

# LIBERTY Dental Plan of Florida, Inc.

## FL800NS Copayment Schedule

✓ Members must select, and be assigned to, a LIBERTY Dental Plan contracted dental office to utilize covered benefits. 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.

✓ **When you receive services from a Dental Specialist utilizing the proper referral process, the Member Co-Payments listed in this Copayment Schedule will not apply. You will, however, receive a 25% discount based on the Dental Specialist's Usual and Customary Fees for the service(s) received.**

✓ 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.



### Summary of Services

ADA Code	Procedure	Co-Pay
<b>Diagnostic services</b>		
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.....	\$ 12.00
D0220.....	Intraoral, periapical, first radiographic image.....	no charge
D0230.....	Intraoral, periapical, each add 'l radiographic image.....	no charge
D0240.....	Intraoral, occlusal radiographic image.....	no charge
D0250.....	Extraoral, first radiographic image.....	no charge
D0260.....	Extraoral, each add 'l 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.....	\$ 10.00
D0460.....	Pulp vitality tests.....	\$ 8.00
D0470.....	Diagnostic casts.....	\$ 10.00
<b>Preventive services</b>		
D1110.....	Prophylaxis, adult.....	no charge
	Prophylaxis, adult (3rd or more per 12 month period).....	\$ 56.00
D1120.....	Prophylaxis, child.....	no charge
	Prophylaxis, child (3rd or more per 12 month period).....	\$ 46.00
D1206.....	Topical application of fluoride varnish.....	\$ 25.00
D1208.....	Topical application of fluoride.....	no charge
	up to the 18th birthday (3rd or more per 12 month period) .....	\$ 20.00
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.....	\$ 18.00
D1352.....	Preventive resin restoration, permanent tooth.....	\$ 18.00
D1510.....	Space maintainer, fixed, unilateral.....	\$ 100.00
D1515.....	Space maintainer, fixed, bilateral.....	\$ 150.00
D1520.....	Space maintainer, removable, unilateral.....	\$ 95.00
D1525.....	Space maintainer, removable, bilateral.....	\$ 125.00
D1550.....	Recementation of space maintainer.....	\$ 15.00
D1555.....	Removal of fixed space maintainer.....	\$ 18.00

