

# SF IHSS EPO

## BENEFIT HIGHLIGHT SHEET



LIBERTY Dental Plan Corporation  
 PO Box 26110 Irvine, CA 92799-6110  
 Member Services: 888.703.6999

		DENTAL EPO PLAN BENEFITS	
<b>CALENDAR YEAR MAXIMUM</b>		\$1,000 per person	
<b>CALENDAR YEAR DEDUCTIBLE:</b> Applies to any service received out-of-network.		\$25 per Calendar Year	
COVERED SERVICES		IN-NETWORK PLAN PAYS	OUT-OF-NETWORK PLAN PAYS <sup>1</sup>
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b> Oral Exams, X-Rays, Cleanings		100%	100%
<b>BASIC SERVICES</b> Sealants, Fillings, Simple Extractions		85%	85%
<b>MAJOR SERVICES*</b> Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Partials and Dentures		80% 12 Month Waiting Period*	80% 12 Month Waiting Period*
<b>ORTHODONTIA SERVICES</b>		Not Covered	Not Covered

### Advantages of Using an In-Network Dentist

**EPO Reimbursement Schedule:** You are free to choose any dentist or treatment, but it is to your advantage to choose a First Dental Health EPO dentist. This is because his or her fees are approved in advance by First Dental Health. First Dental Health EPO providers have agreed to a pre-negotiated amount per covered procedure. The only amount chargeable to the member by an in-network provider is the actual member percentage (based on the Plan) of the pre-negotiated amount, deductibles, non-covered services and any amount over the annual maximum.

Out-of-network providers have no agreement, so the amount chargeable to the member can be any amount over the percentage payable by the Plan. Plan payment is based on the EPO pre-negotiated amount. EPO providers are only available in California, so any claim from a provider outside of California will be paid on the Out-of-Network payment schedule.

#### Why You Save with an In-Network Dentist

In-Network Dentists have agreed to accept a set of reduced fees, plus your coinsurance payment, as payment in full and cannot charge you more.

#### Avoid Balance Billing

Out-of-Network dentists are not contracted with us and can "**balance bill**" you the difference between their usual charges and the maximum amount the plan reimburses for that specific procedure.

#### How to Locate an In-Network Dentist

To find a network dentist near you, go to [www.firstdentalhealth.com](http://www.firstdentalhealth.com). Click on "Find a Dentist", Select "PPO/EPO", Enter Zip Code and search for a provider.

\* Member must be eligible on this EPO Plan for a total of 12 months before coverage for Major Services begins. Prior coverage under the LDP1 plan, also offered by San Francisco IHSS, does not apply to this waiting period.

<sup>1</sup>Fees are based on PPO fees for in-network dentists and the maximum plan allowance for out-of-network dentists. Reimbursement is paid on LIBERTY Dental contract allowances and not necessarily the dentist's actual fees.

This document provides a summary of the plan's benefits only. For a complete description of benefits, limitations, and exclusions, refer to the plan's documents.





