

HOW TO ENROLL IN THE ACM SPONSORED LIBERTY DENTAL PLAN

1. Complete and sign all forms and be sure to select a dentist from the directory. Contact your sales Representative or call our office at (951) 215 -0420 if you need help.
2. Completed forms must be received by the 25th of the month to be effective the 1st of the following month.
3. You will receive a monthly invoice unless you have selected the Credit Card Payment Option.
4. Return your completed forms (including this rate sheet) to your sales representative or fax to (951) 780-2958.

Monthly Rates:

Individual \$33.00 _____

2-Party \$50.00 _____

Family \$61.00 _____

* One – Time Enrollment Fee \$15.00

Monthly Administrative Fee \$2.00

Total _____

****Make check payable to CCSB***

CCSB Insurance Administrators

231 E. Alessandro Blvd. # A359 Riverside, CA 92508

Agent Name Heather Gray

Credit Card Authorization

Member or company
name _____

SELECT YOUR METHOD OF PAYMENT (check one)

VISA MASTERCARD

Acct # | |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

Exp. ____ / ____ / ____

Security Code _____

Name on
card _____

Billing address

(street, city, state, zip)

Your credit card will be charged Monthly

I HEREBY AUTHORIZE CCSB to initiate debits from the credit card/ financial institution account indicated above and authorize my credit card company/ financial institution to honor those debits. I further agree that CCSB will be fully protected in honoring such debt. To terminate or cancel the member agreement, please call (951) 215-0420 or send a written cancellation notice to CCSB, 231 East Alessandro Blvd., Ste A359, Riverside, CA 92508. This agreement can be cancelled for non-payment.

SIGN HERE _____
(signature required)

**Note that the deduction on your credit card statement will say by CCSB Insurance.*

CCSB
231 East Alessandro, Blvd. Ste A359
Riverside, CA 92508
T: (951) 215-0420 F: (951) 780-2958

I hereby apply for membership into the
ASSOCIATION of CHAMBER MEMBERS

A. I am also applying for the LIBERTY DENTAL PLAN.

B. CCSB Insurance Administrators (CCSB) is the third party administrator providing the billing services. C. Neither ACM, CCSB nor other marketing affiliates administer any services or claims for the plan and assumes no liability other than for receiving and distributing premiums and dues.

D. Not all benefits, exclusions, limitations and service settlement methods are printed on the brochure. I understand that a full copy of the Evidence of Coverage and Plan Benefit Disclosure for Liberty Dental Plan CA 40 is available to me by my request.

E. An unsettled controversy between any parties to this Agreement shall be settled by binding arbitration in accordance with the provisions of the California Arbitration Act of the California Code of Civil Procedures. The cost of such arbitration shall be borne by the losing party or in such proportions as the arbitrator shall decide.

F. All necessary dental services will be charged as described in the Evidence of Coverage and Benefits Summary for plan CA 40. I realize that I and all my eligible dependents are subject to all the terms and conditions of this plan.

G. If I purchase this plan through my employer, I authorize my employer to make appropriate payroll deduction and forward this amount to the administrator as billed.

H. If the plan fails to pay a *non-participating* dental provider, the plan member may be liable to such provider for the cost of services received by that member.

I. Association dues must be received by the 20th of the month as billed or a late fee may be assessed.

X

Applicant Signature

Date Signed



LIBERTY Dental Plan
 888-703-6999
 www.libertydentalplan.com
APPLICATION FOR MEMBERSHIP

Association's Use	
Group # 100239	Effective Date: _____
<input type="radio"/> COBRA Enrollment	COBRA End Date: _____

Last Name		First Name		MI	Social Security Number		Birth Date	
Street Address			City		State	Zip Code	Telephone ()	
							Sex	

LIST ALL DEPENDENTS TO BE COVERED UNDER YOUR PLAN

Last Name	First Name	Sex	Birth Date
Spouse/ Domestic Partner			
Child			
Child			
Child			
Child			
Child			
Child			

Association of Chamber Members

Name of Employer/Trust

Provider ID Number

Language Preference

New Enrollment Add Dependent

Address Change Delete Dependent

Employee E-mail Address

 Employee Signature

 Date

White: LIBERTY Dental Plan Copy Yellow: HR Copy Pink: Employee Copy

IMPORTANT

PLEASE KEEP YOUR BENEFIT OUTLINE IN A PLACE WHERE IT CAN BE EASILY LOCATED. WE ALSO STRONGLY SUGGEST THAT YOU TAKE THIS OUTLINE WITH YOU WHEN VISITING THE DENTIST TO HELP ENSURE THAT YOU ARE PAYING THE CORRECT COPAYMENTS.