ADA Code	Procedure	Co-Pay
<b>Restorative services</b>		
D2140.....	Amalgam, 1 surface, primary or permanent.....	\$ 25.00
D2150.....	Amalgam, 2 surfaces, primary or permanent.....	\$ 32.00
D2160.....	Amalgam, 3 surfaces, primary or permanent.....	\$ 42.00
D2161.....	Amalgam, 4 or more surfaces, primary or permanent.....	\$ 53.00
D2330.....	Resin-based composite, 1 surface, anterior.....	\$ 38.00
D2331.....	Resin-based composite, 2 surfaces, anterior.....	\$ 48.00
D2332.....	Resin-based composite, 3 surfaces, anterior.....	\$ 58.00
D2335.....	Resin-based composite, 4+ surfaces/incisal angle.....	\$ 68.00
D2390.....	Resin-based composite crown, anterior.....	\$ 75.00
D2391.....	Resin-based composite, 1 surface, posterior.....	\$ 55.00
D2392.....	Resin-based composite, 2 surfaces, posterior.....	\$ 65.00
D2393.....	Resin-based composite, 3 surfaces, posterior.....	\$ 75.00
D2394.....	Resin-based composite, 4+ surfaces, posterior.....	\$ 94.00
<b>*GUIDELINES for Inlays, Onlays, and Single Crowns:</b>		
<b>Base metal is the Plan Benefit.</b> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal.		
<b>Benefits for molar teeth:</b> An additional charge, not to exceed \$75 per unit, will be applied for porcelain or resin on molar teeth.		
D2510.....	Inlay, metallic, 1 surface.....	\$ 200.00
D2520.....	Inlay, metallic, 2 surfaces.....	\$ 235.00
D2530.....	Inlay, metallic, 3 or more surfaces.....	\$ 250.00
D2542.....	Onlay, metallic, 2 surfaces.....	\$ 275.00
D2543.....	Onlay, metallic, 3 surfaces.....	\$ 290.00
D2544.....	Onlay, metallic, 4 or more surfaces.....	\$ 305.00
D2720.....	Crown, resin with high noble metal.....	\$ 550.00 *
D2721.....	Crown, resin with predominantly base metal.....	\$ 400.00
D2722.....	Crown, resin with noble metal.....	\$ 550.00 *
D2740.....	Crown, porcelain/ceramic substrate.....	\$ 500.00
D2750.....	Crown, porcelain fused to high noble metal.....	\$ 560.00 *
D2751.....	Crown, porcelain fused to predominantly base metal.....	\$ 410.00
D2752.....	Crown, porcelain fused to noble metal.....	\$ 560.00 *
D2780.....	Crown, ¾ cast high noble metal.....	\$ 530.00 *
D2781.....	Crown, ¾ cast predominantly base metal.....	\$ 380.00
D2782.....	Crown, ¾ cast noble metal.....	\$ 530.00 *
D2783.....	Crown, ¾ porcelain/ceramic.....	\$ 400.00
D2790.....	Crown, full cast high noble metal.....	\$ 530.00 *
D2791.....	Crown, full cast predominantly base metal.....	\$ 380.00
D2792.....	Crown, full cast noble metal.....	\$ 530.00 *
D2794.....	Crown, titanium.....	\$ 530.00 *
D2910.....	Recement inlay, onlay, partial coverage restoration.....	\$ 15.00
D2915.....	Recement cast or prefabricated post & core.....	\$ 15.00
D2920.....	Recement crown.....	\$ 26.00
D2930.....	Prefabricated stainless steel crown, primary tooth.....	\$ 70.00
D2931.....	Prefabricated stainless steel crown, permanent tooth.....	\$ 80.00
D2932.....	Prefabricated resin crown.....	\$ 75.00
D2940.....	Protective restoration (temporary).....	\$ 20.00
D2950.....	Core build-up, including any pins.....	\$ 75.00
D2951.....	Pin retention, per tooth, in addition to restoration.....	\$ 10.00
D2952.....	Post & core in addition to crown, indirect fabric.....	\$ 100.00
D2953.....	Each additional indirect fabric. post, same tooth.....	\$ 15.00
D2954.....	Prefabricated post & core in addition to crown.....	\$ 80.00
D2955.....	Post removal.....	\$ 48.00