CDT Code	Description	Member Responsibility		Limitation
		In-Network	OON	
<b>If member opts to utilize Out-of-Network Providers, the member will be responsible for the applicable Co-Insurance plus the difference between the billed amount and the allowed amount</b>				
<b>Type I - Diagnostic &amp; Preventive Services</b>				
<b>Type I Services - Diagnostic &amp; Preventive</b>				
<b>Deductible Applies to Out-of-Network- \$25</b>				
<b>\$1,000 Calendar Year Maximum combined with Type I,II,III, In and Out of Network Services</b>				
D0120	Periodic oral evaluation	0%	0%	1 of (D0120, D0150, D0180) every 6 months
D0140	Limited oral evaluation	0%	0%	
D0150	Comprehensive oral evaluation	0%	0%	1 of (D0120, D0150, D0180) every 6 months
D0170	Re-evaluation, limited, problem focused	0%	0%	
D0171	Re-evaluation, post operative office visit	0%	0%	
D0180	Comprehensive periodontal evaluation	0%	0%	1 of (D0120, D0150, D0180) every 6 months
D0210	Intraoral, complete series of radiographic images	0%	0%	1 of (D0210, D0330) every 60 months
D0220	Intraoral, periapical, first radiographic image	0%	0%	
D0230	Intraoral, periapical, each add 'l' radiographic image	0%	0%	
D0240	Intraoral, occlusal radiographic image	0%	0%	
D0270	Bitewing, single radiographic image	0%	0%	
D0272	Bitewings, two radiographic images	0%	0%	
D0273	Bitewings, three radiographic images	0%	0%	
D0274	Bitewings, four radiographic images	0%	0%	
D0277	Vertical bitewings, 7 to 8 radiographic images	0%	0%	1 of (D0270-D0277) every calendar year
D0330	Panoramic radiographic image	0%	0%	1 of (D0210, D0330) every 60 months
D0460	Pulp vitality tests	0%	0%	
D1110	Prophylaxis, adult	0%	0%	2 of (D1110, D4346, D4910) every calendar year
D9110	Palliative (emergency) treatment, minor procedure	0%	0%	3 (D9110) every calendar year
<b>Type II - Basic Services</b>				
<b>Type II Services - Basic</b>				
<b>Deductible Applies to Out-of-Network- \$25</b>				
<b>\$1,000 Calendar Year Maximum combined with Type I,II,III, In and Out of Network Services</b>				
D2140	Amalgam, one surface, primary or permanent	15%	15%	
D2150	Amalgam, two surfaces, primary or permanent	15%	15%	
D2160	Amalgam, three surfaces, primary or permanent	15%	15%	
D2161	Amalgam, four or more surfaces, primary or permanent	15%	15%	
D2330	Resin-based composite, one surface, anterior	15%	15%	
D2331	Resin-based composite, two surfaces, anterior	15%	15%	
D2332	Resin-based composite, three surfaces, anterior	15%	15%	
D2335	Resin-based composite, four or more surfaces, involving incisal angle	15%	15%	
D2390	Resin-based composite crown, anterior	15%	15%	
D2391	Resin-based composite, one surface, posterior	15%	15%	
D2392	Resin-based composite, two surfaces, posterior	15%	15%	Fillings downcode to the least expensive covered material (Composite to amalgam)
D2393	Resin-based composite, three surfaces, posterior	15%	15%	
D2394	Resin-based composite, four or more surfaces, posterior	15%	15%	
D7111	Extraction, coronal remnants, primary tooth	15%	15%	
D7140	Extraction, erupted tooth or exposed root	15%	15%	
D9310	Consultation, other than requesting dentist	15%	15%	
D9430	Office visit, observation, regular hours, no other services	15%	15%	
D9440	Office visit, after regularly scheduled hours	15%	15%	
D9951	Occlusal adjustment, limited	15%	15%	
D9952	Occlusal adjustment, complete	15%	15%	
<b>Type III - Major Services</b>				
<b>Type III Services - Major</b>				
<b>Deductible Applies to Out-of-Network- \$25</b>				
<b>\$1,000 Calendar Year Maximum combined with Type I,II,III, In and Out of Network Services</b>				
D2510	Inlay, metallic, one surface	20%	20%	1 of (D2510-D2794, D6210-D6794) per tooth every 5 year period. Downcode to the least expensive covered material
D2520	Inlay, metallic, two surfaces	20%	20%	
D2530	Inlay, metallic, three or more surfaces	20%	20%	
D2542	Onlay, metallic, two surfaces	20%	20%	
D2543	Onlay, metallic, three surfaces	20%	20%	
D2544	Onlay, metallic, four or more surfaces	20%	20%	
D2610	Inlay, porcelain/ceramic, one surface	20%	20%	
D2620	Inlay, porcelain/ceramic, two surfaces	20%	20%	
D2630	Inlay, porcelain/ceramic, three or more surfaces	20%	20%	
D2642	Onlay, porcelain/ceramic, two surfaces	20%	20%	
D2643	Onlay, porcelain/ceramic, three surfaces	20%	20%	
D2644	Onlay, porcelain/ceramic, four or more surfaces	20%	20%	
D2650	Inlay, resin-based composite, one surface	20%	20%	
D2651	Inlay, resin-based composite, two surfaces	20%	20%	
D2652	Inlay, resin-based composite, three or more surfaces	20%	20%	
D2662	Onlay, resin-based composite, two surfaces	20%	20%	
D2663	Onlay, resin-based composite, three surfaces	20%	20%	
D2664	Onlay, resin-based composite, four or more surfaces	20%	20%	
D2720	Crown, resin with high noble metal	20%	20%	
D2721	Crown, resin with predominantly base metal	20%	20%	
D2722	Crown, resin with noble metal	20%	20%	
D2740	Crown, porcelain/ceramic	20%	20%	
D2750	Crown, porcelain fused to high noble metal	20%	20%	
D2751	Crown, porcelain fused to predominantly base metal	20%	20%	



