responsible for payment of Premiums and listed Co-payments for any Covered Services subject to the limitations and Exclusions of your plan.

You are responsible for the treating dentist's usual fee in the following situations:

- For non-covered services. If you have services from a non-contracted dentist or facility
- If a Pre-Authorization was required and you did not have the treatment Pre-Authorized Provider
- Services received out of area that are later deemed to not qualify as emergency or Urgent Care services, such as (but not limited to) routine treatment beyond the stabilization of the emergency situation

Emergency services may be available out-of-network or without Pre-Authorization in some situations (see Emergency Dental Care section above).

**IMPORTANT:** Prior to providing you with non-covered services, your Contracted Dentist should provide you a treatment plan that includes each anticipated service and the estimated cost. If you would like more information about dental coverage options, you may contact our Member Services Department at 888-844-3344.

In no event are you ever responsible for any sums owed to a Contracted Dentist by LIBERTY. In the event that LIBERTY fails to pay a Non-Participating Provider, you may be liable to the Non-Participating Provider for the cost of services you received.

### **E. PROVIDER REIMBURSEMENT**

LIBERTY pays for Covered Services to Contracted Dentists via a variety of arrangements including Capitation, fee-for-service and supplemental surpayments in addition to Capitation. Reimbursement varies by geographic area, general dentist, specialty dentist and procedure code. For more information on reimbursement, you may address a request in writing to LIBERTY at the address shown above.

## **V. ELIGIBILITY AND ENROLLMENT**

**For Covered California Members, Eligibility and Enrollment processes are determined by Covered California.**

### **A. WHO IS ENTITLED TO BENEFITS**

If LIBERTY Dental Plan receives your completed enrollment form payment by the 8<sup>th</sup> day of the month, you are eligible to receive care on the first day of the following month. You may call your selected dentist at any time after the effective date of your coverage. Be sure to identify yourself as a Member of LIBERTY Dental Plan when you call the dentist for an appointment. We also suggest that you keep this Evidence of Coverage or the Schedule of Benefits and applicable Limitations and Exclusions in Appendix 1 with you when you go to your appointment. You can then reference Benefits and applicable Co-payments which are the out-of-pocket costs associated with your plan, as well as any non-covered treatment.

### **B. WHO IS ELIGIBLE TO ENROLL**

You and Your eligible dependents are eligible to enroll in this LIBERTY Dental Plan Family Dental HMO. You must live or work in the plan Service Area. An enrolled Dependent child who reaches age 26 during a benefit year may remain enrolled as a dependent until the end of that benefit year. The dependent coverage shall end on the last day of the benefit year during which the Dependent child becomes ineligible.

- You may enroll Your spouse.
- Your dependent children (including adopted) who are under the age of twenty-six (26). *Please note:* An enrolled Dependent child who reaches age 26 during a benefit year may remain enrolled as a dependent until the end of that benefit year. The dependent coverage shall end on the last day of the benefit year during which the Dependent child becomes ineligible, unless both of the following are true:
  - The dependent is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition; AND
  - The dependent is chiefly dependent upon the subscriber for support and maintenance;If You wish to continue coverage for Your dependent who qualifies, You will be asked to submit supporting documentation.
- New dependents such as new spouse, children placed with You for adoption, and newborns.

## **VI. COVERED SERVICES**

You are covered for the dental services and procedures listed below when necessary for your dental health in accordance with professionally recognized standards of practice, subject to the limitations and Exclusions described for each category and for all services. Please see Schedule of Benefits (Appendix 1) for a detailed listing of specific Covered Services and the Co-payments applicable to each, and a list of the Exclusions and limitations that are applicable to all dental services covered under your LIBERTY Dental Plan.

### **A. DIAGNOSTIC DENTAL SERVICES**

Diagnostic dental services are those that are used to diagnose your dental condition and evaluate necessary dental treatment, when deemed necessary for your dental health in accordance with professionally recognized standards of practice.

You are covered for the Diagnostic dental services listed in Appendix 1, together with related limitations and Exclusions.

### **B. PREVENTIVE DENTAL SERVICES**

Preventive dental services are those that are used to maintain good dental condition or to prevent deterioration of dental condition, when deemed necessary for your dental health in accordance with professionally recognized standards of practice:

You are covered for the Preventive dental services listed in Appendix 1, together with related limitations and Exclusions.

### **C. RESTORATIVE DENTAL SERVICES**

Restorative dental services are those that are used to repair and restore the natural teeth to healthy condition, when deemed necessary for your dental health in accordance with professionally recognized standards of practice:

You are covered for the Restorative dental services listed in Appendix 1, together with related limitations and Exclusions.

