

# California

**No Annual Deductible**

**No Annual Dollar Amount Maximum**

- Members must select, and be assigned to, a LIBERTY Dental Plan contracted LS300 dental office to utilize covered benefits. Your assigned office will initiate a treatment plan or will initiate the specialty referral process with LIBERTY Dental Plan if the services are dentally necessary and outside the scope of general dentistry.
- Member Co-payments are payable to the dental office at the time services are rendered.
- This Schedule does not guarantee benefits. All services are subject to eligibility and dental necessity at the time of service.
- Dental procedures not listed as covered benefits are available at the dental office's usual and customary fee.
- For a complete description of your Plan, please refer to the Evidence of Coverage in addition to this Schedule.

## Summary of services

| ADA Code                   | Procedure   | Member pays |
|----------------------------|---|-------------|
| <b>Diagnostic services</b> |   |             |
| 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 (includes bitewings)       | no charge   |
| D0220                      | Intraoral, periapical, first film                     | no charge   |
| D0230                      | Intraoral, periapical, each additional film           | no charge   |
| D0240                      | Intraoral, occlusal film                              | no charge   |
| D0250                      | Extraoral, first film                                 | no charge   |
| D0260                      | Extraoral, each additional film                       | no charge   |
| D0270                      | Bitewing, single film                                 | no charge   |
| D0272                      | Bitewings, 2 films                                    | no charge   |
| D0273                      | Bitewings, 3 films                                    | no charge   |
| D0274                      | Bitewings, 4 films                                    | no charge   |
| D0277                      | Vertical bitewings, 7 to 8 films                      | no charge   |
| D0330                      | Panoramic Film  | no charge   |
| D0415                      | Collection of microorganisms for culture              | no charge   |
| D0425                      | Caries susceptibility tests                           | no charge   |
| D0460                      | Pulp vitality tests                                   | no charge   |
| D0470                      | Diagnostic casts                                      | no charge   |
| D0472                      | Accession of tissue, gross exam, prep & report        | no charge   |
| D0474                      | Accession of tissue, gross/micro. exam, report        | no charge   |
| <b>Preventive services</b> |   |             |
| D1110                      | Prophylaxis, adult                                    | \$ 8.00     |
|                            | Prophylaxis, adult (3rd or more per 12 months)        | \$ 45.00    |
| D1120                      | Prophylaxis, child                                    | \$ 7.00     |
|                            | Prophylaxis, child (3rd or more per 12 months)        | \$ 35.00    |
| D1203                      | Topical application of fluoride, child                | \$ 8.00     |
|                            | Topical application fluoride, child (3rd + in 12 mo.) | \$ 10.00    |
| D1204                      | Topical application of fluoride, adult                | \$ 9.00     |
| D1206                      | Topical fluoride varnish                              | \$ 9.00     |
| 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                                    | \$ 15.00    |
| D1352                      | Preventive resin restoration – permanent tooth        | \$ 15.00    |



| ADA Code                               | Procedure                               | Member pays |
|--|---|-------------|
| <b>Preventive services (continued)</b> |   |             |
| D1510                                  | Space maintainer, fixed, unilateral     | \$ 40.00    |
| D1515                                  | Space maintainer, fixed, bilateral      | \$ 40.00    |
| D1520                                  | Space maintainer, removable, unilateral | \$ 40.00    |
| D1525                                  | Space maintainer, removable, bilateral  | \$ 40.00    |
| D1550                                  | Recementation of space maintainer       | \$ 15.00    |
| D1555                                  | Removal of fixed space maintainer       | \$ 15.00    |

**Restorative**

|       |  |          |
|-------|--|----------|
| D2140 | Amalgam, 1 surface, primary or permanent         | \$ 12.00 |
| D2150 | Amalgam, 2 surfaces, primary or permanent        | \$ 16.00 |
| D2160 | Amalgam, 3 surfaces, primary or permanent        | \$ 20.00 |
| D2161 | Amalgam, 4 or more surfaces, primary/permanent   | \$ 30.00 |
| D2330 | Resin-based composite, 1 surface, anterior       | \$ 16.00 |
| D2331 | Resin-based composite, 2 surfaces, anterior      | \$ 28.00 |
| D2332 | Resin-based composite, 3 surfaces, anterior      | \$ 40.00 |
| D2335 | Resin-based composite, 4+ surfaces/incisal angle | \$ 52.00 |
| D2390 | Resin-based composite crown, anterior            | \$ 60.00 |
| D2391 | Resin-based composite, 1 surface, posterior      | \$ 65.00 |
| D2392 | Resin-based composite, 2 surfaces, posterior     | \$ 70.00 |
| D2393 | Resin-based composite, 3 surfaces, posterior     | \$ 80.00 |
| D2394 | Resin-based composite, 4+ surfaces, posterior    | \$ 90.00 |

