

LIBERTY Dental Plan of California, Inc.

CA-400 Plan Copayment Schedule

Summary of Services

ADA Code	Procedure	Co-Pay
Diagnostic services		
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 of radiographic images.....	no charge
D0220.....	Intraoral, periapical, first radiographic image.....	no charge
D0230.....	Intraoral, periapical, each 'I' radiographic image.....	no charge
D0240.....	Intraoral, occlusal radiographic image.....	no charge
D0250.....	Extraoral, first radiographic image.....	no charge
D0260.....	Extraoral, each add 'I' radiographic image.....	no charge
D0270.....	Bitewing, single radiographic image.....	no charge
D0272.....	Bitewings, 2 radiographic images.....	no charge
D0273.....	Bitewings, 3 radiographic images.....	no charge
D0274.....	Bitewings, 4 radiographic images.....	no charge
D0277.....	Vertical bitewings, 7 to 8 radiographic images.....	no charge
D0330.....	Panoramic radiographic image.....	no charge
D0340.....	Cephalometric image.....	see ortho
D0415.....	Collection of microorganisms for culture.....	\$ 25.00
D0425.....	Caries susceptibility tests.....	\$ 15.00
D0460.....	Pulp vitality tests.....	no charge
D0470.....	Diagnostic casts.....	no charge
D0472.....	Accession of tissue, gross exam, prep & report.....	\$ 40.00
D0473.....	Accession of tissue, gross/micro. exam, prep, report.....	\$ 40.00
D0474.....	Accession of tissue, gross/micro. exam, report.....	\$ 40.00
Preventive services		
D1110.....	Prophylaxis, adult.....	no charge
	Prophylaxis, adult (3rd or more per 12 months).....	\$ 45.00
D1120.....	Prophylaxis, child.....	no charge
	Prophylaxis, child (3rd or more per 12 months).....	\$ 35.00
D1206.....	Topical application of fluoride varnish.....	\$ 10.00
D1208.....	Topical application of fluoride.....	no charge
	up to the 18th birthday (3rd or more per 12 months).....	\$ 10.00
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.....	\$ 5.00
D1352.....	Preventive resin restoration, permanent tooth.....	\$ 5.00

✓ Members must select, and be assigned to, a LIBERTY Dental Plan contracted dental office to utilize covered benefits. Your dental 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 are available at the dental office's usual and customary fee.



ADA Code	Procedure	Co-Pay
Preventive services (continued)		
D1510.....	Space maintainer, fixed, unilateral.....	\$ 65.00
D1515.....	Space maintainer, fixed, bilateral.....	\$ 65.00
D1520.....	Space maintainer, removable, unilateral.....	\$ 65.00
D1525.....	Space maintainer, removable, bilateral.....	\$ 65.00
D1550.....	Recementation of space maintainer.....	\$ 15.00
D1555.....	Removal of fixed space maintainer.....	\$ 15.00
Restorative services		
D2140.....	Amalgam, 1 surface, primary or permanent.....	no charge
D2150.....	Amalgam, 2 surfaces, primary or permanent.....	no charge
D2160.....	Amalgam, 3 surfaces, primary or permanent.....	no charge
D2161.....	Amalgam, 4 or more surfaces, primary or permanent.....	no charge
D2330.....	Resin-based composite, 1 surface, anterior.....	no charge
D2331.....	Resin-based composite, 2 surfaces, anterior.....	no charge
D2332.....	Resin-based composite, 3 surfaces, anterior.....	no charge
D2335.....	Resin-based composite, 4+ surfaces/incisal angle.....	\$ 60.00
D2390.....	Resin-based composite crown, anterior.....	\$ 60.00
D2391.....	Resin-based composite, 1 surface, posterior.....	\$ 65.00
D2392.....	Resin-based composite, 2 surfaces, posterior.....	\$ 75.00
D2393.....	Resin-based composite, 3 surfaces, posterior.....	\$ 80.00
D2394.....	Resin-based composite, 4+ surfaces, posterior.....	\$ 85.00

***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, Vitadure-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 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, b) high noble metal, or C) titanium.