### **D. ENDODONTIC SERVICES**

Endodontic dental services are procedures that involve treatment of the pulp, root canal and roots when deemed necessary for your dental health in accordance with professionally recognized standards of practice:

You are covered for the Endodontic dental services listed in Appendix 1, together with related limitations and Exclusions.

#### **E. PERIODONTIC SERVICES**

Periodontic dental services are those procedures that involve the treatment of the gum and bone supporting the teeth and the management of gingivitis (gum inflammation) and periodontitis (gum disease), when deemed necessary for your dental health in accordance with professionally recognized standards of practice:

You are covered for the Periodontic dental services listed in Appendix 1, together with related limitations and Exclusions.

#### **F. PROSTHODONTIC SERVICES**

Removable prosthodontics is the replacement of lost teeth by a removable prosthesis and the maintenance of those appliances.

Fixed prosthodontics is the replacement of lost teeth by a fixed prosthesis.

You are covered for the Prosthodontic dental services listed in Appendix 1, together with related limitations and Exclusions.

#### **G. ORAL SURGERY SERVICES**

Oral surgery services are procedures that involve the extraction of teeth and other surgical procedures as listed in the Schedule of Benefits.

You are covered for the Oral Surgery dental services listed in Appendix 1, together with related limitations and Exclusions.

#### **H. ADJUNCTIVE DENTAL SERVICES**

Adjunctive Dental Services are ancillary services such as anesthesia during dental services, bleaching, mouthguards, etc.

You are covered for the Adjunctive dental services listed in Appendix 1, together with related limitations and Exclusions.

#### **I. ORTHODONTIC SERVICES**

Orthodontic services are procedures that involve straightening teeth and treating discrepancies in the bite relationship of the teeth and jaws. See Appendix 1 for a list of any covered orthodontic services provided in your Benefit Plan, and any pertinent limitations and Exclusions.

#### **J. URGENT AND EMERGENCY SERVICES**

See information provided above in this Evidence of Coverage document for a description of coverage for Emergency Dental Services, including out of area urgent services, and how to access them.

#### **K. SERVICES PROVIDED BY A SPECIALIST**

See information provided above in this Evidence of Coverage document for a description of coverage for services available performed by a Specialist, including a list of the types of dental Specialists covered and how to access services from a Specialist.

### **VII. LIMITATIONS, EXCLUSIONS, EXCEPTIONS, REDUCTIONS**

See Appendix 1 for limitations to covered procedures and Exclusions to your plan Benefits.

#### **A. GENERAL EXCLUSIONS**

LIBERTY will not cover:

- Care you get from a doctor who is not in the LIBERTY network, unless you have pre-approval from LIBERTY, or you need Urgent Care and are outside the LIBERTY Service Area.
- Care that is not medically necessary
- Exams that you need only to get work, go to school, play a sport, or get a license or professional certification.
- Services that are ordered for you by a court, unless they are medically necessary and covered by LIBERTY.
- The cost of copying your medical records. (This cost is usually a small fee per page)
- Expenses for travel, such as taxis and bus fare, to see a doctor or get health care.
- Other Exclusions are listed in Appendix 1.

#### **B. MISSED APPOINTMENTS**

LIBERTY strongly recommends that if you need to cancel or reschedule an appointment with your Provider that you notify the Dental Office as far in advance as possible. This will allow the LIBERTY and the Provider to accommodate another person in need of attention. Providers may charge a fee for missed or broken appointments with less than the recommended notice.

## **VIII. TERMINATION, RESCISSION AND CANCELLATION OF COVERAGE**

### **A. TERMINATION OF BENEFITS**

Covered California Members may be subject to additional termination criteria as provided by Covered California.

#### **1. Termination Due to Loss of Eligibility**

Your LIBERTY Plan coverage may end if you no longer live or work in the LIBERTY service area or if LIBERTY no longer offers your dental plan.

This is an EPDB plan and therefore, You will be terminated upon reaching the limiting age for coverage stated in this EOC document.

#### **2. Termination Due to Non-Payment of Premium**

If Premiums are not paid according to the agreement, termination will be effective on midnight of the last day of the month for which Premiums were last received, subject to compliance with required notice and grace period requirements. Termination by LIBERTY will comply with Health and Safety Code, Section 1365(a) as amended and any associated guidance or regulation in force at that time.

If Premiums are not paid according to the Covered California agreement, terms and conditions, and You are a Covered California Member that receives an Advanced Premium Tax Credit (APTC) that pays for part of your dental Premium, You will be provided with a three month grace period that begins on the first day of the month following the last day of the month for which Premiums were last received.

You may reinstate your coverage by paying the entire outstanding amount of Premium due by the last day of the third month of the grace period. Your coverage will be suspended during the second and third months of the three-month grace period and Providers will not be obligated to provide Covered Services to You while your coverage is suspended. You may receive services during the second and third month of the grace period but You will be financially responsible for the cost of those services unless your coverage is reinstated on or before the end of the third month of the grace period. If You fail to pay the entire outstanding amount of Premium due, your coverage will be terminated as of the first day of the second month of your grace period.

