Liberty Dental Plan of Nevada
PO Box 401086, Las Vegas, NV 89140
Member Services: 888.401.1128

Signature Plus PPO
BENEFIT HIGHLIGHT SHEET

	PLAN BENEFITS	
ANNUAL MAXIMUM (Calendar Year)	$1,000 per member	
DEDUCTIBLE Waived on Diagnostic, Preventive, and Orthodontic Services	$50 per member $150 per family	
PROVIDER COVERAGE		
PPO Provider Network	**DentalGuard Preferred Select**	**Any Licensed Dentist**
Provider Reimbursement	**PPO Fee Schedule**	**Regional Usual & Customary****
COVERED SERVICES	**In-Network Plan Pays**	**Out-of-Network Plan Pays**
DIAGNOSTIC & PREVENTIVE SERVICES* Oral Exams, Cleanings, Fluoride, X-rays, Pulp Vitality Tests, Diagnostic Casts (Study Models), Space Maintainers	100%	80%
BASIC SERVICES Fillings, Oral Surgery, Endodontic Services (root canals & associated services), Periodontal Services (services associated with the gum tissue)	80%	70%
MAJOR SERVICES Crowns, Inlays, Onlays, Dentures, Partial Dentures, Fixed Bridges	60%	50%
ORTHODONTICS Coverage for dependent children up to age 19 No waiting period, No deductible	50%	50%
	$1,500 Lifetime Maximum	

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

* Deductible is waived on Diagnostic, Preventive, and Orthodontic Services

** 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. Out-of-Network pays lesser of the submitted charge or the Regional Usual & Customary Rate as defined by the 80th percentile of MDR (Medical Data Research) fee scheduled published by FAIR Health.

Dependent children are covered up to the age of 26.

Advantages of Using an In-Network Dentist

You have the freedom to choose any licensed dentist and 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 are not contracted with Liberty and can "balance bill" you the difference between their billed amount 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 **DentalGuard Preferred Select PPO – Commercial** as your Network.

Covered Services & Limitations

DIAGNOSTIC & PREVENTIVE SERVICES	
Oral Exams	2 every 12 months
Cleanings (prophylaxis)	1 prophylaxis/periodontal maintenance every 6 months
Topical Fluoride Treatment	1 every 6 months
Bitewing X-rays	1 series every 6 months
Panoramic or Full-Mouth X-ray	1 set every 36 months
Sealants	1 per tooth every 36 months. Limited to the permanent 1st and 2nd molars with no decay for dependent children up to the age of 14
Oral Hygiene Instruction	1 per 24-month period
BASIC BENEFITS	
Scaling and Root Planing	1 per site, per quadrant every 24 months
Periodontal Maintenance	1 prophylaxis/periodontal maintenance every 6 months
Periodontal Surgical Procedures	1 per quadrant every 36 months
MAJOR BENEFITS	
Crowns, Inlays, Onlays, Bridges	1 per tooth every 5-year period
Implants	Not covered
Complete & Partial Dentures	1 per arch every 5-year period
Denture Reline	1 per denture every 12 months

The limitations shown represent a highlighted selection of your Plan Benefits. Please refer to the Evidence of Coverage for a complete description of limitations and exclusions.

LIMITATIONS:

- LIBERTY will not be liable for any delay or failure to provide or arrange for Covered Services if the delay or failure is caused by the following:
  - Natural disaster
  - War
  - Riot
  - Civil insurrection
  - Epidemic
  - Or any other emergency beyond LIBERTY's control
- Benefits in excess of the yearly or lifetime maximum benefits. Please see the Benefit Plan Summary for Benefit Year maximum benefits and lifetime maximum benefit limitations on certain services.
- Crowns, bridges, and dentures may not be replaced within five (5) years from the initial placement.
- Partial dentures are not to be replaced within five (5) years of the initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
- Covered charge for both a temporary and a permanent prosthesis will be limited to the charge for a permanent prosthesis only.
- Full mouth debridement (gross scale) is limited to one treatment in any thirty-six (36) consecutive month period.
- Osseous surgery is limited to one treatment in any five (5) year period.
- Crowns will be covered only if, in the opinion of Liberty's Dental Director, there is not enough retentive quality left in the tooth to hold a filing.
- Sealant benefits include the application of sealants only to permanent first and second molars with no decay for dependent children only up to the age of 14. Sealant benefits limited to once per tooth in any 36 consecutive month period.
- Crowns are covered only if the tooth cannot be restored by a filling.
- If Liberty determines that more than one 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.

EXCLUSIONS:

- Dental services for aesthetics only and/or cosmetic dental care unless otherwise listed as a covered benefit.
- General anesthesia, intravenous and inhalation sedation, prescription drugs for anesthesia, and the services of a special anesthesiologist unless otherwise listed as a covered benefit.
- Dental conditions arising out of and due to a Member's employment or for which the Member is entitled to Workers' Compensation benefits.
- Hospital and medical facility charges of any kind.
- Services of any kind provided in the home.
- Ambulance services.
- Durable Medical Equipment.
- Mental Health services.
- Chemical Dependency services
- Charges from a medical doctor, Doctor of Osteopathic Medicine and/or other medical professional except for dental services otherwise covered herein.
- Treatment of fractures or dislocations.
- Replacement of lost or stolen dentures, partials, or other appliances (e.g. crowns, bridges, full or partial dentures).
- Services which are normally reimbursed by a third party or liability insurance and/or under the medical portion of a group health plan.
- Dental procedures for which treatment was started prior to the time Member became eligible for benefits, or after the member was no longer eligible.
- Treatment and/or removal of: (a) malignancies; (b) cysts or benign tumors not within the scope of usual dental care; (c) odontogenic cysts exceeding 1.25 cm in diameter.
- Drugs/medications not normally supplied or prescribed by a dental office.
- Any treatment which, in the opinion of LIBERTY's Dental Director, is not necessary for the Member's dental health.
- Replacement of an existing bridge, partial or denture which, in the opinion of LIBERTY's Dental Director, is satisfactory or that can be made satisfactory.
- Orthognathic surgery.
- Implants or any prosthesis attached to or dependent upon an implant unless otherwise listed as a covered benefit on the Benefit Plan Summary.
- Any experimental, investigational, or exotic procedure not approved by the ADA Council on Dental Therapeutics.
- Treatment to alter vertical dimension or to restore occlusion unless dentures are involved.
- Treatment or therapy for Temporo Mandibular Joint (TMJ) problems including, but not limited to, assessment beyond that customarily provided in a general dental practice.
- Procedures, appliances, or restorations to correct congenital, developmental, 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 the facial bones) unless otherwise covered as an orthodontic benefit.
- Crowns for the primary purpose of splinting, altering, or maintaining vertical dimension or restoring occlusion.
- Treatment or service which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years.
- Treatment or service replacing tooth structure lost from abrasion, attrition, erosion, or abfraction.
- Expense or charge incurred by a Member confined to an institution of any kind.
- Cases in which, in the reasonable professional judgment LIBERTY's Dental Director, a satisfactory result cannot be obtained.
- Replacement of long-standing missing tooth/teeth in an otherwise stable dentition.
- Orthodontic services unless otherwise listed as a covered benefit.
- Care related to the bite, alignment of teeth, or bite correction.
- Charges for specialized techniques involving precision attachments, personalization, or characterization of a temporary or permanent prosthesis.
- Any service not specifically listed as a Covered Benefit on the Benefit Plan Summary.