D2510.....	Inlay, metallic, 1 surface.....	\$ 185.00
D2520.....	Inlay, metallic, 2 surfaces.....	\$ 185.00
D2530.....	Inlay, metallic, 3 or more surfaces.....	\$ 185.00
D2542.....	Onlay, metallic, 2 surfaces.....	\$ 190.00
D2543.....	Onlay, metallic, 3 surfaces.....	\$ 225.00
D2544.....	Onlay, metallic, 4 or more surfaces.....	\$ 225.00
D2610.....	Inlay, porcelain/ceramic, 1 surface.....	\$ 190.00 *
D2620.....	Inlay, porcelain/ceramic, 2 surfaces.....	\$ 190.00 *
D2630.....	Inlay, porcelain/ceramic, 3 or more surfaces.....	\$ 190.00 *
D2642.....	Onlay, porcelain/ceramic, 2 surfaces.....	\$ 200.00 *
D2643.....	Onlay, porcelain/ceramic, 3 surfaces.....	\$ 210.00 *
D2644.....	Onlay, porcelain/ceramic, 4 or more surfaces.....	\$ 220.00 *
D2650.....	Inlay, resin-based composite, 1 surface.....	\$ 225.00 *
D2651.....	Inlay, resin-based composite, 2 surfaces.....	\$ 240.00 *
D2652.....	Inlay, resin-based composite, 3 or more surfaces.....	\$ 260.00 *
D2662.....	Onlay, resin-based composite, 2 surfaces.....	\$ 270.00 *
D2663.....	Onlay, resin-based composite, 3 surfaces.....	\$ 285.00 *
D2664.....	Onlay, resin-based composite, 4 or more surfaces.....	\$ 300.00 *
D2710.....	Crown, resin-based composite (indirect).....	\$ 120.00 *
D2712.....	Crown, ¾ resin-based composite (indirect).....	\$ 120.00 *
D2720.....	Crown, resin with high noble metal.....	\$ 225.00 *

ADA Code	Procedure	Co-Pay
Restorative services (continued)		
D2721.....	Crown, resin with predominantly base metal.....	\$ 225.00 *
D2722.....	Crown, resin with noble metal.....	\$ 225.00 *
D2740.....	Crown, porcelain/ceramic substrate.....	\$ 245.00 *
D2750.....	Crown, porcelain fused to high noble metal.....	\$ 225.00 *
D2751.....	Crown, porcelain fused to predominantly base metal.....	\$ 225.00 *
D2752.....	Crown, porcelain fused to noble metal.....	\$ 225.00 *
D2780.....	Crown, ¾ cast high noble metal.....	\$ 225.00 *
D2781.....	Crown, ¾ cast predominantly base metal.....	\$ 225.00
D2782.....	Crown, ¾ cast noble metal.....	\$ 225.00 *
D2783.....	Crown, ¾ porcelain/ceramic.....	\$ 225.00 *
D2790.....	Crown, full cast high noble metal.....	\$ 225.00 *
D2791.....	Crown, full cast predominantly base metal.....	\$ 225.00
D2792.....	Crown, full cast noble metal.....	\$ 225.00 *
D2794.....	Crown, titanium.....	\$ 225.00 *
D2799.....	Provisional crown.....	\$ 120.00
D2910.....	Recement inlay, onlay, partial coverage restoration.....	\$ 40.00
D2915.....	Recement cast or prefabricated post & core.....	\$ 10.00
D2920.....	Recement crown.....	no charge
D2930.....	Prefabricated stainless steel crown, primary tooth.....	\$ 40.00
D2931.....	Prefabricated stainless steel crown, permanent tooth.....	\$ 40.00
D2932.....	Prefabricated resin crown.....	\$ 16.00
D2933.....	Prefabricated stainless steel crown, resin window.....	\$ 16.00
D2934.....	Prefabricated esthetic coated SS crown, primary.....	\$ 16.00
D2940.....	Protective restoration (temporary).....	\$ 10.00
D2950.....	Core build-up, including any pins.....	\$ 80.00
D2951.....	Pin retention, per tooth, in addition to restoration.....	\$ 15.00
D2952.....	Post & core in addition to crown, indirect fabric.....	\$ 90.00
D2953.....	Each additional indirect fabric. post, same tooth.....	\$ 40.00
D2954.....	Prefabricated post & core in addition to crown.....	\$ 80.00
D2955.....	Post removal.....	\$ 10.00
D2957.....	Each additional prefabricated post, same tooth.....	\$ 40.00
D2960.....	Labial veneer (resin laminate), chairside.....	\$ 200.00
D2961.....	Labial veneer (resin laminate), laboratory.....	\$ 325.00
D2962.....	Labial veneer (porcelain laminate), laboratory.....	\$ 500.00
D2970.....	Temporary crown (fractured tooth).....	\$ 80.00
D2971.....	Add 'I procedure/new crown, existing partial denture.....	\$ 40.00
D2980.....	Crown repair, restorative material failure.....	\$ 40.00
Endodontic services		
D3110.....	Pulp cap – direct (excluding final restoration).....	no charge
D3120.....	Pulp cap – indirect (excluding final restoration).....	no charge
D3220.....	Therapeutic pulpotomy (excluding final restoration).....	\$ 40.00
D3221.....	Pulpal debridement, primary & permanent teeth.....	\$ 20.00
D3230.....	Pulpal therapy (resorbable filling), anterior primary.....	\$ 40.00
D3240.....	Pulpal therapy (resorbable filling), posterior, primary.....	\$ 40.00
D3310.....	Anterior (excluding final restoration).....	\$ 60.00
D3320.....	Bicuspid (excluding final restoration).....	\$ 125.00
D3330.....	Molar (excluding final restoration).....	\$ 265.00
D3331.....	Treatment of root canal obstruction; non-surgical	\$ 225.00
D3332.....	Incomplete endodontic therapy, inoperable.....	\$ 120.00
D3333.....	Internal root repair of perforation defects.....	\$ 160.00
D3346.....	Retreatment of previous root canal – anterior.....	\$ 70.00