**\*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.

- Brand name restorations** (e.g. Sunrise, Captek, Vitadur-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.
- 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/ceramic crowns are not covered benefits on molar teeth. Any resin to metal or porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.
- Base metal is the benefit.** If elected, the member may be charged additional lab costs for a) noble metal, b) high noble metal, or c) titanium.

|       |  |            |
|-------|--|------------|
| D2510 | Inlay, metallic, 1 surface                         | \$ 140.00* |
| D2520 | Inlay, metallic, 2 surfaces                        | \$ 155.00* |
| D2530 | Inlay, metallic, 3 or more surfaces                | \$ 160.00* |
| D2542 | Onlay, metallic, 2 surfaces                        | \$ 160.00* |
| D2543 | Onlay, metallic, 3 surfaces                        | \$ 170.00* |
| D2544 | Onlay, metallic, 4 or more surfaces                | \$ 175.00* |
| D2610 | Inlay, porcelain/ceramic, 1 surface                | \$ 140.00* |
| D2620 | Inlay, porcelain/ceramic, 2 surfaces               | \$ 150.00* |
| D2630 | Inlay, porcelain/ceramic, 3 or more surfaces       | \$ 160.00* |
| D2642 | Onlay, porcelain/ceramic, 2 surfaces               | \$ 170.00* |
| D2643 | Onlay, porcelain/ceramic, 3 surfaces               | \$ 175.00* |
| D2644 | Onlay, porcelain/ceramic, 4 or more surfaces       | \$ 185.00* |
| D2650 | Inlay, resin-based composite, 1 surface            | \$ 145.00* |
| D2651 | Inlay, resin-based composite, 2 surfaces           | \$ 160.00* |
| D2652 | Inlay, resin-based composite, 3 or more surfaces   | \$ 180.00* |
| D2662 | Onlay, resin-based composite, 2 surfaces           | \$ 175.00* |
| D2663 | Onlay, resin-based composite, 3 surfaces           | \$ 180.00* |
| D2664 | Onlay, resin-based composite, 4 or more surfaces   | \$ 185.00* |
| D2710 | Crown, resin-based composite (indirect)            | \$ 150.00* |
| D2712 | Crown, 3/4 resin-based composite (indirect)        | \$ 150.00* |
| D2720 | Crown, resin with high noble metal                 | \$ 175.00* |
| D2721 | Crown, resin with predominantly base metal         | \$ 175.00* |
| D2722 | Crown, resin with noble metal                      | \$ 175.00* |
| D2740 | Crown, porcelain/ceramic substrate                 | \$ 175.00* |
| D2750 | Crown, porcelain fused to high noble metal         | \$ 185.00* |
| D2751 | Crown, porcelain fused to predominantly base metal | \$ 185.00* |
| D2752 | Crown, porcelain fused to noble metal              | \$ 185.00* |
| D2780 | Crown, 3/4 cast high noble metal                   | \$ 185.00* |
| D2781 | Crown, 3/4 cast predominantly base metal           | \$ 190.00  |
| D2782 | Crown, 3/4 cast noble metal                        | \$ 190.00* |
| D2783 | Crown, 3/4 porcelain/ceramic                       | \$ 195.00* |
| D2790 | Crown, full cast high noble metal                  | \$ 175.00* |
| D2791 | Crown, full cast predominantly base metal          | \$ 175.00  |
| D2792 | Crown, full cast noble metal                       | \$ 175.00* |
| D2794 | Crown, titanium                                    | \$ 175.00* |

