



Independence PPO Dental BENEFITS HIGHLIGHT SHEET



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

DENTAL PPO PLAN BENEFITS		
ANNUAL MAXIMUM	\$2,500 per person	
DEDUCTIBLES Applies to Basic and Major Services received in or out-of-network. (waived for Diagnostic and Preventive Services)	\$50 per individual \$150 per family	
COVERED SERVICES	IN-NETWORK PLAN PAYS	OUT-OF-NETWORK PLAN PAYS
DIAGNOSTIC & PREVENTIVE SERVICES Oral Exams, Radiographic Images, Cleanings, Fluoride, Sealant, Space Maintenance	100%	70%
RESTORATIVE SERVICES Fillings, Prefabricated Stainless Steel Crowns	90%	70%
ENDODONTIC SERVICES Root Canal Therapy, Treatment to prevent or correct conditions that affect the tooth pulp, root, and related tissue	90%	70%
PERIODONTAL SERVICES Surgical and Non-Surgical treatment, procedures to prevent or treat diseases or defects in the gums	90%	70%
PROSTHODONTIC SERVICES (fixed and removable) Crowns, Inlays, Onlays, Bridges, Partial Dentures, Complete Dentures	90%	70%
IMPLANT SERVICES Surgical Placement, Abutment (crown, supported retainer), Implant Supported Retainer, Scaling and Debridement of Single Implant, Removal of Implant	90%	70%
ORAL AND MAXILLOFACIAL SERVICES Extractions of teeth and minor oral surgery	90%	70%
ADJUNCTIVE GENERAL SERVICES Palliative Treatment (ER), General Anesthesia, Nitrous Oxide, IV Sedation, Consultation, Office Visit, Occlusal Adjustment	90%	70%
ORTHODONTIC SERVICES Covered for Children and Adults Lifetime Maximum - \$1,500 per person	50% No Waiting Period	50% No Waiting Period

Advantages of Using an In-Network Dentist

You have the freedom to choose any dentist, or to take advantage of out-of-pocket savings when you use an *In-Network Dentist*.

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 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.libertydentalplan.com, click on "Find a Dentist" and choose **Independence PPO** as your Benefit Plan.

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.

Making members shine, one smile at a time™ www.libertydentalplan.com





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COVERED SERVICES & LIMITATIONS

DIAGNOSTIC & PREVENTIVE SERVICES

Oral Exams	2 every calendar year
Cleanings (Prophylaxis)	2 prophylaxis/periodontal maintenance every calendar year
Problem-focused Exam	
Topical Fluoride Treatment	2 every calendar year
Bitewing X-rays	1 series per 6 months
Panoramic and Full-Mouth X-ray	1 every 3 year period
Sealants	1 per tooth every 36 months for children up to age 16, 1 st and 2 nd permanent molars only

RESTORATIVE, PERIODONTAL, GA/INTRAVENOUS SEDATION

Scaling and Root Planing	1 per site/quadrant every 36 months
Periodontal Maintenance	2 prophylaxis/periodontal maintenance every calendar year
General Anesthesia/Intravenous Sedation	Only in conjunction with covered complex oral surgery or covered pediatric services

CROWNS, BRIDGES, DENTURES

Crowns/Inlays/Onlays, Bridges	1 per tooth every 5 year period
Complete & Partial Dentures	1 per arch every 5 year period
Denture Repair	Only after in place 6 months or more
Denture Adjustment	Only after in place for 6 months or more
Denture Rebase/Reline	Only after in place 6 months or more

The limitations shown above represent a highlighted selection of your Plan Benefits. For a complete description, refer to the plan's documents.