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ADA Code	Procedure	Co-Pay
<b>Restorative services (continued)</b>		
D2957.....	Each additional prefabricated post, same tooth.....	\$ 10.00
<b>Endodontic services</b>		
D3110.....	Pulp cap – direct (excluding final restoration).....	\$ 20.00
D3120.....	Pulp cap – indirect (excluding final restoration).....	\$ 15.00
D3220.....	Therapeutic pulpotomy (excluding final restoration).....	\$ 45.00
D3230.....	Pulpal therapy (resorbable filling), anterior primary.....	\$ 55.00
D3240.....	Pulpal therapy (resorbable filling), posterior, primary.....	\$ 65.00
D3310.....	Anterior (excluding final restoration).....	\$ 190.00
D3320.....	Bicuspid (excluding final restoration).....	\$ 275.00
D3330.....	Molar (excluding final restoration).....	\$ 400.00
D3346.....	Retreatment of previous root canal – anterior.....	\$ 300.00
D3347.....	Retreatment of previous root canal – bicuspid.....	\$ 400.00
D3348.....	Retreatment of previous root canal – molar.....	\$ 500.00
D3351.....	Apexification/recalcification – initial visit.....	\$ 95.00
D3352.....	Apexification/recalcification – interim med.....	\$ 55.00
D3353.....	Apexification/recalcification – final visit.....	\$ 185.00
D3410.....	Apicoectomy – anterior.....	\$ 195.00
D3421.....	Apicoectomy – bicuspid.....	\$ 235.00
D3425.....	Apicoectomy – molar.....	\$ 255.00
D3426.....	Apicoectomy – each add 'l root.....	\$ 75.00
D3430.....	Retrograde filling – per root.....	\$ 45.00
D3450.....	Root Amputation – per root.....	\$ 134.00
D3920.....	Hemisection (incl. root removal), not incl. root canal.....	\$ 176.00
<b>Periodontal services</b>		
D4210.....	Gingivectomy/gingivoplasty, 4+ teeth per quadrant.....	\$ 190.00
D4211.....	Gingivectomy/gingivoplasty, 1-3 teeth per quadrant.....	\$ 60.00
D4212.....	Gingivectomy/gingivoplasty, restorative procedure, per tooth.....	no charge
D4240.....	Ging. flap procedure, 4+ teeth per quadrant.....	\$ 290.00
D4241.....	Ging. flap procedure, 1-3 teeth per quadrant.....	\$ 160.00
D4260.....	Osseous surgery, 4+ teeth per quadrant.....	\$ 555.00
D4261.....	Osseous surgery, 1-3 teeth per quadrant.....	\$ 475.00
<b>GUIDELINE:</b>		
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.....	\$ 60.00
D4342.....	Periodontal scaling & root planing, 1-3 teeth/quad.....	\$ 50.00
D4355.....	Full mouth debridement.....	\$ 55.00
D4381.....	Localized delivery of antimicrobial agent/per tooth.....	\$ 40.00
D4910.....	Periodontal maintenance.....	\$ 40.00
<b>Removable prosthodontic services</b>		
D5110.....	Complete denture, maxillary.....	\$ 450.00
D5120.....	Complete denture, mandibular.....	\$ 450.00
D5130.....	Immediate denture, maxillary.....	\$ 475.00
D5140.....	Immediate denture, mandibular.....	\$ 475.00
D5211.....	Maxillary partial denture, resin base.....	\$ 350.00
D5212.....	Mandibular partial denture, resin base.....	\$ 350.00
D5213.....	Maxillary partial denture, cast metal/resin base.....	\$ 450.00
D5214.....	Mandibular partial denture, cast metal/resin base.....	\$ 450.00
D5225.....	Maxillary partial denture, flexible base.....	\$ 550.00
D5226.....	Mandibular partial denture, flexible base.....	\$ 550.00
D5281.....	Removable unilateral partial denture.....	\$ 300.00
D5410.....	Adjust complete denture, maxillary.....	\$ 22.00
D5411.....	Adjust complete denture, mandibular.....	\$ 22.00