Listen to Your Dentist – Ask Questions

It is very important that you fully understand the treatment plan presented by your dentist. There may be several options presented to you, so you will want to ask questions such as; “Which treatment is covered under my plan.” “Which treatment is considered an upgrade or optional?” Ask your dentist to explain the options and the differences between them so you can make an informed decision about Your treatment. And always make sure you understand the co-payments associated with the treatment. **If you have questions about the co-payments being quoted by your dentist, please call your dental plan’s Member Services Department for assistance:**

Liberty Dental Plan 888-703-6999

Safeguard/Metlife 800-880-1800

For questions on your monthly invoice call:
CCSB Insurance Administrators 951-215-0420

LIBERTY Dental Plan of California, Inc.

CA-400 Plan Copayment Schedule

Summary of Services

- ✓ Members must select, and be assigned to, a LIBERTY Dental Plan contracted dental office to utilize covered benefits. Your dental office will initiate a treatment plan or will initiate the specialty referral process with LIBERTY Dental Plan if the services are dentally necessary and outside the scope of general dentistry.
- ✓ 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 are available at the dental office's usual and customary fee.



ADA Code	Procedure	Co-Pay
Diagnostic services		
D0120.....	Periodic oral evaluation.....	no charge
D0140.....	Limited oral evaluation.....	no charge
D0145.....	Oral Evaluation under age 3.....	no charge
D0150.....	Comprehensive oral evaluation.....	no charge
D0160.....	Oral evaluation, problem focused.....	no charge
D0170.....	Re-evaluation, limited, problem focused.....	no charge
D0180.....	Comprehensive periodontal evaluation.....	no charge
D0210.....	Intraoral, complete series of radiographic images.....	no charge
D0220.....	Intraoral, periapical, first radiographic image.....	no charge
D0230.....	Intraoral, periapical, each add'l radiographic image.....	no charge
D0240.....	Intraoral, occlusal radiographic image.....	no charge
D0250.....	Extraoral, first radiographic image.....	no charge
D0260.....	Extraoral, each add'l radiographic image.....	no charge
D0270.....	Bitewing, single radiographic image.....	no charge
D0272.....	Bitewings, 2 radiographic images.....	no charge
D0273.....	Bitewings, 3 radiographic images.....	no charge
D0274.....	Bitewings, 4 radiographic images.....	no charge
D0277.....	Vertical bitewings, 7 to 8 radiographic images.....	no charge
D0330.....	Panoramic radiographic image.....	no charge
D0340.....	Cephalometric image.....	see ortho
D0415.....	Collection of microorganisms for culture.....	\$ 25.00
D0425.....	Caries susceptibility tests.....	\$ 15.00
D0460.....	Pulp vitality tests.....	no charge
D0470.....	Diagnostic casts.....	no charge
D0472.....	Accession of tissue, gross exam, prep & report.....	\$ 40.00
D0473.....	Accession of tissue, gross/micro. exam, prep, report.....	\$ 40.00
D0474.....	Accession of tissue, gross/micro. exam, report.....	\$ 40.00
Preventive services		
D1110.....	Prophylaxis, adult.....	no charge
	Prophylaxis, adult (3rd or more per 12 months).....	\$ 45.00
D1120.....	Prophylaxis, child.....	no charge
	Prophylaxis, child (3rd or more per 12 months).....	\$ 35.00
D1206.....	Topical application of fluoride varnish.....	\$ 10.00
D1208.....	Topical application of fluoride.....	no charge
	up to the 18th birthday (3rd or more per 12 months).....	\$ 10.00
D1310.....	Nutritional counseling for control of dental disease.....	no charge
D1320.....	Tobacco counseling, control/prevention oral disease.....	no charge
D1330.....	Oral hygiene instruction.....	no charge
D1351.....	Sealant, per tooth.....	\$ 5.00
D1352.....	Preventive resin restoration, permanent tooth.....	\$ 5.00

ADA Code	Procedure	Co-Pay
Preventive services (continued)		
D1510.....	Space maintainer, fixed, unilateral.....	\$ 65.00
D1515.....	Space maintainer, fixed, bilateral.....	\$ 65.00
D1520.....	Space maintainer, removable, unilateral.....	\$ 65.00
D1525.....	Space maintainer, removable, bilateral.....	\$ 65.00
D1550.....	Recementation of space maintainer.....	\$ 15.00
D1555.....	Removal of fixed space maintainer.....	\$ 15.00
Restorative services		
D2140.....	Amalgam, 1 surface, primary or permanent.....	no charge
D2150.....	Amalgam, 2 surfaces, primary or permanent.....	no charge
D2160.....	Amalgam, 3 surfaces, primary or permanent.....	no charge
D2161.....	Amalgam, 4 or more surfaces, primary or permanent.....	no charge
D2330.....	Resin-based composite, 1 surface, anterior.....	no charge
D2331.....	Resin-based composite, 2 surfaces, anterior.....	no charge
D2332.....	Resin-based composite, 3 surfaces, anterior.....	no charge
D2335.....	Resin-based composite, 4+ surfaces/incisal angle.....	\$ 60.00
D2390.....	Resin-based composite crown, anterior.....	\$ 60.00
D2391.....	Resin-based composite, 1 surface, posterior.....	\$ 65.00
D2392.....	Resin-based composite, 2 surfaces, posterior.....	\$ 75.00
D2393.....	Resin-based composite, 3 surfaces, posterior.....	\$ 80.00
D2394.....	Resin-based composite, 4+ surfaces, posterior.....	\$ 85.00

***GUIDELINES for Inlays, Onlays, and Single Crowns:**

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.