ADA Code	Procedure	Co-Pay
Endodontic services (continued)		
D3347.....	Retreatment of previous root canal – bicuspid.....	\$ 135.00
D3348.....	Retreatment of previous root canal – molar.....	\$ 275.00
D3351.....	Apexification/recalcification/pulp reg. – initial visit.....	\$ 80.00
D3352.....	Apexification/recalcification/pulp reg. – interim med.....	\$ 80.00
D3353.....	Apexification/recalcification – final visit.....	\$ 80.00
D3410.....	Apicoectomy/periradicular surgery – anterior.....	\$ 105.00
D3421.....	Apicoectomy/periradicular surgery – bicuspid.....	\$ 105.00
D3425.....	Apicoectomy/periradicular surgery – molar.....	\$ 105.00
D3426.....	Apicoectomy/periradicular surgery – each add 'l root.....	\$ 55.00
D3430.....	Retrograde filling – per root.....	no charge
D3450.....	Root Amputation – per root.....	\$ 95.00
D3910.....	Surgical procedure for isolation with rubber dam.....	\$ 20.00
D3920.....	Hemisection (incl. root removal), not incl. root canal.....	\$ 90.00
D3950.....	Canal prep. & fitting of preformed dowel/post.....	no charge
Periodontal services		
D4210.....	Gingivectomy/gingivoplasty, 4+ teeth per quadrant.....	\$ 110.00
D4211.....	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant.....	\$ 14.00
D4212.....	Gingivectomy/gingivoplasty, restorative procedure, per tooth.....	no charge
D4240.....	Gingival flap procedure, 4+ teeth per quadrant.....	\$ 130.00
D4241.....	Gingival flap procedure, 1-3 teeth per quadrant.....	\$ 130.00
D4245.....	Apically positioned flap.....	\$ 160.00
D4249.....	Clinical crown lengthening, hard tissue	\$ 324.00
D4260.....	Osseous surgery, 4+ teeth per quadrant.....	\$ 250.00
D4261.....	Osseous surgery, 1-3 teeth per quadrant.....	\$ 250.00
D4263.....	Bone replacement graft, 1st site in quadrant.....	\$ 220.00
D4264.....	Bone replacement graft, each add 'l site, quad.....	\$ 120.00
D4270.....	Pedicle soft tissue graft procedure.....	\$ 405.00
D4274.....	Distal/proximal wedge procedure.....	\$ 235.00
D4277.....	Free soft tissue graft, first tooth	\$ 405.00
D4278.....	Free soft tissue graft, each additional tooth	\$ 405.00
D4320.....	Provisional splinting - intracoronal.....	\$ 135.00
D4321.....	Provisional splinting - extracoronal.....	\$ 135.00
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.....	\$ 55.00
D4342.....	Periodontal scaling & root planing, 1-3 teeth/quad.....	\$ 55.00
D4355.....	Full mouth debridement.....	\$ 30.00
D4381.....	Localized delivery of antimicrobial agent/per tooth.....	\$ 40.00
D4910.....	Periodontal maintenance.....	\$ 35.00
D4920.....	Unscheduled dressing change/non-treating dentist.....	\$ 20.00
Removable prosthodontic services		
D5110.....	Complete denture, maxillary.....	\$ 260.00
D5120.....	Complete denture, mandibular.....	\$ 260.00
D5130.....	Immediate denture, maxillary.....	\$ 240.00
D5140.....	Immediate denture, mandibular.....	\$ 240.00
D5211.....	Maxillary partial denture, resin base.....	\$ 240.00
D5212.....	Mandibular partial denture, resin base.....	\$ 240.00
D5213.....	Maxillary partial denture, cast metal/resin base.....	\$ 260.00
D5214.....	Mandibular partial denture, cast metal/resin base.....	\$ 260.00
D5225.....	Maxillary partial denture, flexible base.....	\$ 325.00
D5226.....	Mandibular partial denture, flexible base.....	\$ 325.00