#### **3. Completion of Treatment In Progress After Termination**

If you terminate from the Plan while the contract between you and LIBERTY Dental Plan is in effect, your Primary Care Provider or Specialist must complete any procedure in progress that was started before your termination, abiding by the terms and conditions of the Plan.

If you terminate coverage from the Plan after the start of orthodontic treatment, you will be responsible for any Charges on any remaining orthodontic treatment.

#### **4. Termination Due to Fraud**

If a Subscriber permits any other person to use their Member ID card to obtain services under this dental plan, or otherwise engages in fraud or deception in the provision of incomplete or incorrect “material” information to LIBERTY or to the Provider that would affect enrollment information, for use of the services or facilities of the plan or knowingly permits such fraud or deception by another, termination will be effective immediately upon notice from LIBERTY Dental Plan.

#### **5. Termination Due to Health Status**

LIBERTY does not terminate based on any health status. If You believe that your coverage has been terminated based on your health status or requirements for health care services, you may request a review to be performed by the Director of the Department of Managed Health Care. If the Director determines that a proper complaint exists under the provisions of this section, the Director shall notify the plan. Within 15 days after receipt of such notice, the plan shall either request a hearing or reinstate the Enrollee or Subscriber. A reinstatement shall be retroactive to time of cancellation or failure to renew and the plan shall be liable for the expenses incurred by the Subscriber or Enrollee for covered health care services from the date of cancellation or non-renewal to and including the date of reinstatement. You can contact the Department of Managed Health Care at (1-888-HMO-2219) or on a TDD line (1-877-688-9891) for the hearing and speech impaired. The Department’s Internet web site is <http://www.hmohelp.ca.gov>.

### **B. EFFECTIVE DATE OF TERMINATION**

Coverage may be terminated, cancelled or non-renewed following 15 days since the date of notification of termination, except for fraud or deception as stated above, which is effective immediately upon notification.

### C. **DISENROLLMENT**

You may disenroll from the plan by contacting LIBERTY by phone or in writing. Disenrollment is effective as of the end of the last day of the period for which Premium was paid.

### D. **RESCISSION**

Rescission means that LIBERTY may cancel your coverage as if no coverage ever existed. Rescission may be elected by LIBERTY only in the event of fraud or intentional misrepresentation of material fact such as if you intentionally submitted incomplete or incorrect material information in your enrollment application that would have affected our decision to accept you as a covered Member. You have the right to appeal any decision to rescind your membership. Appeal procedures will be provided to you in the notice of rescission.

## **IX. RENEWAL AND REINSTATEMENT OF COVERAGE**

Your coverage will be automatically renewed at the same terms and conditions unless LIBERTY notifies you in writing at least 30 days before the end of your coverage term describing any changes in the Premium, coverage or other terms or conditions of your coverage.

**Covered California Members will have renewals to their dental plan coordinated subject to Covered California terms and conditions.**

If You are a Covered California Member that receives an APTC that pays for part of your dental Premium, You will be provided with a three month grace period that begins on the first day of the month following the last day of the month for which Premiums were last received. You may reinstate your coverage by paying the entire outstanding amount of Premium due by the last day of the third month of the grace period.

## **X. GRIEVANCE PROCEDURES**

If you are dissatisfied with your selected Primary Care Dentist, personnel, facilities, specialty referral, Pre-Authorization, claim, or the dental care you receive, you have the right to complain to the dental plan. A Complaint is the same as a Grievance. Grievance Forms may be requested by contacting LIBERTY Dental Plan's Member Services Department at (888) 844-3344. Grievance Forms are also available on our website, [www.libertydentalplan.com](http://www.libertydentalplan.com), or by calling LIBERTY Member Services or by asking your Provider. Grievance Forms are not necessary. LIBERTY will investigate a Grievance submitted in any format. Your complaint or Grievances may be:

- Sent in writing to: LIBERTY Dental Plan, P.O. Box 26110, Santa Ana, CA, 92799-6110, or
- Sent by facsimile to: LIBERTY Dental Plan's Member Services Department facsimile at (949) 223-0011, or
- Submitted verbally to: LIBERTY Dental Plan Member Services Representative at LIBERTY's toll-free number: (888) 844-3344, or
- Submitted using our website online Grievance filing process by visiting [www.libertydentalplan.com](http://www.libertydentalplan.com).

