



2019

DENTAL BENEFITS

Alignment Health Plan **AllCare Preferred Plan (HMO)**

Alignment Health Plan **Heart & Diabetes (HMO SNP)**

Alignment Health Plan **My Choice (HMO)**

Alignment Health Plan **Platinum (HMO)**

Alignment Health Plan **Cal Plus (HMO)**



Liberty Dental Benefit Highlights



The benefit information provided is a brief summary, not a complete description of benefits. Please refer to your Dental Directory for a complete listing of covered/excluded benefits, dental providers and access to care.

Alignment Health Plan proudly offers dental services through LIBERTY Dental Plan. This comprehensive dental plan has no monthly premium, no deductibles and low cost co-payments for more than 250 procedures that include checkups, cleanings, gum care, and restorative work. Attached is a list of the dental benefits available to you.

➤ How to Receive Care

Dental benefits are covered only if they are provided by a contracted LIBERTY Dental Plan provider. The only time you may receive care outside of the LIBERTY Dental Plan network is for emergency dental services described later in this section. Remember to always check with your dental office before receiving services to make sure the office is a LIBERTY Dental Plan provider.

➤ Emergency Dental Care

All affiliated LIBERTY Dental Plan primary care dental offices provide emergency dental services 24 hours a day, 7 days a week.

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 unavailable, simply contact any licensed dentist to receive care. LIBERTY Dental Plan will reimburse you for dental expenses up to a maximum of \$75, less applicable co-payments.

Alignment Health Plan provides coverage for emergency dental services only if the services are required to alleviate severe pain or bleeding, or if you reasonably believe that the condition, if not diagnosed or treated, may lead to disability, dysfunction or permanent damage to your health.

➤ How to Obtain Emergency Dental Care

Emergency dental services and care which are covered by LIBERTY Dental Plan include, as defined in the Health & Safety Code, a dental screening, an examination, an evaluation by a dentist or a dental specialist to determine if an emergency dental condition exists, and to provide care that would be acknowledged as within professionally recognized standards of 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 if the services are rendered in a hospital setting which are covered by Alignment Health Plan, or if LIBERTY Dental Plan determines the services were not dental in nature.

At the time of your appointment, your dentist may recommend other dental procedures that are not covered benefits. Services that are not covered can include implants, specialized metals used for fillings and crowns, or other services. If your dentist recommends dental services not covered by this plan, you can talk with your dentist to see if there are other treatment options that are covered. If you choose to accept dental services that are not covered by this plan, you will need to pay for those services.

For more information about your dental benefits, call LIBERTY Dental Plan's Member Services Department toll-free at **1-888-273-3183**, Monday through Friday between the hours of 8:00 am and 5:00 pm. Hearing or speech impaired members may call TTY/TDD **1-800-735-2929**.

Discrimination is Against the Law



Alignment Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alignment Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alignment Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact 1-866-634-2247

If you believe that Alignment Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance and Regulatory Affairs
1100 W. Town and Country Rd, Suite 1600
Orange, CA 92868
Phone: 1-844-215-2444, (TTY: 711)
Fax: 562-207-4621
Email: Compliance@ahcusa.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Compliance and Regulatory Affairs 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 electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building,
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Alignment Health Plan is an HMO and an HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-634-2247 (TTY: 711)。

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կապող են տրամադրվել լեզվական օգնությունների ծառայություններ: Չանգահարեք 1-866-634-2247 (TTY (հեռատիպ)՝ 711):

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-866-634-2247 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Cambodian, Mon-Khmer): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-866-634-2247 (TTY: 711)។

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-634-2247 (TTY: 711).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-634-2247 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-634-2247 (TTY: 711)

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-634-2247 (TTY: 711).

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-634-2247 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-634-2247 (TTY: 711). 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-634-2247 (TTY: 711).

Arabic :

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل - 1-866-634-2247 هاتف الصم والبكم - (TTY: 711) برقم 1

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-634-2247 (TTY: 711) まで、お電話にてご連絡ください。

Farsi: : امش یارب ناگیار تروصب ینابز تالی هسرت ،دینک یم وگتفگ یراف نابز هب 1-866-634-2247 (TTY: 711). دشاب یم مهارف. دیریگب سامت اب.