ADA Code	Procedure	Co-Pay
Removable prosthodontic services (continued)		
D5281.....	Removable unilateral partial denture, 1 pc. cast	\$ 225.00
D5410.....	Adjust complete denture, maxillary.....	\$ 10.00
D5411.....	Adjust complete denture, mandibular.....	\$ 10.00
D5421.....	Adjust partial denture, maxillary.....	\$ 10.00
D5422.....	Adjust partial denture, mandibular.....	\$ 10.00
D5510.....	Repair broken complete denture base.....	\$ 30.00
D5520.....	Replace missing/broken teeth, complete denture.....	\$ 30.00
D5610.....	Repair resin denture base.....	\$ 30.00
D5620.....	Repair cast framework.....	\$ 30.00
D5630.....	Repair or replace broken clasp.....	\$ 35.00
D5640.....	Replace broken teeth, per tooth.....	\$ 30.00
D5650.....	Add tooth to existing partial denture.....	\$ 30.00
D5660.....	Add clasp to existing partial denture.....	\$ 35.00
D5670.....	Replace all teeth & acrylic/cast metal frame, maxillary.....	\$ 80.00
D5671.....	Replace all teeth & acrylic/cast metal frame, mandibular.....	\$ 80.00
D5710.....	Rebase complete maxillary denture.....	\$ 60.00
D5711.....	Rebase complete mandibular denture.....	\$ 60.00
D5720.....	Rebase maxillary partial denture.....	\$ 60.00
D5721.....	Rebase mandibular partial denture.....	\$ 60.00
D5730.....	Reline complete maxillary denture, chairside.....	\$ 35.00
D5731.....	Reline complete mandibular denture, chairside.....	\$ 35.00
D5740.....	Reline maxillary partial denture, chairside.....	\$ 35.00
D5741.....	Reline mandibular partial denture, chairside.....	\$ 35.00
D5750.....	Reline complete maxillary denture, laboratory.....	\$ 60.00
D5751.....	Reline complete mandibular denture, laboratory.....	\$ 60.00
D5760.....	Reline maxillary partial denture, laboratory.....	\$ 60.00
D5761.....	Reline mandibular partial denture, laboratory.....	\$ 60.00
D5810.....	Interim complete denture, maxillary.....	\$ 160.00
D5811.....	Interim complete denture, mandibular.....	\$ 160.00
D5820.....	Interim partial denture, maxillary.....	\$ 60.00
D5821.....	Interim partial denture, mandibular.....	\$ 60.00
D5850.....	Tissue conditioning, maxillary.....	\$ 20.00
D5851.....	Tissue conditioning, mandibular.....	\$ 20.00

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.....	\$ 2000.00
D6056.....	Prefabricated abutment, includes modification and placement.....	\$ 210.00
D6058.....	Abutment supported porcelain/ceramic crown.....	\$ 1110.00
D6059.....	Abutment supported porcelain/high noble crown.....	\$ 1096.00
D6060.....	Abutment supported porcelain/base metal crown.....	\$ 1035.00
D6061.....	Abutment supported porcelain/noble metal crown.....	\$ 1056.00
D6062.....	Abutment supported cast metal crown, high noble.....	\$ 1003.00
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.....	\$ 1040.00
D6066.....	Implant supported porcelain/metal crown.....	\$ 1013.00
D6067.....	Implant supported metal crown.....	\$ 984.00
D6068.....	Abutment supported retainer, porcelain/ceramic FPD.....	\$ 1110.00