You may use a "patient advocate" to help you file a Grievance. For Grievances involving minors or incapacitated or incompetent individuals, the parent, guardian, conservator, relative or other designee of the Member, as appropriate may submit the Grievance to LIBERTY, or to the DMHC for urgent matters (see "Urgent Grievances" below)

If you have limited English proficiency, visual or other communication impairment, LIBERTY will assist you in filing a Grievance. Assistance may include translation of Grievance procedures, forms and LIBERTY's responses, and may also include access to interpreters, telephone relay systems to aid disabled individuals to communicate.

You will not be discriminated against in any way by LIBERTY or your Provider for filing a Grievance.

You may file a Grievance for at least 180 calendar days following any incident or action that is the subject of your dissatisfaction.

LIBERTY Dental Plan's representatives will review the problem with you and take appropriate steps for a quick resolution. You will receive acknowledgement of your Grievance within five (5) calendar days of receipt. Grievances will be resolved within 30 days.

**Grievances Exempt from Written Acknowledgement and Response:** In some cases Grievances that are received by telephone, facsimile, e-mail or through a website that are not coverage disputes, or are not involving Dental Necessity and are resolved by the next business day do not require a written acknowledgement or response. In these cases you will be contacted by the same method by which you submitted the Grievance or otherwise discussed with you at the time you reported your complaint.

**The following information is required by the State of California pertaining to your dental plan.**

## **A. STATE OF CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE (DMHC) COMPLAINT PROCEDURE**

The DMHC has established a toll-free number for you as a Member to utilize should you have a complaint against a health care service plan, or requests for review of cancellations, rescissions and non-renewals under Health and Safety Code section 1365(b) and related guidance and rules. This number is **888-HMO-2219**. As a Member you may file a complaint against LIBERTY Dental Plan; however, you may only do so after contacting your plan directly to utilize its complaint resolution process.

A Member may immediately file a complaint with the California DMHC in the event of a dental emergency situation. In addition a Member may also file a complaint in the event that the plan does not satisfactorily resolve the complaint (grievance) within thirty (30) days of filing with your health care service plan.

**California Required Statement:** The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your Health Plan, you should first telephone your Health Plan at **1-888-844-3344** and use your Health Plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your Health Plan, or a grievance that remained unresolved for more than 30 days, you may call the Department for assistance. You may also be eligible for Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a Health Plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number (**1-888-HMO-2219**) and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The Department's Internet web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

**Grievance Resolutions and Responses:** For Grievances related to requested services that were denied, delayed or modified based in whole or in part on a finding that the proposed health care service is not a covered benefit, the response will indicate the exact document, page and provision applicable to the Grievance response.

For Grievances related to requested health care services that were denied, delayed or modified in whole or in part based on a determination that the service is not medically (dentally) necessary, the response will indicate the criteria, clinical guideline or policy used in reaching the determination.

**Urgent Grievances:** For cases involving an imminent and serious threat to your health including, but not limited to, severe pain, potential loss of life, limb, or major bodily function, LIBERTY will expedite the processing of your Grievance upon notification of this urgent condition. LIBERTY will resolve to the urgent condition within 3 calendar days of receipt of the Grievance, or sooner, based on the condition. In the case of urgent Grievances, you are not required to await the determination by LIBERTY before accessing the DMHC as noted above.

If you are not satisfied with the resolution initially provided, you may contact the DMHC as noted above. You may also submit additional materials for additional consideration to LIBERTY Dental Plan's Quality Management Department. Your requests must be in writing with a detailed summary and should be directed to:

LIBERTY Dental Plan, Inc.  
Quality Management Department  
P.O. Box 26110  
Santa Ana, CA 92799-6110

Any additional information will be processed as a new Grievance.

## **B. MEDIATION**

You may also request voluntary mediation with LIBERTY before exercising your right to submit a Grievance to the DMHC. The use of mediation does not preclude your right to submit a Grievance to the DMHC upon completion of mediation. In order to initiate mediation, you or your agent must voluntarily agree to the mediation process. Expenses for mediation will be borne equally by you and LIBERTY.

### C. INDEPENDENT MEDICAL REVIEW (IMR)

In cases which result in the denial of the Pre-Authorization request for Covered Services by a LIBERTY Dental Plan Provider, and are considered the practice of medicine or are provided pursuant to a contract between LIBERTY and a health plan (that covers hospital, medical or surgical benefits) may be eligible for the DMHC Independent Medical Review (IMR) program. Subscribers may request a form for the independent medical review of their case by contacting LIBERTY Dental Plan at 888-844-3344 or writing to: LIBERTY Dental Plan, P.O. Box 26110, Santa Ana, CA, 92799-6110. You may also request the forms from the Department of Managed Health Care. The Department of Managed Health Care may be reached at 1-888-HMO-2219 or by visiting their website at: <http://www.hmohelp.ca.gov>. Independent Medical Review is only available for certain medical services.