Covered Benefits

LIBERTY Dental Plan of California, Inc. Alignment Preferred Dental Plan



CODE	DESCRIPTION	MEMBER CO-PAYMENT
DIAGNOSTIC SERVICES		
D0120	Periodic oral evaluation	\$0.00
D0140	Limited oral evaluation	\$0.00
D0150	Comprehensive oral evaluation	\$0.00
D0160	Oral evaluation, problem focused	\$0.00
D0170	Re-evaluation, limited, problem focused	\$0.00
D0171	Re-evaluation, post operative office visit	\$0.00
D0180	Comprehensive periodontal evaluation	\$0.00
D0210	Intraoral, complete series of radiographic images	\$0.00
D0220	Intraoral, periapical, first radiographic image	\$2.00
D0230	Intraoral, periapical, each additional radiographic image	\$2.00
D0240	Intraoral, occlusal radiographic image	\$5.00
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	\$15.00
D0251	Extra-oral posterior dental radiographic image	\$8.00
D0270	Bitewing, single radiographic image	\$2.00
D0272	Bitewings, two radiographic images	\$2.00
D0273	Bitewings, three radiographic images	\$5.00
D0274	Bitewings, four radiographic images	\$2.00
D0277	Vertical bitewings, 7 to 8 radiographic images	\$30.00
D0330	Panoramic radiographic image	\$10.00
D0460	Pulp vitality tests	\$10.00
D0470	Diagnostic casts	\$20.00
PREVENTIVE SERVICES		
D1110	Prophylaxis, adult	\$0.00
D1206	Topical application of fluoride varnish	\$20.00
D1208	Topical application of fluoride, excluding varnish	\$0.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling, control/prevention oral disease	\$0.00
D1330	Oral hygiene instruction	\$0.00
D1351	Sealant, per tooth	\$10.00
D1352	Preventive resin restoration, permanent tooth	\$10.00
D1353	Sealant repair, per tooth	\$0.00
D1510	Space maintainer, fixed, unilateral	\$60.00
D1515	Space maintainer, fixed, bilateral	\$90.00
D1520	Space maintainer, removable, unilateral	\$70.00
D1525	Space maintainer, removable, bilateral	\$90.00

CODE	DESCRIPTION	MEMBER CO-PAYMENT
D1550	Re-cement or re-bond space maintainer	\$20.00
D1555	Removal of fixed space maintainer	\$25.00
RESTORATIVE		
D2140	Amalgam, one surface, primary or permanent	\$29.00
D2150	Amalgam, two surfaces, primary or permanent	\$34.00
D2160	Amalgam, three surfaces, primary or permanent	\$39.00
D2161	Amalgam, four or more surfaces, primary or permanent	\$44.00
D2330	Resin-based composite, one surface, anterior	\$25.00
D2331	Resin-based composite, two surfaces, anterior	\$39.00
D2332	Resin-based composite, three surfaces, anterior	\$44.00
D2335	Resin-based composite, four or more surfaces, involving incisal angle	\$49.00
D2390	Resin-based composite crown, anterior	\$49.00
D2391	Resin-based composite, one surface, posterior	\$85.00
D2392	Resin-based composite, two surfaces, posterior	\$120.00
D2393	Resin-based composite, three surfaces, posterior	\$140.00
D2394	Resin-based composite, four or more surfaces, posterior	\$165.00
D2510	Inlay, metallic, one surface	\$230.00
D2520	Inlay, metallic, two surfaces	\$250.00
D2530	Inlay, metallic, three or more surfaces	\$275.00
D2542	Onlay, metallic, two surfaces	\$300.00
D2543	Onlay, metallic, three surfaces	\$325.00
D2544	Onlay, metallic, four or more surfaces	\$325.00
D2710	Crown, resin-based composite (indirect)	\$150.00*
D2720	Crown, resin with high noble metal	\$250.00*
D2721	Crown, resin with predominantly base metal	\$225.00*
D2722	Crown, resin with noble metal	\$250.00*
D2740	Crown, porcelain/ceramic substrate	\$250.00*
D2750	Crown, porcelain fused to high noble metal	\$350.00*
D2751	Crown, porcelain fused to predominantly base metal	\$325.00*
D2752	Crown, porcelain fused to noble metal	\$350.00*
D2780	Crown, $\frac{3}{4}$ cast high noble metal	\$350.00*
D2781	Crown, $\frac{3}{4}$ cast predominantly base metal	\$325.00
D2782	Crown, $\frac{3}{4}$ cast noble metal	\$350.00*
D2790	Crown, full cast high noble metal	\$350.00*
D2791	Crown, full cast predominantly base metal	\$325.00
D2792	Crown, full cast noble metal	\$350.00*
D2794	Crown, titanium	\$350.00*
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	\$20.00
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	\$32.00
D2920	Re-cement or re-bond crown	\$20.00