- 1. Brand name restorations:** (e.g. Sunrise, Captek, Vitadure-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.
- 2. 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.
- 3. Benefits for molar teeth:** Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.
- 4. Base metal is the benefit:** If elected, the member may be charged additional lab costs for a) noble, b) high noble metal, or C) titanium.

D2510.....	Inlay, metallic, 1 surface.....	\$ 185.00
D2520.....	Inlay, metallic, 2 surfaces.....	\$ 185.00
D2530.....	Inlay, metallic, 3 or more surfaces.....	\$ 185.00
D2542.....	Onlay, metallic, 2 surfaces.....	\$ 190.00
D2543.....	Onlay, metallic, 3 surfaces.....	\$ 225.00
D2544.....	Onlay, metallic, 4 or more surfaces.....	\$ 225.00
D2610.....	Inlay, porcelain/ceramic, 1 surface.....	\$ 190.00 *
D2620.....	Inlay, porcelain/ceramic, 2 surfaces.....	\$ 190.00 *
D2630.....	Inlay, porcelain/ceramic, 3 or more surfaces.....	\$ 190.00 *
D2642.....	Onlay, porcelain/ceramic, 2 surfaces.....	\$ 200.00 *
D2643.....	Onlay, porcelain/ceramic, 3 surfaces.....	\$ 210.00 *
D2644.....	Onlay, porcelain/ceramic, 4 or more surfaces.....	\$ 220.00 *
D2650.....	Inlay, resin-based composite, 1 surface.....	\$ 225.00 *
D2651.....	Inlay, resin-based composite, 2 surfaces.....	\$ 240.00 *
D2652.....	Inlay, resin-based composite, 3 or more surfaces.....	\$ 260.00 *
D2662.....	Onlay, resin-based composite, 2 surfaces.....	\$ 270.00 *
D2663.....	Onlay, resin-based composite, 3 surfaces.....	\$ 285.00 *
D2664.....	Onlay, resin-based composite, 4 or more surfaces.....	\$ 300.00 *
D2710.....	Crown, resin-based composite (indirect).....	\$ 120.00 *
D2712.....	Crown, ¾ resin-based composite (indirect).....	\$ 120.00 *
D2720.....	Crown, resin with high noble metal.....	\$ 225.00 *

ADA Code	Procedure	Co-Pay
Restorative services (continued)		
D2721	Crown, resin with predominantly base metal.....	\$ 225.00 *
D2722	Crown, resin with noble metal.....	\$ 225.00 *
D2740	Crown, porcelain/ceramic substrate.....	\$ 245.00 *
D2750	Crown, porcelain fused to high noble metal.....	\$ 225.00 *
D2751	Crown, porcelain fused to predominantly base metal.....	\$ 225.00 *
D2752	Crown, porcelain fused to noble metal.....	\$ 225.00 *
D2780	Crown, ¾ cast high noble metal.....	\$ 225.00 *
D2781	Crown, ¾ cast predominantly base metal.....	\$ 225.00
D2782	Crown, ¾ cast noble metal.....	\$ 225.00 *
D2783	Crown, ¾ porcelain/ceramic.....	\$ 225.00 *
D2790	Crown, full cast high noble metal.....	\$ 225.00 *
D2791	Crown, full cast predominantly base metal.....	\$ 225.00
D2792	Crown, full cast noble metal.....	\$ 225.00 *
D2794	Crown, titanium.....	\$ 225.00 *
D2799	Provisional crown.....	\$ 120.00
D2910	Recent inlay, onlay, partial coverage restoration.....	\$ 40.00
D2915	Recent cast or prefabricated post & core.....	\$ 10.00
D2920	Recent crown.....	no charge
D2930	Prefabricated stainless steel crown, primary tooth.....	\$ 40.00
D2931	Prefabricated stainless steel crown, permanent tooth.....	\$ 40.00
D2932	Prefabricated resin crown.....	\$ 16.00
D2933	Prefabricated stainless steel crown, resin window.....	\$ 16.00
D2934	Prefabricated esthetic coated SS crown, primary.....	\$ 16.00
D2940	Protective restoration (temporary).....	\$ 10.00
D2950	Core build-up, including any pins.....	\$ 80.00
D2951	Pin retention, per tooth, in addition to restoration.....	\$ 15.00
D2952	Post & core in addition to crown, indirect fabric.....	\$ 90.00
D2953	Each additional indirect fabric, post, same tooth.....	\$ 40.00
D2954	Prefabricated post & core in addition to crown.....	\$ 80.00
D2955	Post removal.....	\$ 10.00
D2957	Each additional prefabricated post, same tooth.....	\$ 40.00
D2960	Labial veneer (resin laminate), chairside.....	\$ 200.00
D2961	Labial veneer (resin laminate), laboratory.....	\$ 325.00
D2962	Labial veneer (porcelain laminate), laboratory.....	\$ 500.00
D2970	Temporary crown (fractured tooth).....	\$ 80.00
D2971	Add'l procedure/new crown, existing partial denture.....	\$ 40.00
D2980	Crown repair, restorative material failure.....	\$ 40.00
Endodontic services		
D3110	Pulp cap – direct (excluding final restoration).....	no charge
D3120	Pulp cap – indirect (excluding final restoration).....	no charge
D3220	Therapeutic pulpotomy (excluding final restoration).....	\$ 40.00
D3221	Pulpal debridement, primary & permanent teeth.....	\$ 20.00
D3230	Pulpal therapy (resorbable filling), anterior primary.....	\$ 40.00
D3240	Pulpal therapy (resorbable filling), posterior, primary.....	\$ 40.00
D3310	Anterior (excluding final restoration).....	\$ 60.00
D3320	Bicuspid (excluding final restoration).....	\$ 125.00
D3330	Molar (excluding final restoration).....	\$ 265.00
D3331	Treatment of root canal obstruction; non-surgical.....	\$ 225.00
D3332	Incomplete endodontic therapy, inoperable.....	\$ 120.00
D3333	Internal root repair of perforation defects.....	\$ 160.00
D3346	Retreatment of previous root canal – anterior.....	\$ 70.00