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		In-Network	OON	
If member opts to utilize Out-of-Network Providers, the member will be responsible for the applicable Co-Insurance plus the difference between the billed amount and the allowed amount				
	<b>Type III Services - Major (continued)</b>			
D2752	Crown, porcelain fused to noble metal	20%	20%	1 of (D2510-D2794, D6210-D6794) per tooth every 5 year period. Downcode to the least expensive covered material
D2780	Crown, ¾ cast high noble metal	20%	20%	
D2781	Crown, ¾ cast predominantly base metal	20%	20%	
D2782	Crown, ¾ cast noble metal	20%	20%	
D2783	Crown, ¾ porcelain/ceramic	20%	20%	
D2790	Crown, full cast high noble metal	20%	20%	
D2791	Crown, full cast predominantly base metal	20%	20%	
D2792	Crown, full cast noble metal	20%	20%	
D2794	Crown, titanium and titanium alloys	20%	20%	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	20%	20%	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	20%	20%	
D2920	Re-cement or re-bond crown	20%	20%	
D2931	Prefabricated stainless steel crown, permanent tooth	20%	20%	
D2932	Prefabricated resin crown	20%	20%	
D2933	Prefabricated stainless steel crown with resin window	20%	20%	
D2940	Protective restoration	20%	20%	
D2950	Core buildup, including any pins when required	20%	20%	
D2951	Pin retention, per tooth, in addition to restoration	20%	20%	
D2952	Post and core in addition to crown, indirectly fabricated	20%	20%	
D2953	Each additional indirectly fabricated post, same tooth	20%	20%	
D2954	Prefabricated post and core in addition to crown	20%	20%	
D2957	Each additional prefabricated post, same tooth	20%	20%	
D3110	Pulp cap, direct (excluding final restoration)	20%	20%	
D3120	Pulp cap, indirect (excluding final restoration)	20%	20%	
D3220	Therapeutic pulpotomy (excluding final restoration)	20%	20%	
D3221	Pulpal debridement, primary and permanent teeth	20%	20%	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	20%	20%	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	20%	20%	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	20%	20%	
D3346	Retreatment of previous root canal therapy, anterior	20%	20%	
D3347	Retreatment of previous root canal therapy, premolar	20%	20%	
D3348	Retreatment of previous root canal therapy, molar	20%	20%	
D3410	Apicoectomy, anterior	20%	20%	
D3421	Apicoectomy, premolar (first root)	20%	20%	
D3425	Apicoectomy, molar (first root)	20%	20%	
D3426	Apicoectomy, (each additional root)	20%	20%	
D3430	Retrograde filling, per root	20%	20%	
D3450	Root amputation, per root	20%	20%	
D3920	Hemisection, not including root canal therapy	20%	20%	
D3950	Canal preparation and fitting of preformed dowel or post	20%	20%	
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	20%	20%	1 of (D4210-D4241) per site/quadrant every 36 months
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	20%	20%	
D4240	Gingival flap procedure, four or more teeth per quadrant	20%	20%	
D4241	Gingival flap procedure, one to three teeth per quadrant	20%	20%	
D4249	Clinical crown lengthening, hard tissue	20%	20%	
D4260	Osseous surgery, four or more teeth per quadrant	20%	20%	1 of (D4260, D4261) per site/quadrant every 36 months
D4261	Osseous surgery, one to three teeth per quadrant	20%	20%	
D4274	Mesial/distal wedge procedure, single tooth	20%	20%	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	20%	20%	1 of (D4341, D4342) per site/quadrant every 36 months
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	20%	20%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	20%	20%	2 of (D1110, D4346, D4910) every calendar year
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	20%	20%	
D4910	Periodontal maintenance	20%	20%	2 of (D1110, D4346, D4910) every calendar year
D5110	Complete denture, maxillary	20%	20%	
D5120	Complete denture, mandibular	20%	20%	1 of (D5110-D5226) per arch every 5 year period. Downcode to the least expensive covered material
D5130	Immediate denture, maxillary	20%	20%	
D5140	Immediate denture, mandibular	20%	20%	
D5211	Maxillary partial denture, resin base	20%	20%	
D5212	Mandibular partial denture, resin base	20%	20%	
D5213	Maxillary partial denture, cast metal, resin base	20%	20%	
D5214	Mandibular partial denture, cast metal, resin base	20%	20%	
D5221	Immediate maxillary partial denture, resin base	20%	20%	
D5222	Immediate mandibular partial denture, resin base	20%	20%	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	20%	20%	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	20%	20%	
D5225	Maxillary partial denture, flexible base	20%	20%	
D5226	Mandibular partial denture, flexible base	20%	20%	
D5410	Adjust complete denture, maxillary	20%	20%	
D5411	Adjust complete denture, mandibular	20%	20%	
D5421	Adjust partial denture, maxillary	20%	20%	
D5422	Adjust partial denture, mandibular	20%	20%	
D5511	Repair broken complete denture base, mandibular	20%	20%	
D5512	Repair broken complete denture base, maxillary	20%	20%	
D5520	Replace missing or broken teeth, complete denture	20%	20%	