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ADA Code	Procedure	Co-Pay
<b>Removable prosthodontic services (continued)</b>		
D5421.....	Adjust partial denture, maxillary.....	\$ 22.00
D5422.....	Adjust partial denture, mandibular.....	\$ 22.00
D5510.....	Repair broken complete denture base.....	\$ 30.00
D5520.....	Replace missing/broken teeth, complete denture.....	\$ 20.00
D5610.....	Repair resin denture base.....	\$ 44.00
D5620.....	Repair cast framework.....	\$ 49.00
D5630.....	Repair or replace broken clasp.....	\$ 45.00
D5640.....	Replace broken teeth, per tooth.....	\$ 20.00
D5650.....	Add tooth to existing partial denture.....	\$ 48.00
D5660.....	Add clasp to existing partial denture.....	\$ 65.00
D5710.....	Rebase complete maxillary denture.....	\$ 160.00
D5711.....	Rebase complete mandibular denture.....	\$ 160.00
D5720.....	Rebase maxillary partial denture.....	\$ 160.00
D5721.....	Rebase mandibular partial denture.....	\$ 160.00
D5730.....	Reline complete maxillary denture, chairside.....	\$ 78.00
D5731.....	Reline complete mandibular denture, chairside.....	\$ 78.00
D5740.....	Reline maxillary partial denture, chairside.....	\$ 78.00
D5741.....	Reline mandibular partial denture, chairside.....	\$ 78.00
D5750.....	Reline complete maxillary denture, laboratory.....	\$ 115.00
D5751.....	Reline complete mandibular denture, laboratory.....	\$ 115.00
D5760.....	Reline maxillary partial denture, laboratory.....	\$ 115.00
D5761.....	Reline mandibular partial denture, laboratory.....	\$ 115.00
D5820.....	Interim partial denture, maxillary.....	\$ 177.00
D5821.....	Interim partial denture, mandibular.....	\$ 177.00
D5850.....	Tissue conditioning, maxillary.....	\$ 45.00
D5851.....	Tissue conditioning, mandibular.....	\$ 45.00
<b>Implant services</b>		
<b>GUIDELINE:</b>		
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.....	\$ 214.00
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
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.....	\$ 970.00

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ADA Code	Procedure	Co-Pay
<b>Implant services (continued)</b>		
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
<b>Fixed prosthodontic services</b>		
<b>*GUIDELINES for Pontics, Abutments, Crowns, Inlays, and Onlays:</b>		
<b>Base metal is the Plan Benefit.</b> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal.		
<b>Benefits for molar teeth:</b> An additional charge, not to exceed \$75 per unit, will be applied for porcelain or resin on molar teeth.		
D6210.....	Pontic, cast high noble metal.....	\$ 560.00 *
D6211.....	Pontic, cast predominantly base metal.....	\$ 380.00
D6212.....	Pontic, cast noble metal.....	\$ 530.00 *
D6214.....	Pontic, titanium.....	\$ 530.00 *
D6240.....	Pontic, porcelain fused to high noble metal.....	\$ 560.00 *
D6241.....	Pontic, porcelain fused to predominantly base metal.....	\$ 410.00
D6242.....	Pontic, porcelain fused to noble metal.....	\$ 560.00 *
D6245.....	Pontic, porcelain/ceramic.....	\$ 500.00
D6250.....	Pontic, resin with high noble metal.....	\$ 550.00 *
D6251.....	Pontic, resin with predominantly base metal.....	\$ 400.00
D6252.....	Pontic, resin with noble metal.....	\$ 550.00 *
D6720.....	Crown, resin with high noble metal.....	\$ 550.00 *
D6721.....	Crown, resin with predominantly base metal.....	\$ 400.00
D6722.....	Crown, resin with noble metal.....	\$ 550.00 *
D6740.....	Crown, porcelain/ceramic.....	\$ 500.00
D6750.....	Crown, porcelain fused to high noble metal.....	\$ 560.00 *
D6751.....	Crown, porcelain fused to predominantly base metal.....	\$ 410.00
D6752.....	Crown, porcelain fused to noble metal.....	\$ 560.00 *
D6780.....	Crown, ¾ cast high noble metal.....	\$ 530.00 *
D6781.....	Crown, ¾ cast predominantly base metal.....	\$ 380.00
D6782.....	Crown, ¾ cast noble metal.....	\$ 530.00 *
D6783.....	Crown, ¾ porcelain/ceramic.....	\$ 450.00
D6790.....	Crown, full cast high noble metal.....	\$ 530.00 *
D6791.....	Crown, full cast predominantly base metal.....	\$ 380.00
D6792.....	Crown, full cast noble metal.....	\$ 530.00 *
D6794.....	Crown, titanium.....	\$ 530.00 *
D6930.....	Recement fixed partial denture.....	\$ 38.00
<b>Oral and maxillofacial services</b>		
D7111.....	Extraction, coronal remnants, deciduous tooth.....	\$ 25.00
D7140.....	Extraction, erupted tooth or exposed root.....	\$ 35.00
D7210.....	Surgical removal of erupted tooth.....	\$ 50.00
D7220.....	Removal of impacted tooth, soft tissue.....	\$ 75.00
D7230.....	Removal of impacted tooth, partially bony.....	\$ 90.00
D7240.....	Removal of impacted tooth, completely bony.....	\$ 110.00
D7241.....	Removal impacted tooth, complete bony, complication.....	\$ 125.00
D7250.....	Surgical removal residual tooth roots, cutting procedure.....	\$ 66.00
D7285.....	Biopsy of oral tissue, hard (bone, tooth).....	\$ 200.00
D7286.....	Biopsy of oral tissue, soft.....	\$ 89.00
D7310.....	Alveoloplasty with extractions, 4+ teeth, quadrant.....	\$ 66.00
D7311.....	Alveoloplasty with extractions, 1-3 teeth, quadrant.....	\$ 44.00