| ADA Code                       | Procedure   | Member pays |
|--------------------------------|---|-------------|
| <b>Restorative (continued)</b> |   |             |
| D2799                          | Provisional crown                                       | \$ 70.00    |
| D2910                          | Recement inlay, onlay, partial coverage restoration     | \$ 10.00    |
| D2915                          | Recement cast or prefabricated post & core              | \$ 10.00    |
| D2920                          | Recement crown  | \$ 10.00    |
| D2930                          | Prefabricated stainless steel crown, primary tooth      | \$ 40.00    |
| D2931                          | Prefabricated stainless steel crown, permanent tooth    | \$ 40.00    |
| D2932                          | Prefabricated resin crown                               | \$ 45.00    |
| D2933                          | Prefabricated stainless steel crown, resin window       | \$ 45.00    |
| D2934                          | Prefabricated esthetic coated SS crown, primary         | \$ 45.00    |
| D2940                          | Protective restoration (temporary)                      | no charge   |
| D2950                          | Core build-up, including any pins                       | \$ 50.00    |
| D2951                          | Pin retention, per tooth, in addition to restoration    | \$ 15.00    |
| D2952                          | Post & core in addition to crown, indirect fabric.      | \$ 50.00*   |
| D2953                          | Each additional indirect fabric. post, same tooth       | \$ 30.00*   |
| D2954                          | Prefabricated post & core in addition to crown          | \$ 50.00    |
| D2955                          | Post removal (not in conj. with endodontic therapy)     | \$ 20.00    |
| D2957                          | Each additional prefabricated post, same tooth          | \$ 25.00    |
| D2960                          | Labial veneer (resin laminate), chairside               | \$ 250.00   |
| D2961                          | Labial veneer (resin laminate), laboratory              | \$ 325.00   |
| D2962                          | Labial veneer (porcelain laminate), laboratory          | \$ 500.00   |
| D2970                          | Temporary crown (fractured tooth)                       | \$ 30.00    |
| D2971                          | Add'l procedure/new crown, existing partial denture     | \$ 50.00    |
| D2980                          | Crown repair, by report                                 | \$ 30.00    |
| <b>Endodontics</b>             |   |             |
| D3110                          | Pulp cap – direct (excluding final restoration)         | \$ 5.00     |
| D3120                          | Pulp cap – indirect (excluding final restoration)       | \$ 5.00     |
| D3220                          | Therapeutic pulpotomy (excluding final restoration)     | \$ 20.00    |
| D3221                          | Pulpal debridement, primary & permanent teeth           | \$ 25.00    |
| D3230                          | Pulpal therapy (resorbable filling), anterior, primary  | \$ 35.00    |
| D3240                          | Pulpal therapy (resorbable filling), posterior, primary | \$ 35.00    |
| D3310                          | Anterior (excluding final restoration)                  | \$ 100.00   |
| D3320                          | Bicuspid (excluding final restoration)                  | \$ 150.00   |
| D3330                          | Molar (excluding final restoration)                     | \$ 220.00   |
| D3331                          | Treatment of root canal obstruction; non-surgical       | \$ 95.00    |
| D3332                          | Incomplete endodontic therapy, inoperable               | \$ 80.00    |
| D3333                          | Internal root repair of perforation defects             | \$ 95.00    |
| D3346                          | Retreatment of previous root canal – anterior           | \$ 100.00   |
| D3347                          | Retreatment of previous root canal – bicuspid           | \$ 150.00   |
| D3348                          | Retreatment of previous root canal – molar              | \$ 220.00   |
| D3351                          | Apexification/recalcification/pulp reg. – initial visit | \$ 95.00    |
| D3352                          | Apexification/recalcification/pulp reg. – interim med.  | \$ 75.00    |
| D3353                          | Apexification/recalcification – final visit             | \$ 75.00    |
| D3410                          | Apicoectomy/periradicular surgery – anterior            | \$ 95.00    |
| D3421                          | Apicoectomy/periradicular surgery – bicuspid            | \$ 95.00    |
| D3425                          | Apicoectomy/periradicular surgery – molar               | \$ 95.00    |
| D3426                          | Apicoectomy/periradicular surgery – ea. add. root       | \$ 45.00    |
| D3430                          | Retrograde filling – per root                           | \$ 55.00    |
| D3450                          | Root Amputation – per root                              | \$ 70.00    |
| D3910                          | Surgical procedure for isolation with rubber dam        | \$ 50.00    |
| D3920                          | Hemisection (incl. root removal), not incl. root canal  | \$ 120.00   |
| D3950                          | Canal prep. & fitting of preformed dowel/post           | \$ 15.00    |
| <b>Periodontics</b>            |   |             |
| D4210                          | Gingivectomy/gingivoplasty, 4+ teeth per quadrant       | \$ 95.00    |
| D4211                          | Gingivectomy/gingivoplasty, 1-3 teeth per quadrant      | \$ 48.00    |
| D4240                          | Ging. flap procedure, 4+ teeth per quadrant             | \$ 150.00   |
| D4241                          | Ging. flap procedure, 1-3 teeth per quadrant            | \$ 150.00   |
| D4245                          | Apically positioned flap                                | \$ 155.00   |
| D4249                          | Clinical crown lengthening, hard tissue                 | \$ 220.00   |
| D4260                          | Osseous surgery, 4+ teeth per quadrant                  | \$ 325.00   |
| D4261                          | Osseous surgery, 1-3 teeth per quadrant                 | \$ 250.00   |
| D4263                          | Bone replacement graft, 1st site in quadrant            | \$ 147.00   |
| D4264                          | Bone replacement graft, ea. additional site, quad.      | \$ 78.00    |
| D4265                          | Biologic materials to aid soft osseous tissue           | \$ 135.00   |
| D4266                          | Guided tissue regeneration-resorbable, per site         | \$ 360.00   |
| D4267                          | Guided tissue regeneration- non resorbable, per site    | \$ 425.00   |
| D4270                          | Pedicle soft tissue graft procedure                     | \$ 236.00   |
| D4271                          | Free soft tissue graft procedure (incl. donor site)     | \$ 236.00   |

| ADA Code                        | Procedure  | Member pays |
|---------------------------------|--|-------------|
| <b>Periodontics (continued)</b> |  |             |
| D4273                           | Subepithelial connective tissue graft, per tooth | \$ 425.00   |
| D4274                           | Distal/proximal wedge procedure                  | \$ 120.00   |
| D4275                           | Soft tissue allograft                            | \$ 460.00   |
| D4320                           | Provisional splinting - intracoronal             | \$ 80.00    |
| D4321                           | Provisional splinting - extracoronal             | \$ 80.00    |

