

**LIBERTY Dental Plan of Nevada, Inc.
Mirage Select Plan**



IN-NETWORK PROVIDER: LIBERTY Dental Plan contracted Select Dental Provider (Nevada)
IN-NETWORK ANNUAL DEDUCTIBLE: None
IN-NETWORK ANNUAL PLAN PAY MAXIMUM: Unlimited

OUT-OF-NETWORK PROVIDER: Any licensed dentist
OUT-OF-NETWORK ANNUAL DEDUCTIBLE: \$50 (Not waived for any service)
OUT-OF-NETWORK ANNUAL PLAN PAY MAXIMUM: \$1,000

The Plan offers you a choice of where you receive your dental care. When you choose to receive your care from an In-Network LIBERTY Dental Plan contracted Select Dental provider, your costs will be limited by the amount identified in the first column (In-Network Member Copay). If you wish to receive care from an Out-of-Network provider, the second column (Out-of-Network Plan Pays) identifies the amount LIBERTY Dental Plan will pay for services and you will be responsible to pay any amount over the Plan Pays amount. You must meet an annual deductible amount before the Plan pays and an annual maximum amount payable by the Plan applies only when care is provided by an Out-of-Network provider.

ADA Code	Description of Services	In-Network Member Pays	Out-of-Network Plan Pays
Diagnostic Services			
D0120	Periodic oral evaluation	\$0	\$23
D0140	Limited oral evaluation	\$0	\$37
D0145	Oral evaluation under age 3	\$0	\$37
D0150	Comprehensive oral evaluation	\$0	\$36
D0160	Oral evaluation, problem focused	\$0	\$23
D0170	Re-evaluation, limited, problem focused	\$0	\$27
D0171	Re-evaluation, post operative office visit	\$0	\$37
D0180	Comprehensive periodontal evaluation	\$0	\$36
D0210	Intraoral, comprehensive series of radiographic images	\$0	\$63
D0220	Intraoral, periapical, first radiographic image	\$0	\$13
D0230	Intraoral, periapical, each add 'l' radiographic image	\$0	\$9
D0240	Intraoral, occlusal radiographic image	\$0	\$15
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	\$0	\$25
D0251	Extra-oral posterior dental radiographic image	\$0	\$13
D0270	Bitewing, single radiographic image	\$0	\$13
D0272	Bitewings, two radiographic images	\$0	\$16
D0273	Bitewings, three radiographic images	\$0	\$19
D0274	Bitewings, four radiographic images	\$0	\$25
D0277	Vertical bitewings, 7 to 8 radiographic images	\$0	\$32
D0330	Panoramic radiographic image	\$0	\$45
D0372	Intraoral tomosynthesis, comprehensive series of radiographic images	\$0	\$63
D0373	Intraoral tomosynthesis, bitewing radiographic image	\$0	\$13
D0374	Intraoral tomosynthesis, periapical radiographic image	\$0	\$13
D0387	Intraoral tomosynthesis, comprehensive series, radiographic images, image capture only	\$0	\$63
D0388	Intraoral tomosynthesis, bitewing radiographic image, image capture only	\$0	\$13
D0389	Intraoral tomosynthesis, periapical radiographic image, image capture only	\$0	\$13
D0414	Laboratory process of microbial specimen, culture, sensitivity, prep, report	\$0	\$25
D0415	Collection of microorganisms for culture	\$0	\$25
D0425	Caries susceptibility tests	\$0	\$18
D0460	Pulp vitality tests	\$0	\$14
D0470	Diagnostic casts	\$0	\$25
D0472	Accession of tissue, gross exam, prep & report	\$0	\$27
D0473	Accession of tissue, gross/micro. exam, prep, report	\$0	\$55
D0474	Accession of tissue, gross/micro. exam, report	\$0	\$66
D0701	Panoramic radiographic image, image capture only	\$0	\$45
D0705	Extra-oral posterior dental radiographic image, image capture only	\$0	\$13
D0706	Intraoral, occlusal radiographic image, image capture only	\$0	\$15
D0707	Intraoral, periapical radiographic image, image capture only	\$0	\$9
D0708	Intraoral, bitewing radiographic image, image capture only	\$0	\$13
D0709	Intraoral, comprehensive series of radiographic images, image capture only	\$0	\$63
Preventive Services			
D1110	Prophylaxis, adult	\$0	\$48
D1110	Prophylaxis, adult (additional prophylaxis)	\$45	\$0
D1120	Prophylaxis, child	\$0	\$32
D1120	Prophylaxis, child (additional prophylaxis)	\$35	\$0
D1206	Topical application of fluoride varnish	\$0	\$18
D1208	Topical application of fluoride, excluding varnish	\$0	\$16
D1208	Topical application of fluoride, excluding varnish	\$10	\$0
D1310	Nutritional counseling for control of dental disease	\$0	\$0
D1320	Tobacco counseling, control/prevention oral disease	\$0	\$0
D1321	Counseling for the control and prevention of adverse oral, behavioral, health effects associated with high-risk substance use	\$0	\$0
D1330	Oral hygiene instruction	\$0	\$0
D1351	Sealant, per tooth	\$0	\$0
D1352	Preventive resin restoration, permanent tooth	\$0	\$0