CODE	DESCRIPTION	MEMBER CO-PAYMENT
D2930	Prefabricated stainless steel crown, primary tooth	\$38.00
D2931	Prefabricated stainless steel crown, permanent tooth	\$50.00
D2932	Prefabricated resin crown	\$60.00
D2933	Prefabricated stainless steel crown with resin window	\$50.00
D2940	Protective restoration	\$20.00
D2950	Core buildup, including any pins when required	\$42.00
D2951	Pin retention, per tooth, in addition to restoration	\$27.00
D2952	Post and core in addition to crown, indirectly fabricated	\$65.00
D2953	Each additional indirectly fabricated post, same tooth	\$50.00
D2954	Prefabricated post and core in addition to crown	\$50.00
D2955	Post removal	\$30.00
D2957	Each additional prefabricated post, same tooth	\$50.00
D2980	Crown repair necessitated by restorative material failure	\$25.00
ENDODONTICS		
D3110	Pulp cap, direct (excluding final restoration)	\$15.00
D3120	Pulp cap, indirect (excluding final restoration)	\$15.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$26.00
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$30.00
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	\$30.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$195.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$255.00
D3330	Endodontic therapy, molar (excluding final restoration)	\$295.00
D3346	Retreatment of previous root canal therapy, anterior	\$165.00
D3347	Retreatment of previous root canal therapy, bicuspid	\$255.00
D3348	Retreatment of previous root canal therapy, molar	\$295.00
D3351	Apexification/recalcification, initial visit	\$42.00
D3352	Apexification/recalcification, interim medication replacement	\$22.00
D3353	Apexification/recalcification, final visit	\$22.00
D3410	Apicoectomy, anterior	\$180.00
D3421	Apicoectomy, bicuspid (first root)	\$195.00
D3425	Apicoectomy, molar (first root)	\$225.00
D2950	Core buildup, including any pins when required	\$42.00
D2951	Pin retention, per tooth, in addition to restoration	\$27.00
D2952	Post and core in addition to crown, indirectly fabricated	\$65.00
D2953	Each additional indirectly fabricated post, same tooth	\$50.00
D2954	Prefabricated post and core in addition to crown	\$50.00
D2955	Post removal	\$30.00
D2957	Each additional prefabricated post, same tooth	\$50.00
D2980	Crown repair necessitated by restorative material failure	\$25.00

CODE	DESCRIPTION	MEMBER CO-PAYMENT
ENDODONTICS		
D3110	Pulp cap, direct (excluding final restoration)	\$15.00
D3120	Pulp cap, indirect (excluding final restoration)	\$15.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$26.00
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$30.00
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	\$30.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$195.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$255.00
D3330	Endodontic therapy, molar (excluding final restoration)	\$295.00
D3346	Retreatment of previous root canal therapy, anterior	\$165.00
D3347	Retreatment of previous root canal therapy, bicuspid	\$255.00
D3348	Retreatment of previous root canal therapy, molar	\$295.00
D3351	Apexification/recalcification, initial visit	\$42.00
D3352	Apexification/recalcification, interim medication replacement	\$22.00
D3353	Apexification/recalcification, final visit	\$22.00
D3410	Apicoectomy, anterior	\$180.00
D3421	Apicoectomy, bicuspid (first root)	\$195.00
D3425	Apicoectomy, molar (first root)	\$225.00
D3426	Apicoectomy, (each additional root)	\$75.00
D3430	Retrograde filling, per root	\$60.00
D3450	Root amputation, per root	\$95.00
D3920	Hemisection, not including root canal therapy	\$95.00
PERIODONTICS		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	\$195.00
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$60.00
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth	\$0.00
D4240	Gingival flap procedure, four or more teeth per quadrant	\$300.00
D4241	Gingival flap procedure, one to three teeth per quadrant	\$300.00
D4260	Osseous surgery, four or more teeth per quadrant	\$375.00
D4261	Osseous surgery, one to three teeth per quadrant	\$375.00
D4274	Distal or proximal wedge procedure	\$195.00
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	\$45.00
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$45.00
	GUIDELINE for Codes D4341/D4342: No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.	
D4355	Full mouth debridement	\$50.00
D4381	Localized delivery of antimicrobial agent/per tooth	\$35.00
D4910	Periodontal maintenance	\$40.00