**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.  | \$ 45.00 |
| D4342 | Periodontal scaling & root planing, 1-3 teeth/quad. | \$ 23.00 |
| D4355 | Full mouth debridement                              | \$ 35.00 |
| D4381 | Localized delivery of antimicrobial agent/per tooth | \$ 25.00 |
| D4910 | Periodontal maintenance                             | \$ 45.00 |
| D4920 | Unscheduled dressing change/non-treating dentist    | \$ 10.00 |

**Prosthodontics – removable**

|       |   |           |
|-------|---|-----------|
| D5110 | Complete denture, maxillary                         | \$ 250.00 |
| D5120 | Complete denture, mandibular                        | \$ 250.00 |
| D5130 | Immediate denture, maxillary                        | \$ 250.00 |
| D5140 | Immediate denture, mandibular                       | \$ 250.00 |
| D5211 | Maxillary partial denture, resin base               | \$ 205.00 |
| D5212 | Mandibular partial denture, resin base              | \$ 205.00 |
| D5213 | Maxillary partial denture, cast metal/resin base    | \$ 235.00 |
| D5214 | Mandibular partial denture, cast metal/resin base   | \$ 235.00 |
| D5225 | Maxillary partial denture, flexible base            | \$ 235.00 |
| D5226 | Mandibular partial denture, flexible base           | \$ 235.00 |
| D5281 | Removable unilateral partial denture, 1 pc. cast    | \$ 225.00 |
| D5410 | Adjust complete denture, maxillary                  | \$ 14.00  |
| D5411 | Adjust complete denture, mandibular                 | \$ 14.00  |
| D5421 | Adjust partial denture, maxillary                   | \$ 14.00  |
| D5422 | Adjust partial denture, mandibular                  | \$ 14.00  |
| D5510 | Repair broken complete denture base                 | \$ 30.00  |
| D5520 | Replace missing/broken teeth, complete denture      | \$ 27.00  |
| D5610 | Repair resin denture base                           | \$ 30.00  |
| D5620 | Repair cast framework                               | \$ 40.00  |
| D5630 | Repair or replace broken clasp                      | \$ 25.00  |
| D5640 | Replace broken teeth, per tooth                     | \$ 25.00  |
| D5650 | Add tooth to existing partial denture               | \$ 25.00  |
| D5660 | Add clasp to existing partial denture               | \$ 25.00  |
| D5670 | Replace all teeth & acrylic/cast metal frame, max.  | \$ 130.00 |
| D5671 | Replace all teeth & acrylic/cast metal frame, mand. | \$ 130.00 |
| D5710 | Rebase complete maxillary denture                   | \$ 144.00 |
| D5711 | Rebase complete mandibular denture                  | \$ 144.00 |
| D5720 | Rebase maxillary partial denture                    | \$ 144.00 |
| D5721 | Rebase mandibular partial denture                   | \$ 144.00 |
| D5730 | Reline complete maxillary denture, chairside        | \$ 25.00  |
| D5731 | Reline complete mandibular denture, chairside       | \$ 25.00  |
| D5740 | Reline maxillary partial denture, chairside         | \$ 25.00  |
| D5741 | Reline mandibular partial denture, chairside        | \$ 25.00  |
| D5750 | Reline complete maxillary denture, laboratory       | \$ 75.00  |
| D5751 | Reline complete mandibular denture, laboratory      | \$ 75.00  |
| D5760 | Reline maxillary partial denture, laboratory        | \$ 75.00  |
| D5761 | Reline mandibular partial denture, laboratory       | \$ 75.00  |
| D5810 | Interim complete denture, maxillary                 | \$ 130.00 |
| D5811 | Interim complete denture, mandibular                | \$ 130.00 |
| D5820 | Interim partial denture, maxillary                  | \$ 90.00  |
| D5821 | Interim partial denture, mandibular                 | \$ 90.00  |
| D5850 | Tissue conditioning, maxillary                      | \$ 22.00  |
| D5851 | Tissue conditioning, mandibular                     | \$ 22.00  |