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Preventive Services (continued)			
D1353	Sealant repair, per tooth	\$0	\$0
D1354	Application of caries arresting medicament, per tooth	\$0	\$0
D1510	Space maintainer, fixed, unilateral, per quadrant	\$0	\$84
D1516	Space maintainer, fixed, bilateral, maxillary	\$0	\$110
D1517	Space maintainer, fixed, bilateral, mandibular	\$0	\$110
D1520	Space maintainer, removable, unilateral, per quadrant	\$0	\$104
D1526	Space maintainer, removable, bilateral, maxillary	\$0	\$141
D1527	Space maintainer, removable, bilateral, mandibular	\$0	\$141
D1551	Re-cement or re-bond bilateral space maintainer, maxillary	\$0	\$18
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	\$0	\$18
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant	\$0	\$18
D1556	Removal of fixed unilateral space maintainer, per quadrant	\$0	\$18
D1557	Removal of fixed bilateral space maintainer, maxillary	\$0	\$18
D1558	Removal of fixed bilateral space maintainer, mandibular	\$0	\$18
D1575	Distal shoe space maintainer, fixed, per quadrant	\$0	\$84
Restorative Services			
D2140	Amalgam, one surface, primary or permanent	\$0	\$46
D2150	Amalgam, two surfaces, primary or permanent	\$0	\$59
D2160	Amalgam, three surfaces, primary or permanent	\$0	\$71
D2161	Amalgam, four or more surfaces, primary or permanent	\$0	\$86
D2330	Resin-based composite, one surface, anterior	\$0	\$54
D2331	Resin-based composite, two surfaces, anterior	\$0	\$69
D2332	Resin-based composite, three surfaces, anterior	\$0	\$77
D2335	Resin-based composite, four or more surfaces, involving incisal angle	\$0	\$88
D2390	Resin-based composite crown, anterior	\$0	\$0
D2391	Resin-based composite, one surface, posterior	\$30	\$20
D2392	Resin-based composite, two surfaces, posterior	\$34	\$34
D2393	Resin-based composite, three surfaces, posterior	\$40	\$41
D2394	Resin-based composite, four or more surfaces, posterior	\$59	\$36
Guideline: Porcelain/ceramic inlays and onlays and resin-based composite inlays and onlays are not covered benefits on molar teeth.			
D2510	Inlay, metallic, one surface	\$0	\$201
D2520	Inlay, metallic, two surfaces	\$0	\$228
D2530	Inlay, metallic, three or more surfaces	\$0	\$263
D2542	Onlay, metallic, two surfaces	\$0	\$237
D2543	Onlay, metallic, three surfaces	\$0	\$249
D2544	Onlay, metallic, four or more surfaces	\$0	\$266
D2610	Inlay, porcelain/ceramic, one surface	\$0	\$213
D2620	Inlay, porcelain/ceramic, two surfaces	\$0	\$225
D2630	Inlay, porcelain/ceramic, three or more surfaces	\$0	\$240
D2642	Onlay, porcelain/ceramic, two surfaces	\$0	\$258
D2643	Onlay, porcelain/ceramic, three surfaces	\$0	\$279
D2644	Onlay, porcelain/ceramic, four or more surfaces	\$0	\$296
D2650	Inlay, resin-based composite, one surface	\$0	\$140
D2651	Inlay, resin-based composite, two surfaces	\$0	\$167
D2652	Inlay, resin-based composite, three or more surfaces	\$0	\$176
D2662	Onlay, resin-based composite, two surfaces	\$0	\$152
D2663	Onlay, resin-based composite, three surfaces	\$0	\$179
D2664	Onlay, resin-based composite, four or more surfaces	\$0	\$192
Guideline: Restorations using "brand name" materials (e.g., Sunrise, Captek, Vitadur-N, Hi-Ceram, Optec HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) are considered to be optional upgraded treatment. The provider is required to explain the covered benefit, the difference in materials and cost differential to the member prior to providing a "brand name" restoration.			
D2710	Crown, resin-based composite (indirect)	\$40	\$190
D2712	Crown, ¾ resin-based composite (indirect)	\$40	\$226
D2720	Crown, resin with high noble metal	\$40	\$325
D2721	Crown, resin with predominantly base metal	\$40	\$276
D2722	Crown, resin with noble metal	\$40	\$301
D2740	Crown, porcelain/ceramic	\$40	\$344
D2750	Crown, porcelain fused to high noble metal	\$40	\$367
D2751	Crown, porcelain fused to predominantly base metal	\$40	\$345
D2752	Crown, porcelain fused to noble metal	\$40	\$352
D2753	Crown, porcelain fused to titanium and titanium alloys	\$40	\$367
D2780	Crown, ¾ cast high noble metal	\$40	\$354
D2781	Crown, ¾ cast predominantly base metal	\$40	\$336
D2782	Crown, ¾ cast noble metal	\$40	\$329
D2783	Crown, ¾ porcelain/ceramic	\$40	\$345