ADA Code	Procedure	Co-Pay
Implant services (continued)		
D6069.....	Abutment supported retainer, metal FPD, high noble.....	\$ 1096.00
D6070.....	Abutment supported retainer, porc./metal FPD, base metal.....	\$ 1035.00
D6071.....	Abutment supported retainer, porc./metal FPD, noble.....	\$ 1056.00
D6072.....	Abutment supported retainer, cast metal FPD, high noble.....	\$ 1028.00
D6073.....	Abutment supported retainer, cast metal FPD, base metal.....	\$ 930.00
D6074.....	Abutment supported retainer, cast metal FPD, noble.....	\$ 1005.00
D6194.....	Abutment supported retainer crown, FPD, titanium.....	\$ 670.00
D6075.....	Implant supported retainer for ceramic FPD.....	\$ 1092.00
D6076.....	Implant supported retainer for porc./metal FPD.....	\$ 1064.00
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
Fixed prosthodontic services		
*GUIDELINES for Pontics, Abutments, Crowns, Inlays, Onlays:		
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.		
1. Brand name restorations: (e.g. Sunrise, Captek, Vitadure-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.		
2. 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.		
3. Benefits for molar teeth: Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.		
4. Base metal is the benefit: If elected, the member may be charged additional lab costs for a) noble, b) high noble metal, or C) titanium.		
D6205.....	Pontic, indirect resin based composite.....	\$ 225.00 *
D6210.....	Pontic, cast high noble metal.....	\$ 225.00 *
D6211.....	Pontic, cast predominantly base metal.....	\$ 225.00
D6212.....	Pontic, cast noble metal.....	\$ 225.00 *
D6214.....	Pontic, titanium.....	\$ 225.00 *
D6240.....	Pontic, porcelain fused to high noble metal.....	\$ 225.00 *
D6241.....	Pontic, porcelain fused to predominantly base metal.....	\$ 225.00 *
D6242.....	Pontic, porcelain fused to noble metal.....	\$ 225.00 *
D6245.....	Pontic, porcelain/ceramic.....	\$ 225.00 *
D6250.....	Pontic, resin with high noble metal.....	\$ 225.00 *
D6251.....	Pontic, resin with predominantly base metal.....	\$ 225.00 *
D6252.....	Pontic, resin with noble metal.....	\$ 225.00 *
D6253.....	Provisional pontic.....	\$ 120.00
D6545.....	Retainer, cast metal for resin bonded fixed prosthesis.....	\$ 150.00 *
D6548.....	Retainer, proc./ceramic, resin bonded fixed prosthesis.....	\$ 150.00 *
D6600.....	Inlay, porcelain/ceramic, 2 surfaces.....	\$ 250.00 *
D6601.....	Inlay, porcelain/ceramic, 3 or more surfaces.....	\$ 267.00 *
D6602.....	Inlay, cast high noble metal, 2 surfaces.....	\$ 245.00 *
D6603.....	Inlay, cast high noble metal, 3 or more surfaces.....	\$ 260.00 *
D6604.....	Inlay, cast base metal, 2 surfaces.....	\$ 245.00
D6605.....	Inlay, cast base metal, 3 or more surfaces.....	\$ 260.00
D6606.....	Inlay, cast noble metal, 2 surfaces.....	\$ 245.00 *
D6607.....	Inlay, cast noble metal, 3 or more surfaces.....	\$ 260.00 *
D6624.....	Inlay, titanium.....	\$ 260.00 *
D6608.....	Onlay, porcelain/ceramic, 2 surfaces.....	\$ 275.00 *
D6609.....	Onlay, porcelain/ceramic, 3 or more surfaces.....	\$ 290.00 *
D6610.....	Onlay, cast high noble metal, 2 surfaces.....	\$ 267.00 *