**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 | \$2,000.00 |
| D6056 | Prefabricated abutment, includes placement    | \$ 210.00  |
| D6058 | Abutment supported porcelain/ceramic crown    | \$1,110.00 |
| D6059 | Abutment supported porcelain/high noble crown | \$1,096.00 |

| ADA Code                            | Procedure  | Member pays |
|-------------------------------------|--|-------------|
| <b>Implant services (continued)</b> |  |             |
| D6060                               | Abutment supported porcelain/base metal crown        | \$1,035.00  |
| D6061                               | Abutment supported porcelain/noble metal crown       | \$1,056.00  |
| D6062                               | Abutment supported cast metal crown, high noble      | \$1,003.00  |
| 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            | \$1,040.00  |
| D6066                               | Implant supported porcelain/metal crown              | \$1,013.00  |
| D6067                               | Implant supported metal crown                        | \$ 984.00   |
| D6068                               | Abutment supported retainer, porcelain/ceramic FPD   | \$1,110.00  |
| D6069                               | Abutment supported retainer, metal FPD, high noble   | \$1,096.00  |
| D6070                               | Abut. support. retainer, porc./metal FPD, base metal | \$1,035.00  |
| D6071                               | Abut. support. retainer, porc./metal FPD, noble      | \$1,056.00  |
| D6072                               | Abut. support. retainer, cast metal FPD, high noble  | \$1,028.00  |
| D6073                               | Abut. support. retainer, cast metal FPD, base metal  | \$ 930.00   |
| D6074                               | Abut. support. retainer, cast metal FPD, noble       | \$1,005.00  |
| D6194                               | Abut. supported retainer crown, FPD, titanium        | \$ 670.00   |
| D6075                               | Implant supported retainer for ceramic FPD           | \$1,092.00  |
| D6076                               | Implant supported retainer for porc./metal FPD       | \$1,064.00  |
| D6077                               | Implant supported retainer for cast metal FPD        | \$ 984.00   |
| D6092                               | Recement implant/abutment supported crown            | \$ 45.00    |
| D6093                               | Recement implant/abutment supported FPD              | \$ 65.00    |

### Prosthetics - fixed

#### \* GUIDELINES for Pontics and Abutment Inlays, Onlays and 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.

- Brand name restorations** (e.g. Sunrise, Captex, Vitadur-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) may be considered elective upgraded procedures if their related CDT procedure codes are not listed as covered benefits.
- 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/ceramic crowns are not covered benefits on molar teeth. Any resin to metal or porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.
- Base metal is the benefit.** If elected, the member may be charged additional lab costs for a) noble metal, b) high noble metal, or c) titanium.

|       |   |            |
|-------|---|------------|
| D6205 | Pontic, indirect resin based composite              | \$ 150.00* |
| D6210 | Pontic, cast high noble metal                       | \$ 185.00* |
| D6211 | Pontic, cast predominantly base metal               | \$ 175.00  |
| D6212 | Pontic, cast noble metal                            | \$ 175.00* |
| D6214 | Pontic, titanium                                    | \$ 175.00* |
| D6240 | Pontic, porcelain fused to high noble metal         | \$ 185.00* |
| D6241 | Pontic, porcelain fused to predominantly base metal | \$ 185.00* |
| D6242 | Pontic, porcelain fused to noble metal              | \$ 185.00* |
| D6245 | Pontic, porcelain/ceramic                           | \$ 175.00* |
| D6250 | Pontic, resin with high noble metal                 | \$ 175.00* |
| D6251 | Pontic, resin with predominantly base metal         | \$ 175.00* |
| D6252 | Pontic, resin with noble metal                      | \$ 175.00* |
| D6253 | Provisional pontic                                  | \$ 120.00  |
| D6545 | Retainer, cast metal for resin bonded fixed prosth. | \$ 110.00* |
| D6548 | Retainer, proc./ceramic, resin bonded fixed prosth. | \$ 90.00   |
| D6600 | Inlay, porcelain/ceramic, 2 surfaces                | \$ 160.00* |
| D6601 | Inlay, porcelain/ceramic, 3 or more surfaces        | \$ 165.00* |
| D6602 | Inlay, cast high noble metal, 2 surfaces            | \$ 150.00* |
| D6603 | Inlay, cast high noble metal, 3 or more surfaces    | \$ 160.00* |
| D6604 | Inlay, cast base metal, 2 surfaces                  | \$ 150.00  |
| D6605 | Inlay, cast base metal, 3 or more surfaces          | \$ 160.00  |
| D6606 | Inlay, cast noble metal, 2 surfaces                 | \$ 150.00* |
| D6607 | Inlay, cast noble metal, 3 or more surfaces         | \$ 165.00* |
| D6624 | Inlay, Titanium                                     | \$ 165.00  |
| D6608 | Onlay, porcelain/ceramic, 2 surfaces                | \$ 175.00* |
| D6609 | Onlay, porcelain/ceramic, 3 or more surfaces        | \$ 180.00* |
| D6610 | Onlay, cast high noble metal, 2 surfaces            | \$ 175.00* |
| D6611 | Onlay, cast high noble metal, 3 or more surfaces    | \$ 175.00* |
| D6612 | Onlay, cast base metal, 2 surfaces                  | \$ 160.00  |
| D6613 | Onlay, cast base metal, 3 or more surfaces          | \$ 170.00  |
| D6614 | Onlay, cast noble metal, 2 surfaces                 | \$ 160.00* |
| D6615 | Onlay, cast noble metal 3 or more surfaces          | \$ 165.00* |