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ADA Code	Description of Services	In-Network Member Pays	Out-of-Network Plan Pays
	Restorative Services (continued)		
D2790	Crown, full cast high noble metal	\$40	\$339
D2791	Crown, full cast predominantly base metal	\$40	\$324
D2792	Crown, full cast noble metal	\$40	\$329
D2794	Crown, titanium and titanium alloys	\$40	\$347
D2799	Interim crown	\$0	\$108
<i>Guideline: Resin-based composite crowns, resin-based composite 3/4 crowns, porcelain/ceramic crowns, and porcelain/ceramic 3/4 crowns are not covered benefits on molar teeth. Restorations using "brand name" materials (e.g., Sunrise, Captek, Vitadur-N, Hi-Ceram, Optec HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) are considered to be optional upgraded treatment. The provider is required to explain the covered benefit, the difference in materials and cost differential to the member prior to providing a "brand name" restoration.</i>			
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	\$0	\$23
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	\$0	\$23
D2920	Re-cement or re-bond crown	\$0	\$24
D2928	Prefabricated porcelain/ceramic crown, permanent tooth	\$0	\$65
D2930	Prefabricated stainless steel crown, primary tooth	\$0	\$65
D2931	Prefabricated stainless steel crown, permanent tooth	\$0	\$81
D2932	Prefabricated resin crown	\$0	\$72
D2933	Prefabricated stainless steel crown with resin window	\$0	\$88
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth	\$0	\$72
D2940	Protective restoration	\$0	\$27
D2950	Core buildup, including any pins when required	\$0	\$70
D2951	Pin retention, per tooth, in addition to restoration	\$0	\$14
D2952	Post and core in addition to crown, indirectly fabricated	\$0	\$104
D2953	Each additional indirectly fabricated post, same tooth	\$0	\$36
D2954	Prefabricated post and core in addition to crown	\$0	\$81
D2955	Post removal	\$0	\$45
D2957	Each additional prefabricated post, same tooth	\$0	\$36
D2960	Labial veneer (resin laminate), direct	\$200	\$99
D2961	Labial veneer (resin laminate), indirect	\$325	\$9
D2962	Labial veneer (porcelain laminate), indirect	\$500	\$45
D2971	Additional procedure to customize new crown, existing partial denture frame	\$0	\$28
D2980	Crown repair necessitated by restorative material failure	\$0	\$0
	Endodontic Services		
D3110	Pulp cap, direct (excluding final restoration)	\$0	\$18
D3120	Pulp cap, indirect (excluding final restoration)	\$0	\$16
D3220	Therapeutic pulpotomy (excluding final restoration)	\$0	\$43
D3221	Pulpal debridement, primary and permanent teeth	\$0	\$32
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$0	\$50
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	\$0	\$54
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$40	\$235
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$40	\$283
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$40	\$415
D3331	Treatment of root canal obstruction; non-surgical access	\$0	\$63
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	\$0	\$176
D3333	Internal root repair of perforation defects	\$0	\$56
D3346	Retreatment of previous root canal therapy, anterior	\$40	\$235
D3347	Retreatment of previous root canal therapy, premolar	\$40	\$283
D3348	Retreatment of previous root canal therapy, molar	\$40	\$415
D3351	Apexification/recalcification, initial visit	\$0	\$72
D3352	Apexification/recalcification, interim medication replacement	\$0	\$50
D3353	Apexification/recalcification, final visit	\$0	\$95
D3410	Apicoectomy, anterior	\$0	\$167
D3421	Apicoectomy, premolar (first root)	\$0	\$229
D3425	Apicoectomy, molar (first root)	\$0	\$248
D3426	Apicoectomy, (each additional root)	\$0	\$96
D3430	Retrograde filling, per root	\$0	\$70
D3450	Root amputation, per root	\$0	\$143
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0	\$33
D3920	Hemisection, not including root canal therapy	\$0	\$112
D3950	Canal preparation and fitting of preformed dowel or post	\$0	\$45
	Periodontal Services		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	\$0	\$104
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$0	\$50
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth	\$0	\$0
D4240	Gingival flap procedure, four or more teeth per quadrant	\$0	\$149
D4241	Gingival flap procedure, one to three teeth per quadrant	\$0	\$90