ADA Code	Procedure	Co-Pay
Fixed prosthodontic services (continued)		
D6611.....	Onlay, cast high noble metal, 3 or more surfaces.....	\$ 283.00 *
D6612.....	Onlay, cast base metal, 2 surfaces.....	\$ 267.00
D6613.....	Onlay, cast base metal, 3 or more surfaces.....	\$ 283.00
D6614.....	Onlay, cast noble metal, 2 surfaces.....	\$ 267.00 *
D6615.....	Onlay, cast noble metal 3 or more surfaces.....	\$ 283.00 *
D6634.....	Onlay, titanium.....	\$ 283.00 *
D6710.....	Crown, indirect resin based composite.....	\$ 145.00 *
D6720.....	Crown, resin with high noble metal.....	\$ 225.00 *
D6721.....	Crown, resin with predominantly base metal.....	\$ 225.00 *
D6722.....	Crown, resin with noble metal.....	\$ 225.00 *
D6740.....	Crown, porcelain/ceramic.....	\$ 225.00 *
D6750.....	Crown, porcelain fused to high noble metal.....	\$ 225.00 *
D6751.....	Crown, porcelain fused to predominantly base metal.....	\$ 225.00 *
D6752.....	Crown, porcelain fused to noble metal.....	\$ 225.00 *
D6780.....	Crown, ¾ cast high noble metal.....	\$ 225.00 *
D6781.....	Crown, ¾ cast predominantly base metal.....	\$ 225.00
D6782.....	Crown, ¾ cast noble metal.....	\$ 225.00 *
D6783.....	Crown, ¾ porcelain/ceramic.....	\$ 225.00 *
D6790.....	Crown, full cast high noble metal.....	\$ 225.00 *
D6791.....	Crown, full cast predominantly base metal.....	\$ 225.00
D6792.....	Crown, full cast noble metal.....	\$ 225.00 *
D6793.....	Provisional retainer crown.....	\$ 120.00
D6794.....	Crown, titanium.....	\$ 225.00 *
D6930.....	Recement fixed partial denture.....	no charge
D6940.....	Stress breaker.....	\$ 162.00
D6980.....	Fixed partial denture repair, restorative material failure.....	\$ 40.00
Oral and maxillofacial services		
D7111.....	Extraction, coronal remnants, deciduous tooth.....	no charge
D7140.....	Extraction, erupted tooth or exposed root.....	no charge
D7210.....	Surgical removal of erupted tooth.....	\$ 30.00
D7220.....	Removal of impacted tooth, soft tissue.....	\$ 30.00
D7230.....	Removal of impacted tooth, partially bony.....	\$ 65.00
D7240.....	Removal of impacted tooth, completely bony.....	\$ 85.00
D7241.....	Removal impacted tooth, complete bony, complication.....	\$ 85.00
D7250.....	Surgical removal residual tooth roots, cutting procedure.....	\$ 40.00
D7261.....	Primary closure of a sinus perforation.....	\$ 283.00
D7270.....	Tooth reimplantation/stabilization, accident.....	\$ 260.00
D7280.....	Surgical access of an unerupted tooth.....	\$ 138.00
D7282.....	Mobilization of erupted/malpositioned tooth.....	\$ 80.00
D7283.....	Placement, device to facilitate eruption, impaction.....	\$ 80.00
D7285.....	Biopsy of oral tissue, hard (bone, tooth).....	no charge
D7286.....	Biopsy of oral tissue, soft.....	no charge
D7287.....	Exfoliative cytological sample collection.....	\$ 5.00
D7288.....	Brush biopsy, transepithelial sample collection.....	\$ 5.00
D7310.....	Alveoloplasty with extractions, 4+ teeth, quadrant.....	\$ 45.00
D7311.....	Alveoloplasty with extractions, 1-3 teeth, quadrant.....	\$ 45.00
D7320.....	Alveoloplasty, w/o extractions, 4+ teeth, quadrant.....	\$ 60.00
D7321.....	Alveoloplasty, w/o extractions, 1-3 teeth, quadrant.....	\$ 60.00
D7340.....	Vestibuloplasty, ridge extension (2nd epithelialization).....	\$ 120.00
D7350.....	Vestibuloplasty, ridge extension.....	\$ 165.00
D7450.....	Removal, benign odontogenic cyst/tumor, up to 1.25.....	\$ 130.00