| ADA Code                                  | Procedure  | Member pays |
|---|--|-------------|
| <b>Prosthodontics - fixed (continued)</b> |  |             |
| D6634                                     | Onlay, titanium  | \$ 170.00*  |
| D6710                                     | Crown, indirect resin based composite                    | \$ 150.00*  |
| D6720                                     | Crown, resin with high noble metal                       | \$ 175.00*  |
| D6721                                     | Crown, resin with predominantly base metal               | \$ 175.00*  |
| D6722                                     | Crown, resin with noble metal                            | \$ 175.00*  |
| D6740                                     | Crown, porcelain/ceramic                                 | \$ 175.00*  |
| D6750                                     | Crown, porcelain fused to high noble metal               | \$ 185.00*  |
| D6751                                     | Crown, porcelain fused to predominantly base metal       | \$ 185.00*  |
| D6752                                     | Crown, porcelain fused to noble metal                    | \$ 185.00*  |
| D6780                                     | Crown, 3/4 cast high noble metal                         | \$ 185.00*  |
| D6781                                     | Crown, 3/4 cast predominantly base metal                 | \$ 190.00   |
| D6782                                     | Crown, 3/4 cast noble metal                              | \$ 190.00*  |
| D6783                                     | Crown, 3/4 porcelain/ceramic                             | \$ 195.00*  |
| D6790                                     | Crown, full cast high noble metal                        | \$ 175.00*  |
| D6791                                     | Crown, full cast predominantly base metal                | \$ 175.00   |
| D6792                                     | Crown, full cast noble metal                             | \$ 175.00*  |
| D6793                                     | Provisional retainer crown                               | \$ 75.00    |
| D6794                                     | Crown, titanium  | \$ 175.00*  |
| D6930                                     | Recement fixed partial denture                           | \$ 17.00    |
| D6940                                     | Stress breaker   | \$ 21.00    |
| D6970                                     | Post & core in addition to FPD retainer, indirect        | \$ 50.00*   |
| D6972                                     | Prefabricated post & core in add. to FPD retainer        | \$ 50.00    |
| D6973                                     | Core buildup for retainer, including any pins            | \$ 50.00    |
| D6976                                     | Each additional indirectly fabricated post/same tooth    | \$ 55.00*   |
| D6977                                     | Each additional prefabricated post, same tooth           | \$ 55.00    |
| D6980                                     | Fixed partial denture repair, by report                  | \$ 30.00    |
| <b>Oral and maxillofacial surgery</b>     |  |             |
| D7111                                     | Extraction, coronal remnants, deciduous tooth            | \$ 5.00     |
| D7140                                     | Extraction, erupted tooth or exposed root                | \$ 15.00    |
| D7210                                     | Surgical removal of erupted tooth                        | \$ 35.00    |
| D7220                                     | Removal of impacted tooth, soft tissue                   | \$ 115.00   |
| D7230                                     | Removal of impacted tooth, partially bony                | \$ 145.00   |
| D7240                                     | Removal of impacted tooth, completely bony               | \$ 175.00   |
| D7241                                     | Removal impacted tooth, complete bony, complication      | \$ 195.00   |
| D7250                                     | Surgical removal residual tooth roots, cutting proc.     | \$ 50.00    |
| D7261                                     | Primary closure of a sinus perforation                   | \$ 170.00   |
| D7270                                     | Tooth reimplantation/stabilization, accident             | \$ 95.00    |
| D7280                                     | Surgical access of an unerupted tooth                    | \$ 140.00   |
| D7282                                     | Mobilization of erupted/malpositioned tooth              | \$ 55.00    |
| D7283                                     | Placement, device to facilitate eruption, impaction      | \$ 55.00    |
| D7285                                     | Biopsy of oral tissue, hard (bone, tooth)                | \$ 25.00    |
| D7286                                     | Biopsy of oral tissue, soft                              | \$ 25.00    |
| D7287                                     | Exfoliative cytological sample collection                | \$ 30.00    |
| D7288                                     | Brush biopsy, transepithelial sample collection          | \$ 30.00    |
| D7310                                     | Alveoloplasty with extractions, 4+ teeth, quadrant       | \$ 70.00    |
| D7311                                     | Alveoloplasty with extractions, 1-3 teeth, quadrant      | \$ 60.00    |
| D7320                                     | Alveoloplasty, w/o extractions, 4+ teeth, quadrant       | \$ 70.00    |
| D7321                                     | Alveoloplasty, w/o extractions, 1-3 teeth, quadrant      | \$ 70.00    |
| D7340                                     | Vestibuloplasty, ridge extension (2nd epithelialization) | \$ 70.00    |
| D7350                                     | Vestibuloplasty, ridge extension                         | \$ 100.00   |
| D7450                                     | Removal, benign odontogenic cyst/tumor, up to 1.25       | \$ 80.00    |
| D7451                                     | Removal, benign odontogenic cyst/tumor, over 1.25        | \$ 160.00   |
| D7460                                     | Removal, benign nonodontogenic cyst/tumor, to 1.25       | \$ 90.00    |
| D7461                                     | Removal, benign nonodontogenic cyst/tumor, 1.25+         | \$ 125.00   |
| D7471                                     | Removal of lateral exostosis, maxilla or mandible        | \$ 100.00   |
| D7472                                     | Removal of torus palatinus                               | \$ 75.00    |
| D7473                                     | Removal of torus mandibularis                            | \$ 75.00    |
| D7485                                     | Surgical reduction of osseous tuberosity                 | \$ 60.00    |
| D7510                                     | Incision & drainage of abscess, intraoral soft tissue    | \$ 15.00    |
| D7511                                     | Incision/drainage, abscess, intraoral soft, complicated  | \$ 25.00    |
| D7520                                     | Incision & drainage, abscess, extraoral soft tissue      | \$ 15.00    |
| D7521                                     | Incision/drainage, abscess, extraoral soft, complicate   | \$ 20.00    |
| D7530                                     | Remove foreign body, mucosa, skin, tissue                | \$ 18.00    |
| D7560                                     | Maxillary sinusotomy, remove th. frag./foreign body      | \$ 45.00    |
| D7960                                     | Frenulectomy (frenectomy or frenotomy), sep. proc.       | \$ 25.00    |
| D7963                                     | Frenuloplasty  | \$ 25.00    |
| D7970                                     | Excision of hyperplastic tissue, per arch                | \$ 55.00    |
| D7971                                     | Excision of pericoronal gingival                         | \$ 45.00    |

