



CA400 Plan

Sample Member Co-Payments

DIAGNOSTIC & PREVENTIVE

Oral examinations.....	\$ 0
X-rays	\$ 0
Prophylaxis	\$ 0
Topical fluoride.....	\$ 0
Sealant, per tooth.....	\$ 5

RESTORATIVE

Amalgam (silver) fillings.....	\$0
Composite filling, posterior, 3 surface	\$ 85
Crown, porcelain/base metal	\$225
Crown, full cast/base metal	\$ 225

ENDODON TICS

Root canal, anterior.....	\$ 60
Rootcanal,bicuspid	\$ 125
Rootcanal,molar	\$265

PERIODONTICS

Gingivectomy, per quadrant.....	\$ 110
Root planing & scaling, per quadrant.....	\$ 55
Periodontal maintenance.....	\$ 35

REMOVABLE PROSTHODONTICS

Complete denture.....	\$ 260
Partial denture, metal framework	\$260
Denture/partial reline	\$ 60

IMPLANTS

Member co-payments range from \$200 - \$2,000 for covered Implant procedures.

FIXED PROSTHODONTICS

Pontic, porcelain/base metal	\$225
Pontic, full cast/base metal.....	\$225
Abutment crown, porcelain/metal	\$225
Abutment crown, full cast/metal.....	\$225

ORAL SURGERY

Simple extraction.....	\$ 0
Surgical extraction, erupted tooth	\$ 30
Removal impacted tooth, full bony	\$85

ADJUNCTIVE GENERAL SERVICES

Consultation with Specialist	\$ 50
Officevisit,afterhours	\$25
Officevisit,pervisit.....	\$6

ORTHODONTICS (Children & Adults)

Start-upfees.....	\$175
Comprehensive treatment/child	\$2,200
Comprehensive treatment/adult	\$2,300
Retainers	\$ 325

This is only a summary of the Dental Plan. The complete CA400 Benefit Schedule and Evidence of Coverage must be consulted to determine the exact terms, limitations and exclusions of coverage.

Dental Benefits should be simple to use for you and your family. Our CA400 plan offers comprehensive dental coverage without claim forms, deductibles or annual maximum limitations.

LIBERTY Dental Plan contracts with quality dental professionals to provide services to you and your eligible dependents at no cost or for low fixed co-payments. We take pride in our relationship with our dental professionals. This relationship enables our members to receive the care they deserve when enrolling in our plans.

Membership Eligibility: If you reside in our service area, you and your eligible dependents may enroll in this plan. Eligible dependents include your spouse; dependent child up to the child's twenty-sixth (26th) birthday unless such child is eligible for employer-sponsored coverage (other than coverage through the subscriber). The children and spouse of a dependent child are excluded from coverage; disabled children dependent upon you for support and are not able to support themselves due to physical or mental handicap (you must provide proof of disability or handicap at the time you enroll) and adopted or step-children meeting the above requirements.

Selecting a Dental Provider: You must select a contracted Primary Care Dentist when you enroll in this plan and indicate your selection on the enrollment form. This dentist will be responsible for providing dental care for you and your family. If you desire, you may transfer to a different contracted Primary Care Dentist simply by calling our Member Services Department. Transfer requests received by the 20th day of the month will be effective the first day of the following month. Visit www.libertydentalplan.com to view dental office options.

Specialty Referral: LIBERTY Dental Plan will arrange for you to receive services from a Contracted Dental Specialist if the necessary treatment is outside the scope of General Dentistry. Your General Dentist will initiate the referral process with LIBERTY Dental Plan. The proper referral process must be utilized for specialty services to be covered under your plan. X-rays for diagnostic purposes are benefits in the General Dentist's office only.

Emergency Dental Care: All contracted Primary Care dental offices provide for emergency dental care twenty-four (24) hours per day, seven (7) days per week. If you are more than fifteen (15) miles or thirty (30) minutes from your Primary Care Dentist, or you cannot contact your Primary Care Dentist or LIBERTY Dental Plan Member Services, simply contact any licensed dentist to receive care. LIBERTY Dental Plan will reimburse you for dental expenses for covered services related to the relief of pain only, up to a maximum of seventy-five dollars (\$75), less any applicable co-payments.

To enroll in this dental plan or for more information, please contact:

**Heather Gray
(619) 933-9517**

LIBERTY Dental Plan
Member Services: (888) 703-6999