ADA Code	Procedure	Co-Pay
Oral and maxillofacial services (continued)		
D7451.....	Removal, benign odontogenic cyst/tumor, over 1.25	\$ 265.00
D7460.....	Removal, benign nonodontogenic cyst/tumor, to 1.25.....	\$ 150.00
D7461.....	Removal, benign nonodontogenic cyst/tumor, 1.25+.....	\$ 200.00
D7471.....	Removal of lateral exostosis, maxilla or mandible.....	\$ 160.00
D7472.....	Removal of torus palatinus.....	\$ 120.00
D7473.....	Removal of torus mandibularis.....	\$ 120.00
D7485.....	Surgical reduction of osseous tuberosity.....	\$ 80.00
D7510.....	Incision & drainage of abscess, intraoral soft tissue.....	\$ 16.00
D7511.....	Incision/drainage, abscess, intraoral soft, complicated.....	\$ 25.00
D7520.....	Incision & drainage, abscess, extraoral soft tissue.....	\$ 16.00
D7521.....	Incision/drainage, abscess, extraoral soft, complicate.....	\$ 25.00
D7530.....	Remove foreign body, mucosa, skin, tissue.....	\$ 32.00
D7560.....	Maxillary sinusotomy, remove tooth frag./foreign body.....	\$ 80.00
D7960.....	Frenulectomy (frenectomy or frenotomy), separate procedure.....	no charge
D7963.....	Frenuloplasty.....	no charge
D7970.....	Excision of hyperplastic tissue, per arch.....	\$ 32.00
D7971.....	Excision of pericoronal gingival.....	\$ 40.00
Adjunctive general services		
D9110.....	Palliative (emergency) treatment, minor procedure.....	no charge
D9120.....	Fixed partial denture sectioning.....	\$ 12.00
D9210.....	Local anesthesia not with operative/surgical procedure.....	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 and 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.....	\$ 225.00 **
D9221.....	Deep sedation/general anesthesia, each add 'l 15 minutes.....	\$ 125.00 **
D9230.....	Inhalation of nitrous oxide/analgesia, anxiolysis.....	\$ 40.00
D9241.....	Intravenous conscious sedation/analgesia, 1st 30 minutes.....	\$ 225.00 **
D9242.....	IV conscious sedation/analgesia, each add 'l 15 minutes.....	\$ 125.00 **
D9248.....	Non-intravenous conscious sedation.....	\$ 100.00
D9310.....	Consultation, other than requesting dentist.....	\$ 50.00
D9430.....	Office visit, observation, regular hrs., no other services.....	no charge
D9440.....	Office visit, after regularly scheduled hours.....	\$ 25.00
D9450.....	Case presentation, detailed & extensive treatment	no charge
D9630.....	Other drugs and/or medicaments, by report.....	\$ 15.00
D9910.....	Application of desensitizing medicament.....	\$ 10.00
D9911.....	Application of desensitizing resin, per tooth.....	\$ 15.00
D9930.....	Treatment of complications, post surgical, unusual.....	\$ 10.00
D9940.....	Occlusal guard, by report.....	\$ 160.00
D9942.....	Repair and/or reline of occlusal guard.....	\$ 40.00
D9950.....	Occlusion analysis, mounted case.....	no charge
D9951.....	Occlusal adjustment, limited.....	\$ 30.00
D9952.....	Occlusal adjustment, complete.....	\$ 60.00
D9971.....	Odontoplasty 1-2 teeth.....	\$ 10.00
	Broken appointment, less than 24 hour notice.....	\$ 25.00
	Office visit, per visit.....	\$ 6.00

Limitations:

1. Prophylaxis procedures are covered once every 6 consecutive months.
2. Complete series of x-rays (full mouth x-rays) or panoramic films are covered once every 36 consecutive months.
3. Fluoride treatments are covered once every 6 consecutive months.
4. Sealants are covered only on the first and second permanent molars with no caries (decay) for dependent children up to the 14th birth date. Limited to once per tooth per 36 month period.
5. Scaling and root planing per quadrant/site is covered once every 24 consecutive months.
6. Replacement of crowns, labial veneers or fixed partial dentures (bridgework), per unit, are limited to once every 5 year period.
7. Replacement of an existing full and partial denture is covered once per arch every 5 years if the appliance cannot be made functional through relines or repair.
8. Denture relines are covered twice every 12 consecutive months.
9. Fabricated crowns, onlays and inlays may be covered when a tooth with a good prognosis requires restoration but has insufficient remaining structure to reliably retain a filling. Coverage for these procedures limited to members age 16 and over.
10. The replacement of an amalgam or resin restoration in less than twelve months by the same contracted dentist or office is not chargeable to the Plan or the member.
11. Procedures that appear to have a poor prognosis as determined by a licensed LIBERTY dentist consultant are not covered.
12. Localized delivery of antimicrobial agents may be covered 4-6 weeks after the completion of scaling and root planing as an adjunctive procedure for 2 non-responsive sites in a quadrant with 5mm pockets or deeper plus inflammation.
13. For treatment plans involving 7 or more units of crowns and/or fixed partial dentures (bridges), contracted providers may charge an additional \$200 co-payment per unit. In such cases, the first 6 units, as described in limitation #6 above, are covered at the specified member co-payment amount only, as documented in this Schedule of Benefits.
14. Fixed partial dentures (bridges) are covered when: replacing a "like-for-like" existing fixed partial denture with identical pontics and abutment teeth with good prognosis; abutment teeth qualify for crowns on their own merit, as described in limitation #6 above; there is only one missing permanent tooth in a full arch and the bridge would have opposing teeth in the opposite arch.
15. Surgical periodontal services are limited to once every 36 month period.
16. Full mouth debridement is limited to once in a 24 month period.
17. Pediatric referrals, if authorized by LIBERTY, are covered only for dependent children through the age of 6 unless the child qualifies under the American with Disabilities Act (ADA).