| ADA Code                           | Procedure  | Member pays |
|------------------------------------|--|-------------|
| <b>Adjunctive general services</b> |  |             |
| D9110                              | Palliative (emergency) treatment, minor procedure    | \$ 20.00    |
| D9120                              | Fixed partial denture sectioning                     | \$ 5.00     |
| D9210                              | Local anesthesia not with operative/surgical proced. | 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 is contraindicated. General anesthesia, as used for dental pain control, means the elimination of all sensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of themselves sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analgesia.

|       |   |             |
|-------|---|-------------|
| D9220 | Deep sedation/general anesthesia, 1st 30 minutes        | \$ 215.00** |
| D9221 | Deep sedation/general anesthesia, each add. 15 min.     | \$ 125.00** |
| D9230 | Inhalation of nitrous oxide/analgesia, anxietylysis     | \$ 40.00    |
| D9241 | Intravenous conscious sedation/analgesia, 1st 30 min.   | \$ 205.00** |
| D9242 | IV conscious sedation/analgesia, each add. 15 min.      | \$ 100.00** |
| D9248 | Non-intravenous conscious sedation                      | \$ 100.00   |
| D9310 | Consultation, other than requesting dentist             | \$ 50.00    |
| D9430 | Office visit, observation, regular hrs., no other serv. | no charge   |
| D9440 | Office visit, after regularly scheduled hours           | \$ 35.00    |
| D9450 | Case presentation, detailed & extensive treatment       | no charge   |
| D9630 | Other drugs and/or medicaments, by report               | \$ 25.00    |
| D9910 | Application of desensitizing medicament                 | \$ 5.00     |
| D9911 | Application of desensitizing resin, per tooth           | \$ 5.00     |
| D9930 | Treatment of complications, post surgical, unusual      | \$ 10.00    |
| D9940 | Occlusal guard, by report                               | \$ 130.00   |
| D9942 | Repair and/or relines of occlusal guard                 | \$ 55.00    |
| D9950 | Occlusion analysis, mounted case                        | no charge   |
| D9951 | Occlusal adjustment, limited                            | \$ 15.00    |
| D9952 | Occlusal adjustment, complete                           | \$ 30.00    |
| D9971 | Odontoplasty 1-2 teeth                                  | \$ 10.00    |
| D9972 | External bleaching – per arch                           | \$ 210.00   |
|       | Broken appointment, less than 24 hour notice            | \$ 20.00    |
|       | Office visit, per visit                                 | no charge   |