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	Periodontal Services (continued)		
D4245	Apically positioned flap	\$0	\$106
D4249	Clinical crown lengthening, hard tissue	\$0	\$170
D4260	Osseous surgery, four or more teeth per quadrant	\$0	\$315
D4261	Osseous surgery, one to three teeth per quadrant	\$0	\$189
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	\$0	\$76
D4264	Bone replacement graft, retained natural tooth, each additional site	\$0	\$41
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	\$98	\$88
D4270	Pedicle soft tissue graft procedure	\$0	\$220
D4273	Autogenous connective tissue graft procedure, first tooth	\$0	\$143
D4274	Mesial/distal wedge procedure, single tooth	\$0	\$81
D4275	Non-autogenous connective tissue graft, first tooth	\$0	\$143
D4277	Free soft tissue graft, first tooth	\$0	\$225
D4278	Free soft tissue graft, each additional tooth	\$0	\$225
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	\$0	\$143
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	\$0	\$143
D4322	Splint, intra-coronal; natural teeth or prosthetic crowns	\$0	\$81
D4323	Splint, extra-coronal; natural teeth or prosthetic crowns	\$0	\$71
Guideline: No more than two (2) quadrants of periodontal scaling & root planing per appointment/per day are allowable.			
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	\$40	\$22
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$40	\$0
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	\$0	\$32
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$0	\$48
D4381	Localized delivery of antimicrobial agent/per tooth	\$0	\$0
D4910	Periodontal maintenance	\$0	\$38
D4920	Unscheduled dressing change (other than treating dentist or staff)	\$0	\$23
	Removable Prosthodontic Services		
D5110	Complete denture, maxillary	\$40	\$411
D5120	Complete denture, mandibular	\$40	\$411
D5130	Immediate denture, maxillary	\$40	\$438
D5140	Immediate denture, mandibular	\$40	\$438
D5211	Maxillary partial denture, resin base	\$0	\$309
D5212	Mandibular partial denture, resin base	\$0	\$359
D5213	Maxillary partial denture, cast metal, resin base	\$0	\$494
D5214	Mandibular partial denture, cast metal, resin base	\$0	\$494
D5221	Immediate maxillary partial denture, resin base	\$0	\$309
D5222	Immediate mandibular partial denture, resin base	\$0	\$359
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	\$0	\$494
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	\$0	\$494
D5225	Maxillary partial denture, flexible base	\$0	\$398
D5226	Mandibular partial denture, flexible base	\$0	\$451
D5227	Immediate maxillary partial denture, flexible base	\$0	\$398
D5228	Immediate mandibular partial denture, flexible base	\$0	\$451
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	\$0	\$203
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	\$0	\$203
D5284	Removable unilateral partial denture, one piece flexible base, per quadrant	\$0	\$203
D5286	Removable unilateral partial denture, one piece resin, per quadrant	\$0	\$203
D5410	Adjust complete denture, maxillary	\$0	\$32
D5411	Adjust complete denture, mandibular	\$0	\$32
D5421	Adjust partial denture, maxillary	\$0	\$32
D5422	Adjust partial denture, mandibular	\$0	\$32
D5511	Repair broken complete denture base, mandibular	\$0	\$50
D5512	Repair broken complete denture base, maxillary	\$0	\$50
D5520	Replace missing or broken teeth, complete denture	\$0	\$37
D5611	Repair resin partial denture base, mandibular	\$0	\$49
D5612	Repair resin partial denture base, maxillary	\$0	\$49
D5621	Repair cast partial framework, mandibular	\$0	\$52
D5622	Repair cast partial framework, maxillary	\$0	\$52
D5630	Repair or replace broken retentive clasping materials, per tooth	\$0	\$63
D5640	Replace broken teeth, per tooth	\$0	\$41
D5650	Add tooth to existing partial denture	\$0	\$50
D5660	Add clasp to existing partial denture, per tooth	\$0	\$60
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	\$0	\$164
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	\$0	\$164
D5710	Rebase complete maxillary denture	\$0	\$166
D5711	Rebase complete mandibular denture	\$0	\$158

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	Removable Prosthodontic Services (continued)		
D5720	Rebase maxillary partial denture	\$0	\$156
D5721	Rebase mandibular partial denture	\$0	\$156
D5725	Rebase hybrid prosthesis	\$0	\$156
D5730	Reline complete maxillary denture, direct	\$0	\$94
D5731	Reline complete mandibular denture, direct	\$0	\$94
D5740	Reline maxillary partial denture, direct	\$0	\$86
D5741	Reline mandibular partial denture, direct	\$0	\$86
D5750	Reline complete maxillary denture, indirect	\$0	\$124
D5751	Reline complete mandibular denture, indirect	\$0	\$124
D5760	Reline maxillary partial denture, indirect	\$0	\$122
D5761	Reline mandibular partial denture, indirect	\$0	\$122
D5765	Soft liner for complete or partial removable denture, indirect	\$0	\$86
D5810	Interim complete denture, maxillary	\$0	\$182
D5811	Interim complete denture, mandibular	\$0	\$195
D5820	Interim partial denture, maxillary	\$0	\$152
D5821	Interim partial denture, mandibular	\$0	\$162
D5850	Tissue conditioning, maxillary	\$0	\$39
D5851	Tissue conditioning, mandibular	\$0	\$39
	Implant Services		
D6010	Surgical placement of implant body, endosteal	\$2,000	\$481
D6056	Prefabricated abutment, includes modification and placement	\$210	\$141
D6058	Abutment supported porcelain/ceramic crown	\$1,110	\$460
D6059	Abutment supported porcelain fused to high noble crown	\$1,096	\$454
D6060	Abutment supported porcelain fused to base metal crown	\$1,035	\$428
D6061	Abutment supported porcelain fused to noble metal crown	\$1,056	\$437
D6062	Abutment supported cast metal crown, high noble	\$1,003	\$436
D6063	Abutment supported cast metal crown, base metal	\$861	\$374
D6064	Abutment supported cast metal crown, noble metal	\$912	\$396
D6094	Abutment supported crown, titanium, and titanium alloys	\$670	\$360
D6065	Implant supported porcelain/ceramic crown	\$1,040	\$452
D6066	Implant supported crown, porcelain fused to high noble alloys	\$1,013	\$440
D6067	Implant supported crown, high noble alloys	\$984	\$428
D6068	Abutment supported retainer, porcelain/ceramic FPD	\$1,110	\$460
D6069	Abutment supported retainer, metal FPD, high noble	\$1,096	\$454
D6070	Abutment supported retainer, porcelain fused to metal FPD, base metal	\$1,035	\$428
D6071	Abutment supported retainer, porcelain fused to metal FPD, noble	\$1,056	\$437
D6072	Abutment supported retainer, cast metal FPD, high noble	\$1,028	\$446
D6073	Abutment supported retainer, cast metal FPD, base metal	\$930	\$404
D6074	Abutment supported retainer, cast metal FPD, noble	\$1,005	\$436
D6075	Implant supported retainer for ceramic FPD	\$1,092	\$452
D6076	Implant supported retainer for FPD, porcelain fused to high noble alloys	\$1,064	\$440
D6077	Implant supported retainer for metal FPD, high noble alloys	\$984	\$428
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant	\$0	\$48
D6082	Implant supported crown, porcelain fused to predominantly base alloys	\$984	\$428
D6083	Implant supported crown, porcelain fused to noble alloys	\$984	\$428
D6084	Implant supported crown, porcelain fused to titanium and titanium alloys	\$984	\$428
D6085	Interim implant crown	\$0	\$108
D6086	Implant supported crown, predominantly base alloys	\$984	\$428
D6087	Implant supported crown, noble alloys	\$984	\$428
D6088	Implant supported crown, titanium and titanium alloys	\$984	\$428
D6092	Re-cement or re-bond implant/abutment supported crown	\$45	\$35
D6093	Re-cement or re-bond implant/abutment supported FPD	\$65	\$55
D6096	Remove broken implant retaining screw	\$75	\$75
D6097	Abutment supported crown, porcelain fused to titanium and titanium alloys	\$984	\$428
D6098	Implant supported retainer, porcelain fused to predominantly base alloys	\$984	\$428
D6099	Implant supported retainer for FPD, porcelain fused to noble alloys	\$984	\$428
D6106	Guided tissue regeneration, resorbable barrier, per implant	\$98	\$88
D6120	Implant supported retainer, porcelain fused to titanium and titanium alloys	\$984	\$428
D6121	Implant supported retainer for metal FPD, predominantly base alloys	\$984	\$428
D6122	Implant supported retainer for metal FPD, noble alloys	\$984	\$428
D6123	Implant supported retainer for metal FPD, titanium and titanium alloys	\$984	\$428
D6194	Abutment supported retainer crown for FPD titanium, titanium and titanium alloys	\$670	\$371
D6195	Abutment supported retainer, porcelain fused to titanium and titanium alloys	\$984	\$428
D6197	Replacement of restorative material, close access opening of screw-retained implant supported prosthesis, per implant	\$30	\$20