### D. ARBITRATION

If you or one of your eligible Dependents is not satisfied with the results of LIBERTY Dental Plan's complaint resolution process, and all the complaint resolution procedures have been exhausted, the matter can be submitted to arbitration for resolution. If you, or one of your eligible Dependents, believe that some conduct arising from or relating to your participation as a LIBERTY Dental Plan Member, including contract or medical liability, the matter shall be settled by arbitration. The arbitration will be conducted according to the American Arbitration Association rules and regulations in force at the time of the occurrence of the Grievance (dispute or controversy) and subject to Section 1295 of the California code of Civil Procedure.

## XI. MISCELLANEOUS PROVISIONS

### A. COORDINATION OF BENEFITS

As a covered Member, you will always receive your LIBERTY Benefits. LIBERTY does not consider your Individual Plan secondary to any other coverage you might have. You are entitled to receive benefits as listed in this EOC document despite any other coverage you might have in addition.

### B. THIRD PARTY LIABILITY

If services otherwise covered by virtue of this Individual Plan are deemed to be necessary due to a work-related injury or which are the liability of another third party, you agree to cooperate in LIBERTY's processes to be reimbursed for these services.

### C. OPPORTUNITY TO PARTICIPATE IN LIBERTY'S PUBLIC POLICY COMMITTEE

If you wish to participate in LIBERTY's Public Policy Committee, which reviews plan performance and assists in establishing LIBERTY's public policies, please contact Member Services Department at (888) 844-3344, or contact Quality Management Department at [qm@libertydentalplan.com](mailto:qm@libertydentalplan.com)

### D. NON DISCRIMINATION

**Discrimination is against the law.** LIBERTY complies with all applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently based on 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 (888) 844-3344. If you believe LIBERTY has failed to provide these services or has discriminated based on 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: [compliance@libertydentalplan.com](mailto:compliance@libertydentalplan.com)**
- **Online: <https://www.libertydentalplan.com/About-LIBERTY-Dental/Compliance/Contact-Compliance.aspx>**

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

(800) 368-1019, (800) 537-7697 (TDD) / Online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



## **E. FILING CLAIMS**

As stated throughout this document, you are not required to file claims directly with LIBERTY. Your general dental services are arranged with the participating Primary Care Provider who submits claims or encounters on your behalf. Services provided by a Specialist are reported to LIBERTY via the Specialist. If you receive services out-of-network due to an emergency after-hours or Out-of-Area situation, consult the section above for submitting your expenses to LIBERTY to receive reimbursement (see Reimbursement for Emergency Dental Services section above).

## **F. ORGAN DONATION**

LIBERTY is required by DMHC to inform you that organ donation options are available to you. Organ donation has many benefits to society, and you may wish to consider this option in the event of any health situation that may lead to the option to do so. You may find more information about organ donation at <http://donatelife.net/>

## **G. LANGUAGE ASSISTANCE**

Interpretation and translation services may be available for Members with limited English proficiency, including translation of documents into certain threshold languages. See statements below:

**IMPORTANT:** Can you read this document? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-888-844-3344.

### **Spanish (Español)**

**IMPORTANTE:** ¿Puede leer esta noticia? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta noticia escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al 1-888-844-3344.

## **H. LIBERTY DENTAL PLAN MEMBER SERVICES DEPARTMENT**

Liberty Dental Plan Member Services provides toll-free customer service support Monday through Friday 8:00 a.m. to 5:00 p.m. on normal business days to assist Members with simple inquiries and resolution of dissatisfactions. The hearing and speech impaired may use the California Relay Service's toll-free telephone numbers 1-800-735-2929 (TTY) or 1-888-877-5378 (TTY) to contact the department. Our toll-free number is (888) 844-3344.

## **I. MEMBER RIGHTS**

As a Member, you have the right to:

- Be treated with respect, dignity and recognition of your need for privacy and confidentiality
- Express a complaint and be informed of the Grievance process
- Have access and availability to care
- Access your Dental Records
- Participate in decision-making regarding your course of treatment
- Be provided information regarding a Provider
- Be provided information regarding the organization's services, Benefits and specialty referral process.
- A grace period of one month during which benefits will be provided without the receipt of paid Premium
- A grace period of three months to reinstate coverage for any lapse in payment of Premium if You are a Covered California Member that receives an APTC that pays for part of your dental Premium

LIBERTY Dental Plan Policies and Procedures for preserving the confidentiality of medical records are available and will be furnished to you upon request.