ADA Code	Procedure	Co-Pay
<b>Oral and maxillofacial services (continued)</b>		
D7320.....	Alveoplasty, w/o extractions, 4+ teeth, quadrant.....	\$ 95.00
D7321.....	Alveoplasty, w/o extractions, 1-3 teeth, quadrant.....	\$ 70.00
D7510.....	Incision & drainage of abscess, intraoral soft tissue.....	\$ 48.00
D7520.....	Incision & drainage, abscess, extraoral soft tissue.....	\$ 77.00
D7960.....	Frenulectomy (frenectomy or frenotomy), separate procedure.....	\$ 136.00
D7970.....	Excision of hyperplastic tissue, per arch.....	\$ 98.00
D7971.....	Excision of pericoronal gingival.....	\$ 56.00
<b>Adjunctive general services</b>		
D9110.....	Palliative (emergency) treatment, minor procedure.....	\$ 16.00
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
D9230.....	Inhalation of nitrous oxide/analgesia, anxiolysis.....	\$ 42.00
D9310.....	Consultation, other than requesting dentist.....	\$ 47.00
D9430.....	Office visit, observation, regular hrs., no other services.....	\$ 35.00
D9440.....	Office visit, after regularly scheduled hours.....	\$ 36.00
D9450.....	Case presentation, detailed & extensive treatment .....	no charge
D9951.....	Occlusal adjustment, limited.....	\$ 44.00
D9952.....	Occlusal adjustment, complete.....	\$ 77.00
	Broken appointment, less than 24 hours notice.....	\$ 20.00