Exclusions:

1. Any procedure not specifically listed as a Covered Benefit.
2. Replacement of lost or stolen prosthetics or appliances including partial dentures, full dentures, and orthodontic appliances.
3. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than those situations described in the Schedule of Benefits (**).
4. Treatment started prior to coverage or after termination of coverage.
5. Procedures, appliances, or restorations to treat temporomandibular joint dysfunctions (e.g. adjustments/corrections to the facial bones), congenital or developmental situations (including supernumerary teeth) or medically induced dental disorders, including but not limited to: myofunctional treatment (e.g. speech therapy), or myoskeletal dysfunctions, unless otherwise covered as an orthodontic benefit.
6. Services for cosmetic purposes or for conditions that are a result of hereditary developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
7. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice.
8. Procedures performed on natural teeth solely to increase vertical dimension or restore occlusion.
9. Any service performed outside of your assigned dental office, unless expressly authorized by LIBERTY Dental Plan, or unless as outlined and covered in the "Emergency Dental Care" section of the Evidence of Coverage.
10. The removal of asymptomatic, unerupted third molars (or other teeth) that appear to have an unimpeded pathway to eruption and no active pathology.
11. Procedures or appliances that are provided by a dentist who specializes in prosthodontic services.
12. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction), for rebuilding occlusion or maintaining chewing surfaces or teeth that are out of alignment or for stabilizing teeth. Examples of such treatment are equilibration and periodontal splinting.
13. Any routine dental services performed by a dentist or dental specialist in an inpatient/outpatient hospital setting.
14. Consultations for non-covered services.

LIBERTY Dental Plan of California, Inc.
CA Ortho-400 PLAN
Principal Benefits and Coverage

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. Any procedure not listed is available at the provider's usual and customary fee

ADA Code	Description	Co-Pay
Orthodontic Diagnostic Records		
D0340	Cephalometric Image	\$ 100.00
D0470	Diagnostic casts	\$ 75.00
D9310	Consultation	no charge
Limited Orthodontic Treatment		
D8010	Limited orthodontic treatment of primary dentition	\$ 1100.00
D8020	Limited orthodontic treatment of the transitional dentition	\$ 1100.00
D8030	Limited orthodontic treatment of the adolescent dentition	\$ 1100.00
D8040	Limited orthodontic treatment of the adult dentition	\$ 1150.00
Interceptive Orthodontic Treatment		
D8050	Interceptive orthodontic treatment of the primary dentition	\$ 500.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$ 550.00
Comprehensive Orthodontic Treatment (24 months of Usual and Customary Orthodontic Treatment)		
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$ 2200.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$ 2200.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$ 2300.00
Minor Treatment to Control Harmful Habits		
D8210	Removable appliance therapy	\$ 350.00
D8220	Fixed appliance therapy	\$ 350.00
Other Orthodontic Services		
D8660	Pre-orthodontic treatment visit	no charge
D8670	Periodic orthodontic visits (as part of the contract)	no charge
D8680	Orthodontic retention (removal of appliance, construction and placement of retainer(s))	\$ 325.00
	Broken appointment (less than 24 hour notice)	\$ 20.00

Orthodontic Exclusions

1. Replacement of lost or stolen orthodontic appliances
2. Lost, stolen or broken appliances
3. Orthodontic treatment started prior to member's effective date of coverage unless covered through an orthodontic takeover provision.
4. 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)
5. Treatment in progress at the time of eligibility, unless included as an orthodontic rider to the groups benefits.
6. Temporomandibular joint syndrome (TMJ) surgical orthodontics
7. Myofunctional therapy
8. Treatment of cleft palate
9. Treatment of micrognathia
10. Treatment of macroglossia
11. Changes in orthodontic treatment necessitated by accident of any kind.
12. Orthodontic coverage is limited to 24 months of treatment, followed by 24 months of retention office visits.
13. Services provided after the 24th month of treatment and/or retention is the responsibility of the patient at a fee not to exceed \$130 per month.
14. In the event of termination the patient is responsible for the usual fee of the treating dentist pro-rated over the remainder of treatment and/or retention