CODE	DESCRIPTION	MEMBER CO-PAYMENT
D4920	Unscheduled dressing change (other than treating dentist or staff)	\$20.00
PROSTHODONTICS - REMOVABLE		
D5110	Complete denture, maxillary	\$385.00
D5120	Complete denture, mandibular	\$385.00
D5130	Immediate denture, maxillary	\$385.00
D5140	Immediate denture, mandibular	\$385.00
D5211	Maxillary partial denture, resin base	\$360.00
D5212	Mandibular partial denture, resin base	\$360.00
D5213	Maxillary partial denture, cast metal, resin base	\$420.00
D5214	Mandibular partial denture, cast metal, resin base	\$420.00
D5221	Immediate maxillary partial denture, resin base	\$360.00
D5222	Immediate mandibular partial denture, resin base	\$360.00
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	\$420.00
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	\$420.00
D5410	Adjust complete denture, maxillary	\$20.00
D5411	Adjust complete denture, mandibular	\$20.00
D5421	Adjust partial denture, maxillary	\$20.00
D5422	Adjust partial denture, mandibular	\$20.00
D5511	Repair broken complete denture base, mandibular	\$55.00
D5512	Repair broken complete denture base, maxillary	\$55.00
D5520	Replace missing or broken teeth, complete denture	\$25.00
D5611	Repair resin partial denture base, mandibular	\$35.00
D5612	Repair resin partial denture base, maxillary	\$35.00
D5621	Repair cast partial framework, mandibular	\$35.00
D5622	Repair cast partial framework, maxillary	\$35.00
D5630	Repair or replace broken clasp, per tooth	\$25.00
D5640	Replace broken teeth, per tooth	\$25.00
D5650	Add tooth to existing partial denture	\$30.00
D5660	Add clasp to existing partial denture, per tooth	\$30.00
D5710	Rebase complete maxillary denture	\$165.00
D5711	Rebase complete mandibular denture	\$165.00
D5720	Rebase maxillary partial denture	\$145.00
D5721	Rebase mandibular partial denture	\$145.00
D5730	Reline complete maxillary denture, chairside	\$135.00
D5731	Reline complete mandibular denture, chairside	\$135.00
D5740	Reline maxillary partial denture, chairside	\$85.00
D5741	Reline mandibular partial denture, chairside	\$85.00
D5750	Reline complete maxillary denture, laboratory	\$140.00

CODE	DESCRIPTION	MEMBER CO-PAYMENT
D5751	Reline complete mandibular denture, laboratory	\$140.00
D5760	Reline maxillary partial denture, laboratory	\$130.00
D5761	Reline mandibular partial denture, laboratory	\$130.00
D5810	Interim complete denture, maxillary	\$425.00
D5811	Interim complete denture, mandibular	\$425.00
D5820	Interim partial denture, maxillary	\$165.00
D5821	Interim partial denture, mandibular	\$165.00
D5850	Tissue conditioning, maxillary	\$40.00
D5851	Tissue conditioning, mandibular	\$40.00
D5863	Overdenture, complete, maxillary	\$425.00
D5865	Overdenture, complete, mandibular	\$425.00
IMPLANT SERVICES		
D6092	Re-cement or re-bond implant/abutment supported crown	\$45.00
D6093	Re-cement or re-bond implant/abutment supported FPD	\$65.00
PROSTHODONTICS - FIXED		
D6210	Pontic, cast high noble metal	\$220.00*
D6211	Pontic, cast predominantly base metal	\$220.00
D6212	Pontic, cast noble metal	\$220.00*
D6214	Pontic, titanium	\$220.00*
D6240	Pontic, porcelain fused to high noble metal	\$220.00*
D6241	Pontic, porcelain fused to predominantly base metal	\$280.00*
D6242	Pontic, porcelain fused to noble metal	\$280.00*
D6250	Pontic, resin with high noble metal	\$250.00*
D6251	Pontic, resin with predominantly base metal	\$225.00*
D6252	Pontic, resin with noble metal	\$195.00*
D6545	Retainer, cast metal for resin bonded fixed prosthesis	\$140.00*
D6549	Resin retainer, for resin bonded fixed prosthesis	\$140.00
D6720	Retainer crown, resin with high noble metal	\$250.00*
D6721	Retainer crown, resin with predominantly base metal	\$225.00*
D6722	Retainer crown, resin with noble metal	\$250.00*
D6750	Retainer crown, porcelain fused to high noble metal	\$325.00*
D6751	Retainer crown, porcelain fused to predominantly base metal	\$295.00*
D6752	Retainer crown, porcelain fused to noble metal	\$310.00*
D6780	Retainer crown, $\frac{3}{4}$ cast high noble metal	\$295.00*
D6781	Retainer crown, $\frac{3}{4}$ cast predominantly base metal	\$310.00
D6782	Retainer crown, $\frac{3}{4}$ cast noble metal	\$310.00*
D6790	Retainer crown, full cast high noble metal	\$325.00*
D6791	Retainer crown, full cast predominantly base metal	\$250.00
D6792	Retainer crown, full cast noble metal	\$295.00*