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	<b>Type III Services - Major (continued)</b>			
D5611	Repair resin partial denture base, mandibular	20%	20%	
D5612	Repair resin partial denture base, maxillary	20%	20%	
D5621	Repair cast partial framework, mandibular	20%	20%	
D5622	Repair cast partial framework, maxillary	20%	20%	
D5630	Repair or replace broken retentive clasping materials, per tooth	20%	20%	
D5640	Replace broken teeth, per tooth	20%	20%	
D5650	Add tooth to existing partial denture	20%	20%	
D5660	Add clasp to existing partial denture, per tooth	20%	20%	
D5710	Rebase complete maxillary denture	20%	20%	1 of (D5710-D5761) per arch every 36 months
D5711	Rebase complete mandibular denture	20%	20%	
D5720	Rebase maxillary partial denture	20%	20%	
D5721	Rebase mandibular partial denture	20%	20%	
D5730	Reline complete maxillary denture, direct	20%	20%	
D5731	Reline complete mandibular denture, direct	20%	20%	
D5740	Reline maxillary partial denture, direct	20%	20%	
D5741	Reline mandibular partial denture, direct	20%	20%	
D5750	Reline complete maxillary denture, indirect	20%	20%	
D5751	Reline complete mandibular denture, indirect	20%	20%	
D5760	Reline maxillary partial denture, indirect	20%	20%	
D5761	Reline mandibular partial denture, indirect	20%	20%	
D5810	Interim complete denture, maxillary	20%	20%	1 of (D5810, D5811) per arch every 5 year period
D5811	Interim complete denture, mandibular	20%	20%	
D5850	Tissue conditioning, maxillary	20%	20%	1 of (D5850, D5851) per arch every 24 months
D5851	Tissue conditioning, mandibular	20%	20%	
D6210	Pontic, cast high noble metal	20%	20%	1 of (D2510-D2794, D6210-D6794) per tooth every 5 year period Downcode to the least expensive covered material
D6211	Pontic, cast predominantly base metal	20%	20%	
D6212	Pontic, cast noble metal	20%	20%	
D6214	Pontic, titanium, and titanium alloys	20%	20%	
D6240	Pontic, porcelain fused to high noble metal	20%	20%	
D6241	Pontic, porcelain fused to predominantly base metal	20%	20%	
D6242	Pontic, porcelain fused to noble metal	20%	20%	
D6245	Pontic, porcelain/ceramic	20%	20%	
D6250	Pontic, resin with high noble metal	20%	20%	
D6251	Pontic, resin with predominantly base metal	20%	20%	
D6252	Pontic, resin with noble metal	20%	20%	
D6600	Retainer inlay, porcelain/ceramic, two surfaces	20%	20%	
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	20%	20%	
D6602	Retainer inlay, cast high noble metal, two surfaces	20%	20%	
D6603	Retainer inlay, cast high noble metal, three or more surfaces	20%	20%	
D6604	Retainer inlay, cast base metal, two surfaces	20%	20%	
D6606	Retainer inlay, cast noble metal, two surfaces	20%	20%	
D6607	Retainer inlay, cast noble metal, three or more surfaces	20%	20%	
D6608	Retainer onlay, porcelain/ceramic, two surfaces	20%	20%	
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	20%	20%	
D6610	Retainer onlay, cast high noble metal, two surfaces	20%	20%	
D6611	Retainer onlay, cast high noble metal, three or more surfaces	20%	20%	
D6612	Retainer onlay, cast base metal, two surfaces	20%	20%	
D6613	Retainer onlay, cast base metal, three or more surfaces	20%	20%	
D6614	Retainer onlay, cast noble metal, two surfaces	20%	20%	
D6615	Retainer onlay, cast noble metal three or more surfaces	20%	20%	
D6720	Retainer crown, resin with high noble metal	20%	20%	
D6721	Retainer crown, resin with predominantly base metal	20%	20%	
D6722	Retainer crown, resin with noble metal	20%	20%	
D6740	Retainer crown, porcelain/ceramic	20%	20%	
D6750	Retainer crown, porcelain fused to high noble metal	20%	20%	
D6751	Retainer crown, porcelain fused to predominantly base metal	20%	20%	
D6752	Retainer crown, porcelain fused to noble metal	20%	20%	
D6780	Retainer crown, ¾ cast high noble metal	20%	20%	
D6781	Retainer crown, ¾ cast predominantly base metal	20%	20%	
D6782	Retainer crown, ¾ cast noble metal	20%	20%	
D6783	Retainer crown, ¾ porcelain/ceramic	20%	20%	
D6790	Retainer crown, full cast high noble metal	20%	20%	
D6791	Retainer crown, full cast predominantly base metal	20%	20%	
D6792	Retainer crown, full cast noble metal	20%	20%	
D6794	Retainer crown, titanium and titanium alloys	20%	20%	
D6930	Re-cement or re-bond fixed partial denture	20%	20%	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	20%	20%	
D7220	Removal of impacted tooth, soft tissue	20%	20%	
D7230	Removal of impacted tooth, partially bony	20%	20%	
D7240	Removal of impacted tooth, completely bony	20%	20%	
D7241	Removal impacted tooth, complete bony, complication	20%	20%	
D7250	Removal of residual tooth roots (cutting procedure)	20%	20%	
D7260	Oroantral fistula closure	20%	20%	
D7261	Primary closure of a sinus perforation	20%	20%	
D7270	Tooth reimplantation and/or stabilization, accident	20%	20%	