ADA Code	Procedure	Co-Pay
Endodontic services (continued)		
D3347	Retreatment of previous root canal – bicuspid	\$ 135.00
D3348	Retreatment of previous root canal – molar	\$ 275.00
D3351	Apexification/recalcification/pulp reg. – initial visit	\$ 80.00
D3352	Apexification/recalcification/pulp reg. – interim med.	\$ 80.00
D3353	Apexification/recalcification – final visit	\$ 80.00
D3410	Apicoectomy/periradicular surgery – anterior	\$ 105.00
D3421	Apicoectomy/periradicular surgery – bicuspid	\$ 105.00
D3425	Apicoectomy/periradicular surgery – molar	\$ 105.00
D3426	Apicoectomy/periradicular surgery – each add'l root	\$ 55.00
D3430	Retrograde filling – per root	no charge
D3450	Root Amputation – per root	\$ 95.00
D3910	Surgical procedure for isolation with rubber dam	\$ 20.00
D3920	Hemisection (incl. root removal), not incl. root canal	\$ 90.00
D3950	Canal prep. & fitting of preformed dowel/post	no charge
Periodontal services		
D4210	Gingivectomy/gingivoplasty, 4+ teeth per quadrant	\$ 110.00
D4211	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant	\$ 14.00
D4212	Gingivectomy/gingivoplasty, restorative procedure, per tooth	no charge
D4240	Gingival flap procedure, 4+ teeth per quadrant	\$ 130.00
D4241	Gingival flap procedure, 1-3 teeth per quadrant	\$ 130.00
D4245	Apically positioned flap	\$ 160.00
D4249	Clinical crown lengthening, hard tissue	\$ 324.00
D4260	Osseous surgery, 4+ teeth per quadrant	\$ 250.00
D4261	Osseous surgery, 1-3 teeth per quadrant	\$ 250.00
D4263	Bone replacement graft, 1st site in quadrant	\$ 220.00
D4264	Bone replacement graft, each add'l site, quad	\$ 120.00
D4270	Pedicle soft tissue graft procedure	\$ 405.00
D4274	Distal/proximal wedge procedure	\$ 235.00
D4277	Free soft tissue graft, first tooth	\$ 405.00
D4278	Free soft tissue graft, each additional tooth	\$ 405.00
D4320	Provisional splinting - intracoronal	\$ 135.00
D4321	Provisional splinting - extracoronal	\$ 135.00
GUIDELINE:		
No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.		
D4341	Periodontal scaling & root planing, 4+ teeth/quad	\$ 55.00
D4342	Periodontal scaling & root planing, 1-3 teeth/quad	\$ 55.00
D4355	Full mouth debridement	\$ 30.00
D4381	Localized delivery of antimicrobial agent/per tooth	\$ 40.00
D4910	Periodontal maintenance	\$ 35.00
D4920	Unscheduled dressing change/non-treating dentist	\$ 20.00
Removable prosthodontic services		
D5110	Complete denture, maxillary	\$ 260.00
D5120	Complete denture, mandibular	\$ 260.00
D5130	Immediate denture, maxillary	\$ 240.00
D5140	Immediate denture, mandibular	\$ 240.00
D5211	Maxillary partial denture, resin base	\$ 240.00
D5212	Mandibular partial denture, resin base	\$ 240.00
D5213	Maxillary partial denture, cast metal/resin base	\$ 260.00
D5214	Mandibular partial denture, cast metal/resin base	\$ 260.00
D5225	Maxillary partial denture, flexible base	\$ 325.00
D5226	Mandibular partial denture, flexible base	\$ 325.00

