



Welcome to LIBERTY Dental Plan



Where to Obtain Service

You and your family may seek services at a LIBERTY contracted dentist or from ANY licensed dentist. Finding a network dentist is easy! Log on to www.libertydentalplan.com/mbsi

Members on the **Elite PPO** and **Signature Plus Plan**:

- Click on **PPO Members**
- Click on **FIND A DENTIST**
- **Enter Required Fields** then click **Search**

Members on the **Patriot NV-900 Plan**:

- Click on **DHMO Members**
- Click on **FIND A DENTIST**
- **Enter Required Fields** then click **Search**



What to Know Before Calling the Dental Office

- The type of plan you are enrolled in
- Personal information (including the member ID number)
- The reason for your appointment (let your office know if you are having an emergency)



How to Make an Appointment

Once you are enrolled and eligible under the Plan, you may call your primary care dentist directly to schedule an appointment. Be sure to identify yourself as a member of **LIBERTY Dental Plan** when you call. We suggest you have your Schedule of Covered Services and Copayments with you when you visit your primary care dentist so you can reference your benefits, applicable copayments, exclusions and limitations.



What to Take to Your Appointment

- Plan benefit schedule (*not required but helpful*)
- ID card (*not required but helpful*)
- Government issued ID (*new patients*)
- List of questions or concerns
- List of medications you may be taking
- Information needed to complete new patient forms



Ask for Advice

Take advantage of your dental visit. Ask questions about your treatment plan and express any concerns you may have. Your dentist may offer you treatment options that are not listed on your benefit schedule. These additional services are optional. You can decline them and select only those covered by your plan if you choose. Please be aware that if you opt for non-covered options, you are responsible for paying the full fee charged by your dentist. **For PPO members, a Pre-determination is recommended, but not required.**



Specialty Referral (NV-900)

If your dentist encounters a situation requiring the services of a Dental Specialist, they will contact LIBERTY to initiate the specialty referral process. Specialty care that is not pre-authorized by LIBERTY will not be covered under your Plan. **PPO members do not require Specialty Referrals.**



Schedule Regular Dentist Visits

Seeing your dentist at least twice a year can help prevent many dental health problems. Regular visits will help reduce discomfort, and costly treatment plans. This allows your dentist to monitor your oral health and recommend a dental health routine to address areas of concern.



After Your Appointment

If you still have questions or need help understanding your coverage, treatment options, or receiving care, contact LIBERTY Dental Plan toll free at **888.401.1128**. An experienced, bilingual Member Service Representative will be ready to assist.



Member Dental Plan Cost Comparison



Plan Type Annual Deductible Annual Maximum Network of Providers	Patriot NV-900		Signature Plus PPO		Elite PPO	
	DHMO with Out-of-Network Benefit		PPO		PPO	
	In-Network: \$0 Out-of-Network: \$50		In/Out-of-Network \$50 Individual / \$150 Family		In/Out-of-Network \$50 Individual / \$150 Family	
	In-network: No Annual Maximum Out-of-Network: \$1,000 per Member		\$1,000 per Member		\$1,500 per Member	
	Liberty DHMO		DentalGuard Preferred Select			
	Member Copayment*	Out-of-Network (Plan Pays)**	In-Network**	Out-of-Network**	In-Network**	Out-of-Network**
Diagnostic and Preventive Services						
	\$0	\$25	100%	80%	100%	90%
	\$0	\$10 - \$70				
	\$0	\$53				
Basic Services						
for more surfaces)	\$10 - \$25	\$41 - \$71	80%	70%	90%	70%
Composite, 1-4 or	\$15 - \$30	\$45 - \$68				
Endodontic & Periodontic Services						
Root Canal - (own)	\$110	\$195	80%	70%	90%	50%
Root Canal - Molar,	\$210	\$295				
Periodontal scaling (drant)	\$40 - \$50	\$19 - \$38				
Perio Maintenance)	\$25	\$17				
Major Services						
	\$120 - \$220	\$135 - \$285	60%	50%	60%	50%
Maxillary &	\$320	\$181				
	\$180 - \$275	\$158 - \$274				
Orthodontic Services						
ention	\$2,100	No Benefit	50%	50%	Not a Plan Benefit	
n	\$2,250	No Benefit				
	No maximum No age limit		\$1,500 Lifetime Maximum. Dependent Children up to age 19			

This document provides a summary of the plan's benefits only. For a complete description of benefits, limitations and exclusions, refer to the **Patriot NV-900**, **Signature Plus PPO**, or **Elite PPO** plan benefit schedule.

* Member Copayment applies when a Liberty Dental Plan Contracted DHMO Dentist provides the services. Out-of-Network applies when an Out-of-Network Dentist provides the services. Coverage is limited to providers in the state of Nevada.

** In-Network fees are based on PPO fees for In-Network dentists. Out-of-Network reimbursement is paid on Liberty's contract allowances and not necessarily the dentist's actual fees. The member is responsible for the difference.