## **J. MEMBER RESPONSIBILITIES**

As a Member, you have the responsibility to:

- Pay the Premium for your coverage on time
- Identify yourself to your selected Dental Office as a Liberty Dental Plan Member
- Treat the Primary Care Dentist, office staff and Liberty Dental Plan staff with respect and courtesy
- Keep scheduled appointments or contact the Dental Office twenty-four (24) hours in advance to cancel an appointment
- Cooperate with the Primary Care Dentist in following a prescribed course of treatment
- Make Co-payments at the time of service
- Notify Liberty Dental Plan of changes in family status
- Be aware of and follow the organization's guidelines in seeking dental care

**LIBERTY Dental Plan of California, Inc.**

P.O. Box 26110

Santa Ana, CA 92799-6110

(888) 844-3344



## **Appendix 1:**

### **SCHEDULE OF BENEFITS COVERED SERVICES**

Refer to the benefit schedule issued to You at the time of enrollment. You may also obtain a copy by contacting our Member Services department toll free at (888) 844-3344, Monday through Friday, from 8:00 am to 6:00 pm Pacific Standard Time.

## Appendix 2:

### PREMIUM, PRE-PAYMENT FEES AND CHARGES

Region and County	Covered Child (1)*	Adult Per Member Per Month (PMPM)*
<b>Region 1</b> – Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba	\$38.52	\$47.18
<b>Region 2</b> – Marin, Napa, Solano, Sonoma	\$22.24	\$21.86
<b>Region 3</b> – El Dorado, Placer, Sacramento, Yolo	\$14.52	\$8.45
<b>Region 4</b> – San Francisco	\$14.52	\$8.45
<b>Region 5</b> – Contra Costa	\$22.24	\$21.86
<b>Region 6</b> – Alameda	\$14.52	\$8.45
<b>Region 7</b> – Santa Clara	\$14.52	\$8.45
<b>Region 8</b> – San Mateo	\$22.24	\$21.86
<b>Region 9</b> – Monterey, San Benito, Santa Cruz	\$22.24	\$21.86
<b>Region 10</b> – Mariposa, Merced, San Joaquin, Stanislaus, Tulare	\$24.37	\$24.84
<b>Region 11</b> – Fresno, Kings, Madera	\$22.24	\$21.86
<b>Region 12</b> – San Luis Obispo, Santa Barbara, Ventura	\$24.43	\$25.63
<b>Region 13</b> – Imperial, Inyo, Mono	\$37.90	\$44.87
<b>Region 14</b> – Kern	\$12.49	\$7.72
<b>Region 15</b> – Los Angeles ZIP Codes: 906-912, 915, 917, 918, 935	\$12.49	\$7.72
<b>Region 16</b> – Los Angeles, all other ZIP Codes	\$12.49	\$7.72
<b>Region 17</b> – Riverside, San Bernardino	\$12.49	\$7.72
<b>Region 18</b> – Orange	\$12.49	\$7.72
<b>Region 19</b> – San Diego	\$12.49	\$7.72

**\*Please note: Rates are calculated for each child up to a maximum of three (3) child dependents. Adult rate is multiplied by the number of adults enrolled.**



**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 1-888-844-3344.

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:** [compliance@libertydentalplan.com](mailto:compliance@libertydentalplan.com)
- **Online:** <https://www.libertydentalplan.com/About-LIBERTY-Dental/Compliance/Contact-Compliance.aspx>

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: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**Notice of Language Assistance**

**IMPORTANT:** You can get an interpreter at no cost to talk to your doctor or health plan. To get an interpreter or to request written information (in your language or in a different format, such as Braille or larger font), first call your health plan’s phone number at 1-888-844-3344. Someone who speaks (your language) can help you. If you need more help, call the HMO Help Center at 1-888-466-2219.

**IMPORTANTE:** Puede obtener la ayuda de un intérprete sin costo alguno para hablar con su médico o con su plan de salud. Para obtener la ayuda de un intérprete o pedir información escrita (en su idioma o en algún formato diferente, como Braille o tipo de letra más grande), primero llame al número de teléfono de su plan de salud al 1-888-844-3344. Alguien que habla español puede ayudarlo. Si necesita ayuda adicional, llame al Centro de ayuda de HMO al 1-888-466-2219. (Spanish)

**重要提示:** 您與您的醫生或保健計劃工作人員交談時，可獲得免費口譯服務。如需口譯員服務或索取（用給您的語言或布萊葉盲文或大字體等不同格式提供的）書面資料，請先打電話給您的保健計劃，電話號碼 1-888-844-3344。會講（您的語言）的人士將為您提供協助。如需更多協助，請打電話給 HMO 協助中心，電話號碼 1-888-466-2219。（Cantonese or Mandarin）

**هام:** يمكنك الحصول على خدمات مترجم فوري مجاناً للتحدث مع طبيبك أو خطتك الصحية. للحصول على مترجم فوري أو لطلب معلومات مكتوبة (بلغتك أو بصيغة أخرى، مثل طريقة برايل أو بخط كبير)، اتصل أولاً برقم هاتف الخطة الصحية على 1-888-844-3344. سيساعدك شخص ما يتحدث (نفس لغتك). إذا كنت تريد المزيد من المساعدة، اتصل بمركز مساعدة HMO على الرقم 1-888-466-2219. (Arabic)