ADA Code	Procedure	Co-Pay
Removable prosthodontic services (continued)		
D5281	Removable unilateral partial denture, 1 pc. cast	\$ 225.00
D5410	Adjust complete denture, maxillary	\$ 10.00
D5411	Adjust complete denture, mandibular	\$ 10.00
D5421	Adjust partial denture, maxillary	\$ 10.00
D5422	Adjust partial denture, mandibular	\$ 10.00
D5510	Repair broken complete denture base	\$ 30.00
D5520	Replace missing/broken teeth, complete denture	\$ 30.00
D5610	Repair resin denture base	\$ 30.00
D5620	Repair cast framework	\$ 30.00
D5630	Repair or replace broken clasp	\$ 35.00
D5640	Replace broken teeth, per tooth	\$ 30.00
D5650	Add tooth to existing partial denture	\$ 30.00
D5660	Add clasp to existing partial denture	\$ 35.00
D5670	Replace all teeth & acrylic/cast metal frame, maxillary	\$ 80.00
D5671	Replace all teeth & acrylic/cast metal frame, mandibular	\$ 80.00
D5710	Rebase complete maxillary denture	\$ 60.00
D5711	Rebase complete mandibular denture	\$ 60.00
D5720	Rebase maxillary partial denture	\$ 60.00
D5721	Rebase mandibular partial denture	\$ 60.00
D5730	Reline complete maxillary denture, chairside	\$ 35.00
D5731	Reline complete mandibular denture, chairside	\$ 35.00
D5740	Reline maxillary partial denture, chairside	\$ 35.00
D5741	Reline mandibular partial denture, chairside	\$ 35.00
D5750	Reline complete maxillary denture, laboratory	\$ 60.00
D5751	Reline complete mandibular denture, laboratory	\$ 60.00
D5760	Reline maxillary partial denture, laboratory	\$ 60.00
D5761	Reline mandibular partial denture, laboratory	\$ 60.00
D5810	Interim complete denture, maxillary	\$ 160.00
D5811	Interim complete denture, mandibular	\$ 160.00
D5820	Interim partial denture, maxillary	\$ 60.00
D5821	Interim partial denture, mandibular	\$ 60.00
D5850	Tissue conditioning, maxillary	\$ 20.00
D5851	Tissue conditioning, mandibular	\$ 20.00

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	\$ 2000.00
D6056	Prefabricated abutment, includes modification and placement	\$ 210.00
D6058	Abutment supported porcelain/ceramic crown	\$ 1110.00
D6059	Abutment supported porcelain/high noble crown	\$ 1096.00
D6060	Abutment supported porcelain/base metal crown	\$ 1035.00
D6061	Abutment supported porcelain/noble metal crown	\$ 1056.00
D6062	Abutment supported cast metal crown, high noble	\$ 1003.00
D6063	Abutment supported cast metal crown, base metal	\$ 861.00
D6064	Abutment supported cast metal crown, noble metal	\$ 912.00
D6094	Abutment supported crown, titanium	\$ 670.00
D6065	Implant supported porcelain/ceramic crown	\$ 1040.00
D6066	Implant supported porcelain/metal crown	\$ 1013.00
D6067	Implant supported metal crown	\$ 984.00
D6068	Abutment supported retainer, porcelain/ceramic FPD	\$ 1110.00

ADA Code	Procedure	Co-Pay
Implant services (continued)		
D6069	Abutment supported retainer, metal FPD, high noble	\$ 1096.00
D6070	Abutment supported retainer, porc./metal FPD, base metal	\$ 1035.00
D6071	Abutment supported retainer, porc./metal FPD, noble	\$ 1056.00
D6072	Abutment supported retainer, cast metal FPD, high noble	\$ 1028.00
D6073	Abutment supported retainer, cast metal FPD, base metal	\$ 930.00
D6074	Abutment supported retainer, cast metal FPD, noble	\$ 1005.00
D6194	Abutment supported retainer crown, FPD, titanium	\$ 670.00
D6075	Implant supported retainer for ceramic FPD	\$ 1092.00
D6076	Implant supported retainer for porc./metal FPD	\$ 1064.00
D6077	Implant supported retainer for cast metal FPD	\$ 984.00
D6092	Recent implant/abutment supported crown	\$ 45.00
D6093	Recent implant/abutment supported FPD	\$ 65.00

Fixed prosthodontic services

*GUIDELINES for Pontics, Abutments, Crowns, Inlays, Onlays:

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.