## Limitations:

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1. One (1) intraoral, complete series of x-rays (full mouth series) or panoramic radiographic image is covered once each thirty-six (36) month period;
2. One (1) series of bitewing radiographic images are covered once each six (6) month period;
3. Two (2) prophylaxis (routine cleaning) or periodontal maintenance (after active periodontal treatment) are covered in a twelve (12) month period. Two (2) additional prophylaxis in a twelve (12) month period are available at the member co-payment listed on the Plan's Schedule of Benefits;
4. Two (2) fluoride treatments are covered in a twelve (12) month period;
5. Sealants are covered on first and second permanent molars with no caries (decay) only for dependent children under age 14. Limited to once per tooth per thirty-six (36) month period;
6. Replacement of crowns, labial veneers or fixed partial dentures (bridgework), per unit, are limited to once every 5 year period;
7. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. Exception: Implant supported prosthetics are listed in this Plan's Schedule of Benefits at the actual member co-payment amounts. No additional charge is allowable for noble, high noble or titanium associated with implant supported prosthetics;
8. An additional charge, not to exceed \$75 per unit, will be applied to crowns and fixed partial dentures (bridges) for porcelain or resin on molar teeth;
9. Cases involving seven (7) or more crowns and/or fixed partial denture (bridge) units in the same treatment plan required an additional \$125 member co-payment per unit in addition to the specified member co-payment amount on the Plan's Schedule of Benefits;
10. The member co-payments for endodontic procedures (root canals) do not include the cost of the final restoration;
11. All surgical periodontal services are limited to once every thirty-six (36) month period;
12. One (1) bone replacement graft per lifetime;
13. Periodontal scaling and root planing (deep cleaning) is limited to once per quadrant/site in a twenty-four (24) month period;
14. Full mouth debridement is limited to once in a 24 month period;
15. Replacement of complete and partial dentures is limited to once every five (5) year period only if the existing appliance is unsatisfactory and cannot be made satisfactory as determined by the treating LIBERTY Dental Plan General Dentist;
16. Complete denture and partial denture adjustments are included as part of the denture procedure for twelve (12) months following initial insertion. Following the initial twelve (12) months, adjustments are covered once in a twenty-four (24) month period;
17. Complete denture and partial denture relines or rebases is included as part of the denture procedure for twelve (12) months following initial insertion. Following the initial twelve (12) months, relines or rebases is covered once in a twenty-four (24) month period;
18. Tissue conditioning is included as part of the denture procedure for twelve (12) months following initial insertion. Following the initial twelve (12) months, tissue conditioning is covered once in a twenty-four (24) month period;
19. Surgical placement of implant body limited to one (1) per site per lifetime;
20. Deep sedation/general anesthesia and intravenous conscious sedation/analgesia are covered benefits 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 is contraindicated. Deep sedation/general anesthesia and intravenous conscious sedation/analgesia, 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 this type of anesthesia;
21. Pediatric referrals, if authorized by LIBERTY Dental Plan, are covered only for dependent children under the age of eight (8) unless the child qualifies under the American with Disabilities Act (ADA);
22. All services must be provided by the member's assigned LIBERTY Dental Plan General Dentist unless authorized by LIBERTY Dental Plan.

## **Exclusions:**

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1. Services performed by any dentist not contracted with LIBERTY Dental Plan without prior approval by LIBERTY Dental Plan (except for out-of-area emergency services). This includes services performed by a General Dentist or a Dental Specialist;
2. The removal of asymptomatic third molars (wisdom teeth) is not a covered benefit unless pathology (disease) exists. Removal is available, however, from your contracted LIBERTY Dental Plan General Dentist or Dental Specialist at a 25% discount based on the dentist's Usual and Customary fees where available;
3. Extractions solely for the purpose of orthodontia;
4. Dental procedures started prior to the member's eligibility under this Plan or started after the member's termination from the Plan. Examples include: teeth prepared for crowns, root canals in progress and full and partial dentures for which an impression has been taken;
5. Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health, as determined by the LIBERTY Dental Plan assigned General Dentist or LIBERTY Dental Plan's Dental Director;
6. Orthognathic surgery;
7. Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications;
8. Replacement of dentures, crowns, appliances or bridgework that have been lost or stolen;
9. Treatment of malignancies, cysts or neoplasm unless specifically listed as a covered benefit on this Plan's Schedule of Benefits;
10. Laboratory fees;
11. Procedures, appliances or restorations whose primary purpose is to change the vertical dimension of occlusion, correct congenital, developmental or medically induced dental disorders including, but not limited to, treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specifically listed as a covered benefit on the Plan's Schedule of Benefits;
12. Dental services provided for or paid by a federal or state government agency or authority, political subdivision or other public program other than Medicaid or Medicare;
13. Dental services required while serving in the Armed Forces of any country or international authority;
14. Dental services considered to be experimental in nature;
15. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member;
16. Treatment or service replacing tooth structure lost from abrasion, attrition, erosion or abfraction;
17. Orthodontic treatment unless offered and issued by rider;
18. Any procedure not specifically listed as a Plan benefit. Such procedures, however, are available from your contracted LIBERTY Dental Plan General Dentist or Dental Specialist at a 25% discount based on the dentist's Usual and Customary fees where available.