**Orthodontic Services**

|       |  |            |
|-------|--|------------|
| D0340 | Cephalometric x-ray and tracings for orthodontic puposes                                 | \$ 100.00  |
| D0470 | Diagnostic casts for orthodontic puposes   | \$ 75.00   |
| D9310 | Initial consultation for orthodontic puposes   | \$ 0.00    |
| D8010 | Limited orthodontic treatment of the primary dentition                                   | \$1,300.00 |
| D8020 | Limited orthodontic treatment of the transitional dentition                              | \$1,300.00 |
| D8030 | Limited orthodontic treatment of the adolescent dentition                                | \$1,300.00 |
| D8040 | Limited orthodontic treatment of the adult dentition                                     | \$1,300.00 |
| D8050 | Interceptive orthodontic treatment of the primary dentition                              | \$ 500.00  |
| D8060 | Interceptive orthodontic treatment of the transitional dentition                         | \$ 500.00  |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition                        | \$1,550.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition                          | \$1,550.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition                               | \$1,695.00 |
| D8210 | Removable appliance therapy  | \$ 350.00  |
| D8220 | Fixed appliance therapy  | \$ 350.00  |
| D8660 | Pre-orthodontic treatment visits   | \$ 0.00    |
| D8670 | Periodic orthodontic visits (as part of contract)  | \$ 0.00    |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$ 250.00  |
|       | Broken appointment (less than 24 hour notice)  | \$ 20.00   |

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. When you receive services from a Dental Specialist utilizing the proper referral process, the Member Co-Payments listed in this Copayment Schedule will apply.

## Limitations

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1. Prophylaxis are covered once every six consecutive months. Additional prophylaxis are available at the listed member co-payment amount;
2. Full Mouth X-rays are limited to once every 36 consecutive months;
3. Fluoride Treatments are covered once every 6 consecutive months. Additional fluoride treatments, up to the 18th birth date, are available at the listed member co-payment amount;
4. Sealants are covered only on the first and second permanent molars and up to the 14th birth date;
5. Crowns, Jackets, Inlays and Onlays are benefits on the same tooth only once every five years, and consistent with professionally recognized standards of dental practice;
6. Replacement of existing Full and Partial Dentures are covered once per arch every 5 years, except when they cannot be made functional through relines or repairs;
7. Denture Relines are covered twice per year, and only when consistent with professionally recognized standards of dental practice;
8. Any routine dental services performed by a Primary Care Dentist or Specialist in an inpatient/outpatient hospital setting, under certain circumstances, will be considered for coverage.

## Exclusions:

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1. Any procedure not specifically listed as a Covered Benefit;
2. Replacement of lost or stolen prosthetics or appliances including crowns, bridges, partial dentures, full dentures, and orthodontic appliances;
3. Any treatment requested, or appliances made, which are either not necessary for maintaining or improving dental health, or are for cosmetic purposes unless otherwise covered as a benefit;
4. Procedures considered experimental, treatment involving implants or pharmacological regimens other than listed as Covered Benefit (See "Independent Medical Review" in the Group Evidence of Coverage and Disclosure Form);
5. Oral surgery requiring the setting of bone fractures or bone dislocations;
6. Hospitalization;
7. Out-patient services;
8. Ambulance services;
9. Durable Medical Equipment;
10. Mental Health services;
11. Chemical Dependency services;
12. Home Health services;
13. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than listed as Covered Benefit;
14. Treatment started before the member was eligible, or after the member was no longer eligible
15. Procedures, appliances, or restorations to correct congenital, developmental or medically induced dental disorder, including but not limited to: myofunctional(e.g. speech therapy), myoskeletal, or temporomandibular joint dysfunctions (e.g. adjustments/corrections to the facial bones) unless otherwise covered as an orthodontic benefit;
16. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice;
17. Treatment of malignancies, cysts, or neoplasms;
18. Orthodontic treatment started prior to member's effective date of coverage;
19. Appliances needed to increase vertical dimension or restore occlusion;
20. Any services performed outside of your assigned dental office, unless expressly authorized by Liberty Dental Plan, or unless as outlined and covered in "Emergency Dental Care" section.

## Orthodontic Exclusions:

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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

**HUMANA**<sup>®</sup>

Underwritten by LIBERTY Dental Plan of California, Inc.

This disclosure is only a summary of the dental plan. The dental plan contract and evidence of coverage must be consulted to determine the exact terms and conditions of coverage. A specimen copy of the contract and evidence of coverage is available on request for examination at the administrative office of LIBERTY Dental Plan of California, Inc..