- Brand name restorations:** (e.g. Sunrise, Captex, Vitadure-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.
- 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.
- Benefits for molar teeth:** Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.
- Base metal is the benefit:** If elected, the member may be charged additional lab costs for a) noble, b) high noble metal, or C) titanium.

D6205	Pontic, indirect resin based composite	\$ 225.00 *
D6210	Pontic, cast high noble metal	\$ 225.00 *
D6211	Pontic, cast predominantly base metal	\$ 225.00
D6212	Pontic, cast noble metal	\$ 225.00 *
D6214	Pontic, titanium	\$ 225.00 *
D6240	Pontic, porcelain fused to high noble metal	\$ 225.00 *
D6241	Pontic, porcelain fused to predominantly base metal	\$ 225.00 *
D6242	Pontic, porcelain fused to noble metal	\$ 225.00 *
D6245	Pontic, porcelain/ceramic	\$ 225.00 *
D6250	Pontic, resin with high noble metal	\$ 225.00 *
D6251	Pontic, resin with predominantly base metal	\$ 225.00 *
D6252	Pontic, resin with noble metal	\$ 225.00 *
D6253	Provisional pontic	\$ 120.00
D6545	Retainer, cast metal for resin bonded fixed prosthesis	\$ 150.00 *
D6548	Retainer, proc./ceramic, resin bonded fixed prosthesis	\$ 150.00 *
D6600	Inlay, porcelain/ceramic, 2 surfaces	\$ 250.00 *
D6601	Inlay, porcelain/ceramic, 3 or more surfaces	\$ 267.00 *
D6602	Inlay, cast high noble metal, 2 surfaces	\$ 245.00 *
D6603	Inlay, cast high noble metal, 3 or more surfaces	\$ 260.00 *
D6604	Inlay, cast base metal, 2 surfaces	\$ 245.00
D6605	Inlay, cast base metal, 3 or more surfaces	\$ 260.00
D6606	Inlay, cast noble metal, 2 surfaces	\$ 245.00 *
D6607	Inlay, cast noble metal, 3 or more surfaces	\$ 260.00 *
D6624	Inlay, titanium	\$ 260.00 *
D6608	Onlay, porcelain/ceramic, 2 surfaces	\$ 275.00 *
D6609	Onlay, porcelain/ceramic, 3 or more surfaces	\$ 290.00 *
D6610	Onlay, cast high noble metal, 2 surfaces	\$ 267.00 *

ADA Code	Procedure	Co-Pay
Fixed prosthodontic services (continued)		
D6611	Onlay, cast high noble metal, 3 or more surfaces	\$ 283.00 *
D6612	Onlay, cast base metal, 2 surfaces	\$ 267.00
D6613	Onlay, cast base metal, 3 or more surfaces	\$ 283.00
D6614	Onlay, cast noble metal, 2 surfaces	\$ 267.00 *
D6615	Onlay, cast noble metal 3 or more surfaces	\$ 283.00 *
D6634	Onlay, titanium	\$ 283.00 *
D6710	Crown, indirect resin based composite	\$ 145.00 *
D6720	Crown, resin with high noble metal	\$ 225.00 *
D6721	Crown, resin with predominantly base metal	\$ 225.00 *
D6722	Crown, resin with noble metal	\$ 225.00 *
D6740	Crown, porcelain/ceramic	\$ 225.00 *
D6750	Crown, porcelain fused to high noble metal	\$ 225.00 *
D6751	Crown, porcelain fused to predominantly base metal	\$ 225.00 *
D6752	Crown, porcelain fused to noble metal	\$ 225.00 *
D6780	Crown, ¾ cast high noble metal	\$ 225.00 *
D6781	Crown, ¾ cast predominantly base metal	\$ 225.00
D6782	Crown, ¾ cast noble metal	\$ 225.00 *
D6783	Crown, ¾ porcelain/ceramic	\$ 225.00 *
D6790	Crown, full cast high noble metal	\$ 225.00 *
D6791	Crown, full cast predominantly base metal	\$ 225.00
D6792	Crown, full cast noble metal	\$ 225.00 *
D6793	Provisional retainer crown	\$ 120.00
D6794	Crown, titanium	\$ 225.00 *
D6930	Recement fixed partial denture	no charge
D6940	Stress breaker	\$ 162.00
D6980	Fixed partial denture repair, restorative material failure	\$ 40.00
Oral and maxillofacial services		
D7111	Extraction, coronal remnants, deciduous tooth	no charge
D7140	Extraction, erupted tooth or exposed root	no charge
D7210	Surgical removal of erupted tooth	\$ 30.00
D7220	Removal of impacted tooth, soft tissue	\$ 30.00
D7230	Removal of impacted tooth, partially bony	\$ 65.00
D7240	Removal of impacted tooth, completely bony	\$ 85.00
D7241	Removal impacted tooth, complete bony, complication	\$ 85.00
D7250	Surgical removal residual tooth roots, cutting procedure	\$ 40.00
D7261	Primary closure of a sinus perforation	\$ 283.00
D7270	Tooth reimplantation/stabilization, accident	\$ 260.00
D7280	Surgical access of an unerupted tooth	\$ 138.00
D7282	Mobilization of erupted/malpositioned tooth	\$ 80.00
D7283	Placement, device to facilitate eruption, impaction	\$ 80.00
D7285	Biopsy of oral tissue, hard (bone, tooth)	no charge
D7286	Biopsy of oral tissue, soft	no charge
D7287	Exfoliative cytological sample collection	\$ 5.00
D7288	Brush biopsy, transepithelial sample collection	\$ 5.00
D7310	Alveoloplasty with extractions, 4+ teeth, quadrant	\$ 45.00
D7311	Alveoloplasty with extractions, 1-3 teeth, quadrant	\$ 45.00
D7320	Alveoloplasty, w/o extractions, 4+ teeth, quadrant	\$ 60.00
D7321	Alveoloplasty, w/o extractions, 1-3 teeth, quadrant	\$ 60.00
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	\$ 120.00
D7350	Vestibuloplasty, ridge extension	\$ 165.00
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25	\$ 130.00