CODE	DESCRIPTION	MEMBER CO-PAYMENT
D6794	Retainer crown, titanium	\$325.00*
D6920	Connector bar	\$130.00
D6930	Re-cement or re-bond fixed partial denture	\$40.00
D6980	Fixed partial denture repair, restorative material failure	\$40.00
ORAL AND MAXILLOFACIAL SURGERY		
D7111	Extraction, coronal remnants, deciduous tooth	\$25.00
D7140	Extraction, erupted tooth or exposed root	\$35.00
D7210	Surgical removal of erupted tooth	\$48.00
D7220	Removal of impacted tooth, soft tissue	\$68.00
D7230	Removal of impacted tooth, partially bony	\$100.00
D7240	Removal of impacted tooth, completely bony	\$130.00
D7241	Removal impacted tooth, complete bony, complication	\$140.00
D7250	Surgical removal residual tooth roots, cutting procedure	\$70.00
D7260	Oroantral fistula closure	\$250.00
D7270	Tooth reimplantation and/or stabilization, accident	\$185.00
D7280	Surgical access of an unerupted tooth	\$130.00
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$95.00
D7286	Incisional biopsy of oral tissue, soft	\$130.00
D7290	Surgical repositioning of teeth	\$115.00
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$75.00
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$75.00
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$105.00
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$105.00
D7410	Excision of benign lesion, up to 1.25 cm	\$140.00
D7411	Excision of benign lesion, greater than 1.25 cm	\$140.00
D7471	Removal of lateral exostosis, maxilla or mandible	\$165.00
D7510	Incision & drainage of abscess, intraoral soft tissue	\$60.00
D7520	Incision & drainage of abscess, extraoral soft tissue	\$165.00
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	\$85.00
D7970	Excision of hyperplastic tissue, per arch	\$165.00
D7971	Excision of pericoronal gingiva	\$85.00
ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment, minor procedure	\$20.00
D9210	Local anesthesia not in conjunction, operative or surgical procedures	\$0.00
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9310	Consultation, other than requesting dentist	\$20.00
D9311	Consultation with a medical health care professional	\$0.00
D9430	Office visit, observation, regular hours, no other services	\$0.00

CODE	DESCRIPTION	MEMBER CO-PAYMENT
D9440	Office visit, after regularly scheduled hours	\$20.00
D9450	Case presentation, detailed & extensive treatment	\$0.00
D9910	Application of desensitizing medicament	\$15.00
D9940	Occlusal guard, by report	\$150.00
D9941	Fabrication of athletic mouthguard	\$175.00
D9942	Repair and/or reline of occlusal guard	\$65.00
D9951	Occlusal adjustment, limited	\$35.00
D9952	Occlusal adjustment, complete	\$60.00
D9986	Missed appointment	\$0.00
D9987	Cancelled appointment	\$0.00

*Base metal is the benefit. If noble metal, high noble metal, titanium alloy and titanium are used; an additional charge to the member will be applied for lab cost of the noble metal, high noble metal, titanium alloy or titanium.

Resin, porcelain and any resin to metal or porcelain to metal crowns and pontics are a benefit on anterior (teeth numbers 6-11, 22-27), first bicuspid (teeth numbers 5, 12, 21, and 28) and second bicuspid (teeth numbers 4, 13, 20, and 29) teeth only. The member will be charged the additional lab cost to add resin or porcelain to all molar (teeth numbers 1-3, 14-19, 30-32) crowns and pontics. Exception: Implants and all services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for resin or porcelain for procedures associated with implants.

The maximum amount chargeable to the member to upgrade to resin or porcelain on molar teeth (teeth number 1-3, 14-19, 30-32) and/or upgrade to noble metal, high noble metal, titanium alloy or titanium is \$250.00.