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Fixed Prosthodontic Services			
D6205	Pontic, indirect resin based composite	\$0	\$263
D6210	Pontic, cast high noble metal	\$40	\$316
D6211	Pontic, cast predominantly base metal	\$40	\$299
D6212	Pontic, cast noble metal	\$40	\$293
D6214	Pontic, titanium, and titanium alloys	\$40	\$289
D6240	Pontic, porcelain fused to high noble metal	\$40	\$313
D6241	Pontic, porcelain fused to predominantly base metal	\$40	\$293
D6242	Pontic, porcelain fused to noble metal	\$40	\$307
D6243	Pontic, porcelain fused to titanium and titanium alloys	\$40	\$313
D6245	Pontic, porcelain/ceramic	\$40	\$154
D6250	Pontic, resin with high noble metal	\$40	\$338
D6251	Pontic, resin with predominantly base metal	\$40	\$316
D6252	Pontic, resin with noble metal	\$40	\$325
D6253	Interim pontic	\$0	\$135
<i>Guideline: Resin-based composite pontics and porcelain/ceramic pontics are not covered benefits to replace molar teeth. Restorations using "brand name" materials (e.g., Sunrise, Captek, Vitadur-N, Hi-Ceram, Optec HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.) are considered to be optional upgraded treatment. The provider is required to explain the covered benefit, the difference in materials and cost differential to the member prior to providing a "brand name" restoration.</i>			
D6545	Retainer, cast metal for resin bonded fixed prosthesis	\$0	\$194
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	\$0	\$217
D6549	Resin retainer, for resin bonded fixed prosthesis	\$0	\$217
D6600	Retainer inlay, porcelain/ceramic, two surfaces	\$0	\$264
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	\$0	\$276
D6602	Retainer inlay, cast high noble metal, two surfaces	\$0	\$282
D6603	Retainer inlay, cast high noble metal, three or more surfaces	\$0	\$311
D6604	Retainer inlay, cast base metal, two surfaces	\$0	\$276
D6605	Retainer inlay, cast base metal, three or more surfaces	\$0	\$293
D6606	Retainer inlay, cast noble metal, two surfaces	\$0	\$272
D6607	Retainer inlay, cast noble metal, three or more surfaces	\$0	\$302
D6624	Retainer inlay, titanium	\$0	\$282
D6608	Retainer onlay, porcelain/ceramic, two surfaces	\$0	\$286
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	\$0	\$300
D6610	Retainer onlay, cast high noble metal, two surfaces	\$0	\$304
D6611	Retainer onlay, cast high noble metal, three or more surfaces	\$0	\$332
D6612	Retainer onlay, cast base metal, two surfaces	\$0	\$302
D6613	Retainer onlay, cast base metal, three or more surfaces	\$0	\$316
D6614	Retainer onlay, cast noble metal, two surfaces	\$0	\$296
D6615	Retainer onlay, cast noble metal three or more surfaces	\$0	\$308
D6634	Retainer onlay, titanium	\$0	\$346
<i>Guideline: Porcelain/ceramic inlays and onlays and resin-based composite inlays and onlays are not covered benefits on molar teeth.</i>			
D6710	Retainer crown, indirect resin based composite	\$40	\$217
D6720	Retainer crown, resin with high noble metal	\$40	\$358
D6721	Retainer crown, resin with predominantly base metal	\$40	\$341
D6722	Retainer crown, resin with noble metal	\$40	\$347
D6740	Retainer crown, porcelain/ceramic	\$40	\$373
D6750	Retainer crown, porcelain fused to high noble metal	\$40	\$334
D6751	Retainer crown, porcelain fused to predominantly base metal	\$40	\$315
D6752	Retainer crown, porcelain fused to noble metal	\$40	\$321
D6753	Retainer crown, porcelain fused to titanium and titanium alloys	\$40	\$334
D6780	Retainer crown, ¾ cast high noble metal	\$40	\$347
D6781	Retainer crown, ¾ cast predominantly base metal	\$40	\$347
D6782	Retainer crown, ¾ cast noble metal	\$40	\$325
D6783	Retainer crown, ¾ porcelain/ceramic	\$40	\$355
D6784	Retainer crown ¾, titanium and titanium alloys	\$40	\$347
D6790	Retainer crown, full cast high noble metal	\$40	\$353
D6791	Retainer crown, full cast predominantly base metal	\$40	\$338
D6792	Retainer crown, full cast noble metal	\$40	\$349
D6793	Interim retainer crown	\$0	\$143
D6794	Retainer crown, titanium and titanium alloys	\$40	\$367
D6930	Re-cement or re-bond fixed partial denture	\$0	\$33
D6940	Stress breaker	\$0	\$75
D6980	Fixed partial denture repair, restorative material failure	\$0	\$16
Oral and Maxillofacial Surgery Services			
D7111	Extraction, coronal remnants, primary tooth	\$0	\$28
D7140	Extraction, erupted tooth or exposed root	\$0	\$37
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$40	\$24