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	<b>Type III Services - Major (continued)</b>			
D7280	Exposure of an unerupted tooth	20%	20%	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	20%	20%	
D7286	Incisional biopsy of oral tissue, soft	20%	20%	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	20%	20%	
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	20%	20%	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	20%	20%	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	20%	20%	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	20%	20%	
D7350	Vestibuloplasty, ridge extension	20%	20%	
D7410	Excision of benign lesion, up to 1.25 cm	20%	20%	
D7411	Excision of benign lesion, greater than 1.25 cm	20%	20%	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	20%	20%	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	20%	20%	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	20%	20%	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	20%	20%	
D7471	Removal of lateral exostosis, maxilla or mandible	20%	20%	
D7472	Removal of torus palatinus	20%	20%	
D7473	Removal of torus mandibularis	20%	20%	
D7510	Incision & drainage of abscess, intraoral soft tissue	20%	20%	
D7530	Remove foreign body, mucosa, skin, tissue	20%	20%	
D7910	Suture of recent small wounds up to 5 cm	20%	20%	
D7961	Buccal / labial frenectomy (frenulectomy)	20%	20%	
D7962	Lingual frenectomy (frenulectomy)	20%	20%	
D7970	Excision of hyperplastic tissue, per arch	20%	20%	
D7971	Excision of pericoronal gingiva	20%	20%	