ADA Code	Procedure	Co-Pay
Oral and maxillofacial services (continued)		
D7451	Removal, benign odontogenic cyst/tumor, over 1.25	\$ 265.00
D7460	Removal, benign nonodontogenic cyst/tumor, to 1.25	\$ 150.00
D7461	Removal, benign nonodontogenic cyst/tumor, 1.25+	\$ 200.00
D7471	Removal of lateral exostosis, maxilla or mandible	\$ 160.00
D7472	Removal of torus palatinus	\$ 120.00
D7473	Removal of torus mandibularis	\$ 120.00
D7485	Surgical reduction of osseous tuberosity	\$ 80.00
D7510	Incision & drainage of abscess, intraoral soft tissue	\$ 16.00
D7511	Incision/drainage, abscess, intraoral soft, complicated	\$ 25.00
D7520	Incision & drainage, abscess, extraoral soft tissue	\$ 16.00
D7521	Incision/drainage, abscess, extraoral soft, complicate	\$ 25.00
D7530	Remove foreign body, mucosa, skin, tissue	\$ 32.00
D7560	Maxillary sinusotomy, remove tooth frag./foreign body	\$ 80.00
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	no charge
D7963	Frenuloplasty	no charge
D7970	Excision of hyperplastic tissue, per arch	\$ 32.00
D7971	Excision of pericoronal gingival	\$ 40.00
Adjunctive general services		
D9110	Palliative (emergency) treatment, minor procedure	no charge
D9120	Fixed partial denture sectioning	\$ 12.00
D9210	Local anesthesia not with operative/surgical procedure	no charge
D9211	Regional block anesthesia	no charge
D9212	Trigeminal division block anesthesia	no charge
D9215	Local anesthesia with operative/surgical procedure	no charge
**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 and 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.		
D9220	Deep sedation/general anesthesia, 1st 30 minutes	\$ 225.00 **
D9221	Deep sedation/general anesthesia, each add'l 15 minutes	\$ 125.00 **
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$ 40.00
D9241	Intravenous conscious sedation/analgesia, 1st 30 minutes	\$ 225.00 **
D9242	IV conscious sedation/analgesia, each add'l 15 minutes	\$ 125.00 **
D9248	Non-intravenous conscious sedation	\$ 100.00
D9310	Consultation, other than requesting dentist	\$ 50.00
D9430	Office visit, observation, regular hrs., no other services	no charge
D9440	Office visit, after regularly scheduled hours	\$ 25.00
D9450	Case presentation, detailed & extensive treatment	no charge
D9630	Other drugs and/or medicaments, by report	\$ 15.00
D9910	Application of desensitizing medicament	\$ 10.00
D9911	Application of desensitizing resin, per tooth	\$ 15.00
D9930	Treatment of complications, post surgical, unusual	\$ 10.00
D9940	Occlusal guard, by report	\$ 160.00
D9942	Repair and/or relin of occlusal guard	\$ 40.00
D9950	Occlusion analysis, mounted case	no charge
D9951	Occlusal adjustment, limited	\$ 30.00
D9952	Occlusal adjustment, complete	\$ 60.00
D9971	Odontoplasty 1-2 teeth	\$ 10.00
	Broken appointment, less than 24 hour notice	\$ 25.00
	Office visit, per visit	\$ 6.00

Limitations:

1. Prophylaxis procedures are covered once every 6 consecutive months.
2. Complete series of x-rays (full mouth x-rays) or panoramic films are covered once every 36 consecutive months.
3. Fluoride treatments are covered once every 6 consecutive months.
4. Sealants are covered only on the first and second permanent molars with no caries (decay) for dependent children up to the 14th birth date. Limited to once per tooth per 36 month period.
5. Scaling and root planing per quadrant/site is covered once every 24 consecutive months.
6. Replacement of crowns, labial veneers or fixed partial dentures (bridgework), per unit, are limited to once every 5 year period.
7. Replacement of an existing full and partial denture is covered once per arch every 5 years if the appliance cannot be made functional through relines or repair.
8. Denture relines are covered twice every 12 consecutive months.
9. Fabricated crowns, onlays and inlays may be covered when a tooth with a good prognosis requires restoration but has insufficient remaining structure to reliably retain a filling. Coverage for these procedures limited to members age 16 and over.
10. The replacement of an amalgam or resin restoration in less than twelve months by the same contracted dentist or office is not chargeable to the Plan or the member.
11. Procedures that appear to have a poor prognosis as determined by a licensed LIBERTY dentist consultant are not covered.
12. Localized delivery of antimicrobial agents may be covered 4-6 weeks after the completion of scaling and root planing as an adjunctive procedure for 2 non-responsive sites in a quadrant with 5mm pockets or deeper plus inflammation.
13. For treatment plans involving 7 or more units of crowns and/or fixed partial dentures (bridges), contracted providers may charge an additional \$200 co-payment per unit. In such cases, the first 6 units, as described in limitation #6 above, are covered at the specified member co-payment amount only, as documented in this Schedule of Benefits.
14. Fixed partial dentures (bridges) are covered when: replacing a "like-for-like" existing fixed partial denture with identical pontics and abutment teeth with good prognosis; abutment teeth qualify for crowns on their own merit, as described in limitation #6 above; there is only one missing permanent tooth in a full arch and the bridge would have opposing teeth in the opposite arch.
15. Surgical periodontal services are limited to once every 36 month period.
16. Full mouth debridement is limited to once in a 24 month period.
17. Pediatric referrals, if authorized by LIBERTY, are covered only for dependent children through the age of 6 unless the child qualifies under the American with Disabilities Act (ADA).

Exclusions:

1. Any procedure not specifically listed as a Covered Benefit.
2. Replacement of lost or stolen prosthetics or appliances including partial dentures, full dentures, and orthodontic appliances.
3. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than those situations described in the Schedule of Benefits (**).
4. Treatment started prior to coverage or after termination of coverage.
5. Procedures, appliances, or restorations to treat temporomandibular joint dysfunctions (e.g. adjustments/corrections to the facial bones), congenital or developmental situations (including supernumerary teeth) or medically induced dental disorders, including but not limited to: myofunctional treatment (e.g. speech therapy), or myoskeletal dysfunctions, unless otherwise covered as an orthodontic benefit.
6. Services for cosmetic purposes or for conditions that are a result of hereditary developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
7. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice.
8. Procedures performed on natural teeth solely to increase vertical dimension or restore occlusion.
9. Any service performed outside of a contracted LIBERTY dental office, unless expressly authorized by LIBERTY, or unless as outlined and covered in the "Emergency Dental Care" section of the Evidence of Coverage.
10. The removal of asymptomatic, unerupted third molars (or other teeth) that appear to have an unimpeded pathway to eruption and no active pathology.
11. Procedures or appliances that are provided by a dentist who specializes in prosthodontic services.
12. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction), for rebuilding occlusion or maintaining chewing surfaces or teeth that are out of alignment or for stabilizing teeth. Examples of such treatment are equilibration and periodontal splinting.
13. Any routine dental services performed by a dentist or dental specialist in an inpatient/outpatient hospital setting.
14. Consultations for non-covered services.

LIBERTY Dental Plan of California, Inc.

CA-400 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	Co-Pay
Orthodontic Diagnostic Records		
D0340	Cephalometric Image	\$ 100.00
D0470	Diagnostic casts	\$ 75.00
D9310	Consultation	no charge
Limited Orthodontic Treatment		
D8010	Limited orthodontic treatment of primary dentition	\$ 1100.00
D8020	Limited orthodontic treatment of the transitional dentition	\$ 1100.00
D8030	Limited orthodontic treatment of the adolescent dentition	\$ 1100.00
D8040	Limited orthodontic treatment of the adult dentition	\$ 1150.00
Interceptive Orthodontic Treatment		
D8050	Interceptive orthodontic treatment of the primary dentition	\$ 500.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$ 550.00
Comprehensive Orthodontic Treatment (24 months of Usual and Customary Orthodontic Treatment)		
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$ 2200.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$ 2200.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$ 2300.00
Minor Treatment to Control Harmful Habits		
D8210	Removable appliance therapy	\$ 350.00
D8220	Fixed appliance therapy	\$ 350.00
Other Orthodontic Services		
D8660	Pre-orthodontic treatment visit	no charge
D8670	Periodic orthodontic visits (as part of the contract)	no charge
D8680	Orthodontic retention (removal of appliance, construction and placement of retainer(s))	\$ 325.00
	Broken appointment (less than 24 hour notice)	\$ 20.00

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