LIBERTY Dental Plan will arrange for you to receive services from a Contracted Dental Specialist if the necessary treatment is outside the scope of General Dentistry. Your General Dentist will initiate the referral process with LIBERTY Dental Plan. The proper referral process must be utilized for specialty services to be covered under your plan. X-rays for diagnostic purposes are benefits in the General Dentist's office only. The member pays 80% of the dentist's Usual and Customary fee for all specialty treatment.

LIBERTY Dental Plan of California, Inc.
P.O. Box 26110
Santa Ana, CA 92799-6110
www.libertydentalplan.com

Excluded Dental Procedures



CODE	DESCRIPTION
DIAGNOSTIC SERVICES	

Radiographs/Diagnosis Imaging

D0290	Posterior-anterior or lateral skull & facial bone survey
D0310	Sialography
D0320	TMJ arthrogram, including injection
D0321	Other TMJ films by report
D0322	Tomographic survey
D0350	Oral/facial photographic images
D0360	Cone beam ct, craniofacial data capture
D0362	Cone beam, 2-dimensional image reconstruction
D0363	Cone beam, 3-dimensional image reconstruction

Test and Examinations

D0415	Collection of microorganisms for culture
D0416	Viral culture
D0421	Genetic test for susceptibility to oral disease
D0425	Caries susceptibility tests
D0431	Adjunctive pre-diagnostic test, mucosal abnormalities

Oral Pathology Laboratory

D0472	Accession of tissue, gross exam, prep & written report
D0473	Accession of tissue, gross & microscopic exam, prep & report
D0474	Accession of tissue, gross & microscopic exam, provide report
D0480	Accession of exfoliative cytologic smears
D0486	Accession of brush biopsy sample
D0475	Decalcification procedure
D0476	Special stains for microorganisms
D0477	Special stains, not for microorganisms
D0478	Immunohistochemical stains
D0479	Tissue in-situ hybridization
D0481	Electron microscopy, diagnostic
D0482	Direct immunofluorescence

CODE	DESCRIPTION
D0483	Indirect immunofluorescence
D0484	Consultation on slides prepared elsewhere
D0485	Consultation, including preparation of slides from biopsy
D0502	Other oral pathology procedures (by report)
RESTORATIVE	

D0483	Indirect immunofluorescence
D0484	Consultation on slides prepared elsewhere
D0485	Consultation, including preparation of slides from biopsy
D0502	Other oral pathology procedures (by report)

RESTORATIVE

Gold Foil Restorations

D2410	Gold foil, 1 surface
D2420	Gold foil, 2 surfaces
D2430	Gold foil, 3 surfaces

Inlay/Onlay Restorations

D2610	Inlay, porcelain/ceramic, 1 surface
D2620	Inlay, porcelain/ceramic, 2 surfaces
D2630	Inlay, porcelain/ceramic, 3 or more surfaces
D2642	Onlay, porcelain/ceramic, 2 surfaces
D2643	Onlay, porcelain/ceramic, 3 surfaces
D2644	Onlay, porcelain/ceramic, 4 or more surfaces
D2650	Inlay, resin-based composite, 1 surface
D2651	Inlay, resin-based composite, 2 surfaces
D2652	Inlay, resin-based composite, 3 or more surfaces
D2662	Onlay, resin-based composite, 2 surfaces
D2663	Onlay, resin-based composite, 3 surfaces
D2664	Onlay, resin-based composite, 4 or more surfaces

Crowns-Single Restorations Only

D2712	Crown, ¾ resin-based composite (indirect)
D2783	Crown, ¾ porcelain/ceramic
D2799	Provisional crown

Other Restorative Services

D2934	Prefabricated esthetic coated stainless steel crown, primary
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CODE	DESCRIPTION
D2960	Labial veneer (resin laminate), chairside
D2961	Labial veneer (resin laminate), laboratory
D2962	Lavial veneer (porcelain laminate), laboratory
D2970	Temporary crown
D2971	Additional procedures to construct new crown/existing partial
D2975	Coping
ENDODONTICS	

Pulpotomy

D3221	Pulpal debridement, primary & permanent teeth
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Endodontic Therapy

D3331	Treatment of root canal obstruction, non-surgical access
D3332	Incomplete endodontic therapy; inoperable, unrestorable
D3333	Internal root repair of perforation defects

Apicoectomy/Periradicular Services

D3460	Endodontic endosseous implant
D3470	Intentional reimplantation (including necessary splinting)