**LIBERTY Dental Plan of Nevada, Inc.
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ADA Code	Description of Services	In-Network Member Pays	Out-of-Network Plan Pays
	Oral and Maxillofacial Surgery Services (continued)		
D7220	Removal of impacted tooth, soft tissue	\$40	\$40
D7230	Removal of impacted tooth, partially bony	\$40	\$73
D7240	Removal of impacted tooth, completely bony	\$40	\$118
D7241	Removal impacted tooth, complete bony, complication	\$40	\$136
D7250	Removal of residual tooth roots (cutting procedure)	\$40	\$22
D7261	Primary closure of a sinus perforation	\$0	\$28
D7270	Tooth reimplantation and/or stabilization, accident	\$0	\$41
D7280	Exposure of an unerupted tooth	\$0	\$90
D7282	Mobilization of erupted/malpositioned tooth	\$0	\$36
D7283	Placement, device to facilitate eruption, impaction	\$0	\$14
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$0	\$86
D7286	Incisional biopsy of oral tissue, soft	\$0	\$86
D7287	Exfoliative cytological sample collection	\$0	\$46
D7288	Brush biopsy, transepithelial sample collection	\$0	\$45
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$0	\$61
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$0	\$37
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$0	\$75
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$0	\$45
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	\$0	\$158
D7350	Vestibuloplasty, ridge extension	\$0	\$225
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	\$0	\$172
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	\$0	\$269
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	\$0	\$172
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	\$0	\$276
D7471	Removal of lateral exostosis, maxilla or mandible	\$0	\$177
D7472	Removal of torus palatinus	\$0	\$212
D7473	Removal of torus mandibularis	\$0	\$199
D7485	Reduction of osseous tuberosity	\$0	\$177
D7509	Marsupialization of odontogenic cyst	\$0	\$0
D7510	Incision & drainage of abscess, intraoral soft tissue	\$0	\$59
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	\$0	\$59
D7520	Incision & drainage of abscess, extraoral soft tissue	\$0	\$140
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	\$0	\$144
D7530	Remove foreign body, mucosa, skin, tissue	\$0	\$68
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$0	\$68
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot, stabilization, per site	\$0	\$0
D7953	Bone replacement graft for ridge preservation, per site	\$89	\$79
D7956	Guided tissue regeneration, edentulous area, resorbable barrier, per site	\$98	\$88
D7961	Buccal / labial frenectomy (frenulectomy)	\$0	\$41
D7962	Lingual frenectomy (frenulectomy)	\$0	\$41
D7963	Frenuloplasty	\$0	\$41
D7970	Excision of hyperplastic tissue, per arch	\$0	\$105
D7971	Excision of pericoronal gingiva	\$0	\$37
D7993	Surgical placement of craniofacial implant, extra oral	\$2,000	\$481
D7994	Surgical placement: zygomatic implant	\$2,000	\$481
	Adjunctive General Services		
D9110	Palliative treatment of dental pain, per visit	\$0	\$31
D9120	Fixed partial denture sectioning	\$0	\$23
D9210	Local anesthesia not in conjunction, operative or surgical procedures	\$0	\$6
D9211	Regional block anesthesia	\$0	\$9
D9212	Trigeminal division block anesthesia	\$0	\$18
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0	\$0
Guideline: Deep sedation/general anesthesia and intravenous conscious sedation/analgesia is a covered benefit when in conjunction with covered oral surgery and pedodontic procedures when dispensed in 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 and intravenous conscious sedation/analgesia.			
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	\$0	\$23
D9222	Deep sedation/general anesthesia, first 15 minute increment	\$125	\$0
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	\$125	\$0
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$35	\$0
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	\$125	\$0
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	\$125	\$0
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	\$100	\$0
D9310	Consultation, other than requesting dentist	\$0	\$32