**ԿԱՐԵՎՈՐ ՏԵՂԵԿՈՒԹՅՈՒՆ.** Դուք կարող եք խոսել Ձեր բժշկի կամ առողջապահական ծրագրի հետ՝ օգտվելով թարգմանչի ծառայություններից առանց որևէ վճարի: Թարգմանիչ ունենալու կամ գրավոր տեղեկություն խնդրելու համար (հայերենով կամ մեկ այլ ձևաչափով, օրինակ՝ Բրայլը կամ մեծ տառաչափը), նախ զանգահարեք առողջապահական ծրագրի հեռախոսահամարով՝ 1-888-844-3344: Ցանկացած մեկը, ով խոսում է հայերեն, կարող է օգնել Ձեզ: Եթե Ձեզ լրացուցիչ օգնություն է անհրաժեշտ, ապա զանգահարեք Առողջապահական օժանդակության կազմակերպության (HMO) Օգնության կենտրոն՝ 1-888-466-2219 հեռախոսահամարով: (Armenian)

**សារៈសំខាន់:** អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃ ដើម្បីនិយាយទៅកាន់វេជ្ជបណ្ឌិត ឬគំរោងសុខភាពរបស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ ឬស្នើសុំព័ត៌មានជាលាយលក្ខណ៍អក្សរ (ជាភាសាខ្មែរ ឬជាទម្រង់ផ្សេងទៀត ដូចជាអក្សរព្រាស់ ឬអក្សរពុម្ពផ្សំ) សូមទូរស័ព្ទទៅគំរោងសុខភាពរបស់អ្នក តាមលេខ 1-888-844-3344 ជាមុនសិន។ អ្នកនិយាយភាសាខ្មែរ អាចជួយអ្នកបាន។ បើសិនអ្នកត្រូវការជំនួយបន្ថែម សូមទូរស័ព្ទទៅមជ្ឈមណ្ឌលជំនួយអង្គការថែរក្សាសុខភាព HMO តាមលេខ 1-888-466-2219។ (Khmer)

**مهم:** برای گفتگو با پزشک معالج یا طرح بیمه می توانید بطور رایگان مترجم حضوری داشته باشید. برای درخواست مترجم حضوری یا برای دریافت اطلاعات بصورت کتبی (به زبان خود، یا با فرمت های دیگر مانند بریل یا چاپ درشت) ابتدا با شماره تلفن طرح خود یعنی 1-888-844-3344 تماس حاصل نمایید. فردی که (زبان شما را) صحبت می کند، می تواند شما را یاری دهد. اگر به کمک بیشتر نیاز دارید با مرکز کمک رسانی اچ ام او (HMO) به شماره 1-888-466-2219 تماس حاصل نمایید. (Farsi)

**TSEEM CEEB:** Muaj tus neeg txhais lus pub dawb rau koj kom koj tham tau nrog koj tus kws kho mob los yog nrog lub chaw pab them nqi kho mob rau koj. Yog xav tau ib tug neeg txhais lus los yog xav tau cov ntaub ntawv (sau ua koj yam lus los sis ua lwm yam ntawv, zoo li ua lus Braille los sis ua ntawv loj loj), xub hu rau koj lub chaw pab them nqi kho mob tus xov tooj ntawm 1-888-844-3344. Yuav muaj ib tug neeg hais lus Hmoob pab tau koj. Yog koj xav tau kev pab ntxiv, hu rau HMO Qhov Chaw Txais Tos Pab Neeg ntawm 1-888-466-2219. (Hmong)

**중요:** 의사나 건강 플랜과 대화하실 때 무료 통역 서비스를 받으실 수 있습니다. 통역을 구하시거나 문자 정보(한국어 번역본 또는 점자나 큰 글자 같이 다른 형식으로 된 정보)를 요청하시려면, 가입하신 건강 플랜에 1-888-844-3344 로 먼저 전화하십시오. 한국어를 하는 사람이 도와드릴 수 있습니다. 도움이 더 필요하시면 HMO 도움 센터에 1-888-466-2219 로 연락하십시오. (Korean)

**ВАЖНО:** Вы можете бесплатно воспользоваться услугами переводчика во время обращения к врачу или в страховой план. Чтобы запросить услуги переводчика или письменную информацию (на русском языке или в другом формате, например, шрифтом Брайля или крупным шрифтом), позвоните в свой страховой план по телефону 1-888-844-3344. Вам окажет помощь русскоговорящий сотрудник. Если вам нужна помощь в других вопросах, позвоните в справочный центр Организации медицинского обеспечения (HMO) по телефону 1-888-466-2219. (Russian)