Other Endodontic Procedures

D3910	Surgical procedure for isolation of tooth with rubber dam
D3950	Canal preparation & fitting of preformed dowel or post

PERIODONTICS

Surgical Services (Including Usual Postoperative Care)

D4230	Anatomical crown exposure (4 + teeth per quadrant)
D4231	Anatomical crown exposure (1-3 teeth per quadrant)
D4245	Apically positioned flap
D4249	Clinical crown lengthening, hard tissue
D4263	Bone replacement graft, 1st site in quadrant
D4264	Bone replacement graft, each additional site in quadrant

CODE	DESCRIPTION
D4265	Biologic materials to aid in tissue regeneration
D4266	Guided tissue regeneration, resorbable barrier, per site
D4267	Guided tissue regeneration, non-resorbable barrier
D4268	Surgical revision procedure, per tooth
D4270	Pedicle soft tissue graft procedure
D4271	Free soft tissue graft procedure (including donor site)
D4273	Subepithelial connective tissue graft procedure, per tooth
D4275	Soft tissue allograft
D4276	Combined connective tissue & double pedicle graft

Non-Surgical Periodontal Services

D4320	Provisional splinting, intracoronaral
D4321	Provisional splinting, extracoronaral

PROSTHODONTICS – REMOVABLE

Partial Dentures (Including Routine Post-Delivery Care)

D5225	Maxillary partial denture, flexible base
D5226	Mandibular partial denture, flexible base

Repairs to Partial Dentures

D5670	Replace teeth & acrylic on cast metal frame, maxillary
D5671	Replace teeth & acrylic on cast metal frame, mandibular

Other Removable Prosthetic Services

D5861	Overdenture, partial, by report
D5862	Precision attachment, by report
D5867	Replacement of replaceable part of precision attachment

IMPLANT SERVICES

Surgical Services

D6010	Surgical placement of implant body, endosteal implant
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Implant Supported Prosthetics – Supporting Structures

D6056	Prefabricated abutment, includes placement
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CODE	DESCRIPTION
Implant Supported Prosthetics – Single Crowns, Abutment Supported	
D6058	Abutment supported porcelain/ceramic crown
D6059	Abutment supported porcelain/high noble metal crown
D6060	Abutment supported porcelain/base metal crown
D6061	Abutment supported porcelain/noble metal crown
D6062	Abutment supported cast metal crown, high noble
D6063	Abutment supported cast metal crown, base metal
D6064	Abutment supported cast metal crown, noble metal
D6094	Abutment supported crown, titanium

Implant Supported Prosthetics – Single Crowns, Implant Supported

D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported porcelain/metal crown
D6067	Implant supported metal crown

Implant Supported Prosthetics – Fixed Partial Denture, Abutment Supported

D6068	Abutment supported retainer for porcelain/ceramic FPD
D6069	Abutment supported retainer porc./metal FPD, high noble
D6070	Abutment supported retainer porc./metal FPD, base metal
D6071	Abutment supported retainer porc./metal FPD, noble metal
D6072	Abutment supported retainer cast metal FPD, high noble
D6073	Abutment supported retainer cast metal FPD, base metal
D6074	Abutment supported retainer cast metal FPD, noble metal
D6194	Abutment supported retainer crown FPD, titanium

Implant Supported Prosthetics – Fixed Partial Denture, Implant Supported

CODE	DESCRIPTION
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for porcelain/metal FPD
D6077	Implant supported retainer for cast metal FPD

PROSTHODONTICS – FIXED

Fixed Partial Denture Pontics

D6205	Pontic, indirect resin based composite
D6245	Pontic, porcelain/ceramic
D6253	Provisional pontic

Fixed Partial Denture Retainers – Inlays/Onlays

D6548	Retainer, porcelain/ceramic for resin bonded fixed prosthesis
D6600	Inlay, porcelain/ceramic, 2 surfaces
D6601	Inlay, porcelain/ceramic, 3 or more surfaces
D6602	Inlay, cast high noble metal, 2 surfaces
D6603	Inlay, cast high noble metal, 3 or more surfaces
D6604	Inlay, cast predominantly base metal, 2 surfaces
D6605	Inlay, cast predominantly base metal, 3 or more surfaces
D6606	Inlay, cast noble metal, 2 surfaces
D6607	Inlay, cast noble metal, 3 or more surfaces
D6624	Inlay, titanium
D6608	Onlay, porcelain/ceramic, 2 surfaces
D6609	Onlay, porcelain/ceramic, 3 or more surfaces
D6610	Onlay, cast high noble metal, 2 surfaces
D6611	Onlay, cast high noble metal, 3 or more surfaces
D6612	Onlay, cast predominantly base metal, 2 surfaces
D6613	Onlay, cast predominantly base metal, 3 or more surfaces
D6614	Onlay, cast noble metal, 2 surfaces
D6615	Onlay, cast noble metal, 3 or more surfaces
D6634	Onlay, titanium