**LIBERTY Dental Plan of Nevada, Inc.
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ADA Code	Description of Services	In-Network Member Pays	Out-of-Network Plan Pays
	Adjunctive General Services (continued)		
D9311	Consultation with a medical health care professional	\$0	\$0
D9430	Office visit, observation, regular hours, no other services	\$0	\$23
D9440	Office visit, after regularly scheduled hours	\$0	\$54
D9450	Case presentation, subsequent, detailed, extensive treatment planning	\$0	\$14
D9630	Drugs or medicaments dispensed in the office for home use	\$0	\$0
D9910	Application of desensitizing medicament	\$0	\$9
D9911	Application of desensitizing resin for cervical, root surface, per tooth	\$0	\$14
D9912	Pre-visit patient screening	\$0	\$0
D9930	Treatment of complications, post surgical, unusual, by report	\$0	\$54
D9942	Repair and/or reline of occlusal guard	\$25	\$29
D9944	Occlusal guard, hard appliance, full arch	\$100	\$0
D9945	Occlusal guard, soft appliance, full arch	\$100	\$0
D9946	Occlusal guard, hard appliance, partial arch	\$100	\$0
D9950	Occlusion analysis, mounted case	\$0	\$55
D9951	Occlusal adjustment, limited	\$0	\$52
D9952	Occlusal adjustment, complete	\$0	\$107
D9971	Odontoplasty, per tooth	\$0	\$27
D9986	Missed appointment	\$0	\$0
D9987	Cancelled appointment	\$0	\$0
D9991	Dental case management, addressing appointment compliance barriers	\$0	\$0
D9992	Dental case management, care coordination	\$0	\$0
D9993	Dental case management, motivational interviewing	\$0	\$0
D9994	Dental case management, patient education to improve oral health literacy	\$0	\$0
D9997	Dental case management, patients with special health care needs	\$0	\$0
	Office visit, per visit	\$0	\$0

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. Any specialty services received without prior authorization from LIBERTY Dental Plan will be covered under the Out-of-Network benefits.

Classification of Metals (Source: ADA Council on Scientific Affairs)*

The noble metal classification system has been adopted as a more precise method of reporting various alloys used in dentistry. The alloys are defined on the basis of the percentage of metal content:

High Noble: Gold (Au), Palladium (change), and/or Platinum (Pt) equal to or more than 60% (with at least 40% gold).

Titanium and titanium alloys: Titanium (Ti) more than 85%.

Noble: Gold (Au), Palladium (Pd), and/or Platinum (Pt) equal to or more than 25%.

Predominantly Base Metal: Gold (Au), Palladium (Pd), and/or Platinum (Pt) less than 25%.

*American Dental Association Code on Dental Procedures and Nomenclature

**LIBERTY Dental Plan of Nevada, Inc.
Mirage Select Plan**



MIRAGE SELECT ORTHODONTIC PLAN

- 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. Orthodontic treatment is not covered Out-of-Network.
Any procedure not listed as a covered benefit is available at the provider's usual and customary fee**

ADA Code	Description of Services	In Network Member Co-Pay
D0340	2D cephalometric radiographic image, measurement and analysis	\$125
D0470	Diagnostic casts	\$75
D9310	Consultation, other than requesting dentist	\$0
Limited Orthodontic Treatment		
D8010	Limited orthodontic treatment of the primary dentition	\$1,000
D8020	Limited orthodontic treatment of the transitional dentition	\$1,000
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,000
D8040	Limited orthodontic treatment of the adult dentition	\$1,000
Comprehensive Orthodontic Treatment (24 Months of Usual and Customary Orthodontic Treatment)		
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,000
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,000
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,000
Minor Treatment to Control Harmful Habits		
D8210	Removable appliance therapy	\$350
D8220	Fixed appliance therapy	\$350
Other Orthodontic Services		
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$0
D8670	Periodic orthodontic treatment visit	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$0
D8698	Re-cement or re-bond fixed retainer, maxillary	\$35
D8699	Re-cement or re-bond fixed retainer, mandibular	\$35
D8703	Replacement of lost or broken retainer, maxillary	\$80
D8704	Replacement of lost or broken retainer, mandibular	\$80
D9986	Missed appointment	\$0
D9987	Cancelled appointment	\$0
ORTHODONTIC EXCLUSIONS		

- Coverage for stolen appliances.
- Extractions for orthodontic purposes only.
- Temporomandibular joint syndrome (TMJ) surgical orthodontics.
- Myofunctional therapy.
- Treatment of cleft palate.
- Treatment of micrognathia.
- Treatment of macroglossia.