**MAHALAGA:** Maaari kang kumuha ng isang tagasalin nang walang bayad upang makipag-usap sa iyong doktor o planong pangkalusugan. Upang makakuha ng isang tagasalin o upang humiling ng nakasulat na impormasyon (sa iyong wika o sa ibang anyo, tulad ng Braille o malalaking letra), tawagan muna ang numero ng telepono ng iyong planong pangkalusugan sa 1-888-844-3344. Ang isang tao na nakapagsasalita ng Tagalog ay maaaring tumulong sa iyo. Kung kailangan mo ng karagdagang tulong, tawagan ang Sentro ng Pagtulong ng HMO sa 1-888-466-2219. (Tagalog)

**LƯU Ý QUAN TRỌNG:** Quý vị có thể được cấp dịch vụ thông dịch miễn phí khi đi khám tại văn phòng bác sĩ hoặc khi cần liên lạc với chương trình bảo hiểm sức khỏe của quý vị. Để được cấp dịch vụ thông dịch hoặc yêu cầu văn bản thông tin bằng tiếng Việt hoặc bằng một hình thức khác như chữ nổi hoặc bản in bằng chữ khổ lớn, trước tiên hãy gọi số điện thoại của chương trình bảo hiểm sức khỏe của quý vị tại 1-888-844-3344. Sẽ có người nói tiếng Việt giúp đỡ quý vị. Nếu quý vị cần được giúp đỡ thêm, vui lòng gọi Trung tâm Hỗ trợ HMO theo số 1-888-466-2219. (Vietnamese)

**ENPÒTAN:** Ou kapab jwenn yon moun pou entèprete pou ou gratis pou w ka pale avèk doktè ou oswa plan sante ou. Pou jwenn yon entèprete oswa mande enfòmasyon ekri (nan lang kreyòl ayisyen oswa yon diferan fòm tankou ekri Bray oswa pi gwo lèt), rele nimewo telefòn plan sante ou a ki se 1-888-844-3344. Yon moun ki pale kreyòl ayisyen kapab ede ou. Si ou bezwen plis asistans, rele HMO Help Center nan nimewo 1-888-466-2219. (Haitian Creole)

**IMPORTANTE:** Você pode usar um intérprete gratuitamente para falar com seu médico ou comunicar-se com seu plano de saúde. Para pedir um intérprete ou solicitar informações por escrito (no seu idioma ou em outro formato, como em Braille ou em letras grandes), primeiramente, ligue para o telefone de seu plano de saúde no número 1-888-844-3344. Uma pessoa que fala português irá atendê-lo. Se precisar de mais ajuda, ligue para o HMO Help Center no telefone 1-888-466-2219. (Portuguese)

**ਮਹੱਤਵਪੂਰਨ:** ਤੁਸੀਂ ਆਪਣੇ ਡਾਕਟਰ ਜਾਂ ਸਿਹਤ ਯੋਜਨਾ ਲਈ ਗੱਲ ਕਰਨ ਵਾਸਤੇ ਮੁਫਤ ਅਨੁਵਾਦਕ ਪਾ ਸਕਦੇ ਹੋ। ਅਨੁਵਾਦਕ ਪਾਉਣ ਲਈ ਜਾਂ ਲਿਖਤੀ ਜਾਣਕਾਰੀ (ਆਪਣੀ ਭਾਸ਼ਾ ਜਾਂ ਵੱਖਰੇ ਫਾਰਮੈਟ ਵਿੱਚ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਜਾਂ ਵੱਡੇ ਅੱਖਰ) ਦੀ ਬੇਨਤੀ ਕਰਨ ਲਈ, ਪਹਿਲਾਂ 1-888-844-3344 'ਤੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਦੇ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। ਜੇ ਵੀ (ਤੁਹਾਡੀ ਭਾਸ਼ਾ) ਬੋਲੇਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦਾ ਹੈ। ਜੇਕਰ ਤੁਹਾਨੂੰ ਹੋਰ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-888-466-2219 'ਤੇ HMO Help Center (ਐਚ.ਐਮ.ਓ. ਸਹਾਇਤਾ ਸੈਂਟਰ) ਨੂੰ ਕਾਲ ਕਰੋ। (Punjabi)

**重要** 通訳を通して医師や医療保険会社とお話しいただけます。料金はかかりません。日本語でサポートを受けたり、日本語で書かれた情報を入手するには、あなたの医療保険会社(1-888-844-3344)までお電話ください。日本語が話せるスタッフがお手伝いします。さらなるサポートが必要な場合は、HMO Help Center (1-888-466-2219)までお電話ください。(Japanese)