Fixed Partial Denture Retainers – Crowns

CODE	DESCRIPTION
D6710	Crown, indirect resin based composite
D6740	Crown, porcelain/ceramic
D6783	Crown, ¾ porcelain/ceramic
D6793	Provisional retainer crown

Other Fixed Partial Denture Services

D6940	Stress breaker
D6950	Precision attachment
D6975	Coping

ORAL AND MAXILLOFACIAL SURGERY

Other Surgical Procedures

D7261	Primary closure of a sinus perforation
D7272	Tooth transplantation
D7282	Mobilization of erupted/malpositioned tooth, aid eruption
D7283	Placement of device to facilitate eruption impacted tooth
D7287	Exfoliative cytological sample collection
D7288	Brush biopsy, transepithelial sample collection
D7291	Transseptal fiberotomy/supra crestal fiberotomy
D7292	Surgical placement, temporary anchorage device, screw/plate
D7393	Surgical placement, temporary anchorage device/flap
D7294	Surgical placement, temporary anchorage device, no flap

Alveoloplasty – Surgical Preparation of Ridge for Dentures

D7340	Vestibuloplasty, ridge extension, 2nd epithelialization
D7350	Vestibuloplasty, ridge extension

Surgical Excision of Soft Tissue Lesions

D7412	Excision of benign lesion, complicated
D7413	Excision of malignant lesion up to 1.25 cm
D7414	Excision of malignant lesion greater than 1.25 cm
D7415	Excision of malignant lesion, complicated
D7465	Destruction of lesion(s) by physical/chemical method

Surgical Excision of Intra-Osseous Lesions

CODE	DESCRIPTION
D7440	Excision of malignant tumor up to 1.25 cm
D7441	Excision of malignant tumor greater than 1.25 cm
D7450	Removal of benign odontogenic cyst/tumor to 1.25 cm
D7451	Removal of benign odontogenic cyst/tumor >1.25 cm
D7460	Removal of benign nonodontogenic cyst/tumor <1.25 cm
D7461	Removal of benign nonodontogenic cyst/tumor >1.25 cm

Excision of Bone Tissue

D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Surgical reduction of osseous tuberosity
D7490	Radical resection of maxilla or mandible

Surgical Incision

D7511	Incision/drainage abscess, intraoral soft, complicated
D7521	Incision/drainage abscess, extraoral soft, complicated
D7530	Removal of foreign body
D7540	Removal or reaction producing foreign bodies
D7550	Partial ostectomy/sequestrectomy, non-vital bone
D7560	Maxillary sinusotomy, remove tooth/foreign body

Other Repair Procedure

D7963	Frenuloplasty
D7980	Sialolithotomy
D7981	Excision of salivary gland (by report)
D7982	Sialodochoplasty
D7983	Closure of salivary fistula

ADJUNCTIVE GENERAL SERVICES

Unclassified Treatment

D9120	Fixed partial denture sectioning
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Anesthesia

D9220	Deep sedation/general anesthesia, 1st 30 minutes
D9221	Deep sedation/general anesthesia, each additional 15 minutes

CODE	DESCRIPTION
D9230	Analgesia, anxiolysis, nitrous oxide
D9241	Intravenous conscious sedation/ analgesia, 1st 30 minutes
D9242	Intravenous conscious sedation/ analgesia, additional 15 minutes
D9248	Non-intravenous conscious sedation

Professional Visits

D9410	House/extended care facility call
D9420	Hospital call

Drugs

D9610	Therapeutic parenteral drug, single administration
D9612	Therapeutic parenteral drug, 2 + administrations
D9630	Other drugs and/or medicaments, by report

Miscellaneous Services

D9911	Application of desensitizing resin, per tooth
D9920	Behavior management, by report
D9930	Treatment of complications, post surgical, unusual
D9950	Occlusion analysis, mounted case
D9970	Enamel microabrasion
D9971	Odontoplasty, 1-2 teeth
D9971	External bleaching, per arch
D9973	External bleaching, per tooth
D9974	Internal bleaching, per tooth