**LIBERTY Dental Plan of Nevada, Inc.
Mirage Select Plan**



PLAN LIMITATIONS

1. Prophylaxis or scaling in the presence of inflammation procedures is limited to one (1) treatment each six (6) month period (includes periodontal maintenance procedure following active therapy). Additional prophylaxis is available (In-Network only) at the listed Member Copay.
2. Oral evaluation is limited to two (2) in per twelve (12) month period. Only applies to D0120 (periodic oral evaluation), D0145 (oral evaluation under age 3), D0150 (comprehensive oral evaluation), and D0180 (comprehensive periodontal evaluation).
3. Oral hygiene instruction is limited to one (1) per twenty-four (24) month period.
4. Fluoride treatment is limited to one (1) treatment every six (6) month period. Additional fluoride treatments are available for children (In-Network only) at the listed Member Copay.
5. Inlays, onlays, crowns, full dentures, and fixed bridges may not be replaced within five (5) years from the latest placement.
6. Partial dentures are not to be replaced with five (5) years of the latest placement, unless due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
7. Denture and partial denture relines are limited to one (1) per appliance during any twelve (12) consecutive months.
8. Covered charge for both a temporary and a permanent prosthesis will be limited to the charge for a permanent prosthesis only.
9. Charges for adjustment of a prosthesis will be limited to one (1) in a six (6) month period.
10. Periodontal treatments and periodontal surgery are limited to one (1) time per quadrant/site during any twenty-four (24) consecutive months.
11. Full mouth debridement is limited to one (1) treatment in any thirty-six (36) consecutive month period.
12. Osseous surgery is limited to one (1) treatment in any five (5) year period.
13. Crowns will be covered only if, in the opinion of LIBERTY Dental Plan's Dental Director, there is not enough retentive quality left in the tooth to hold a filling.
14. Bitewing radiographic images are limited to not more than one (1) series in any six (6) month period.
15. Full mouth radiographic images or panoramic radiographic image is limited to one (1) every thirty-six (36) consecutive months.
16. Sealants, sealant repairs and interim caries medicament applications are benefits only for permanent first (1st) and second (2nd) molars with no decay and for dependent children only up to the age of fourteen (14). Sealants, sealant repairs and interim caries medicament applications are limited to once per tooth in any thirty-six (36) consecutive month period.
17. Periodontal scaling and root planing limited to one (1) each quadrant/site in any twenty-four (24) consecutive month period.
18. Guided tissue regeneration is limited to one (1) per tooth per lifetime and only in conjunction with placement of a covered implant.
19. Bone replacement graft for ridge prevention is limited to one (1) per tooth per lifetime and only in conjunction with placement of a covered implant.
20. Scaling and debridement of a single implant limited to one (1) in any twelve (12) consecutive month period.
21. Orthodontic coverage is only available from an In-Network LIBERTY Dental Plan contracted Orthodontist.
22. If LIBERTY Dental Plan determines that more than one (1) procedure could be performed to correct a dental condition, the covered benefit will be the least expensive of the procedures that would provide professionally acceptable results.

PLAN EXCLUSIONS

1. Any procedure not listed on the Benefit Schedule.
2. Dental services for aesthetics only and/or cosmetic dental care unless otherwise listed as a covered benefit.
3. General anesthesia, analgesia, intravenous/intramuscular and inhalation sedations, prescription drugs for anesthesia, and the services of an anesthesiologist unless otherwise listed as a covered benefit.
4. Dental conditions arising out of and due to a Member's employment or which the Member is entitled to Workers' Compensation benefits.
5. Hospital and medical facility charges of any kind.
6. Services of any kind provided in the home.
7. Ambulance services.
8. Durable medical equipment.
9. Mental health services.
10. Chemical dependency services.
11. Treatment started before the member was eligible, or after the member was no longer eligible.
12. Charges from a medical doctor, doctor of osteopathic medicine and/or other medical professional except for dental services otherwise covered herein.
13. Treatment of fractures or dislocations.
14. Replacement of lost or stolen dentures, partial dentures, or other appliances (e.g. crowns, fixed bridges, full and partial dentures).
15. Services which are normally reimbursed by a third party or liability insurance and/or under the medical portion of a group health plan.
16. Procedures, appliances, restorations or other treatment to correct congenital/developmental malformations 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 facial bones) unless otherwise covered as an orthodontic benefit.
17. Treatment and/or removal of: (a) malignancies; (b) cysts or benign tumors not within the scope of usual dental care.
18. Drugs/medications supplied or prescribed by a dentist.
19. Any treatment which, in the opinion of LIBERTY Dental Plan's Dental Director, is not necessary for the Member's dental health.
20. Replacement of an existing denture, partial denture, or fixed bridge which, in the opinion of LIBERTY Dental Plan's Dental Director, is satisfactory or can be made satisfactory.
21. Orthognathic surgery.
22. Implants or any prosthesis attached to or dependent upon an implant unless otherwise listed as a covered benefit.
23. Any experimental, investigational or exotic procedure not approved by the ADA Council on Dental Therapeutics.
24. Treatment to alter vertical dimension or to restore occlusion, unless dentures are involved.
25. Treatment or therapy for Temporomandibular Joint (TMJ) problems including, but not limited to, assessment beyond that customarily provided by a general dentist.
26. Crowns for the primary purpose of splinting, altering, or maintaining vertical dimension or restoring occlusion.

**LIBERTY Dental Plan of Nevada, Inc.
Mirage Select Plan**



PLAN EXCLUSIONS (Continued)

27. Treatment or service which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three (3) years.
28. Treatment or service replacing tooth structure lost from abrasion, attrition, erosion, or abfraction.
29. Expense or charge incurred by a Member confined to an institution of any kind.
30. Cases in which, in the reasonable professional judgment, LIBERTY Dental Plan's Dental Director, a satisfactory result cannot be obtained.
31. Replacement of a long-standing missing tooth/teeth in an otherwise stable dentition.
32. Orthodontic services unless otherwise listed as a covered benefit.
33. Care related to the bite, alignment of teeth, or bite correction unless otherwise listed as a covered benefit.
34. Charges for specialized techniques involving precision attachments, personalization or characterization of a prosthesis.



**LIBERTY Dental Plan of Nevada, Inc.
6385 S. Rainbow Blvd., Suite 200
Las Vegas, NV 89118**

**Member Services
(888) 902-0401
Monday - Friday
www.libertydentalplan.com**