



# Point of Service Plan

Employee	\$43.98				
Employee & Spouse	\$86.28		Tier I EPO (NV-500)	Tier II PPO	Tier III Out-of Network
Employee & Child(ren)	\$90.58	Provider Network	LIBERTY EPO Network	DentalGuard Preferred Select Network	Any licensed provider
Family	\$142.06	Annual benefit maximum*	None (unlimited)	\$1,500	\$1,000
		Calendar Year Deductible*	Not Applicable	\$50 single/\$150 family	\$75 single/\$225 family
		Waiting Periods	None	None	None
<b>Diagnostic and Preventative Services</b>					
Diagnostic	ADA code	Member pays:	Member Pays:	Member Pays:	
Periodic oral evaluation - established patient	D0120	\$0.00	Plan pays 100% of contracted rate: Deductible waived	Plan pays 90% of MPA: Deductible applies	
Comprehensive oral evaluation - new or established	D0150	\$0.00			
Intraoral - periapical first film	D0220	\$0.00			
Bitewings - 2 fillms	D0272	\$0.00			
Preventative					
Prophylaxis - adult	D1110	\$0.00			
<b>Basic Procedures</b>					
Restorative					
Amalgam - 1 surface, primary or permanent	D2140	\$0.00	Plan pays 80% of contracted rate: Deductible applies	Plan pays 70% of MPA: Deductible applies	
Amalgam - 2 surfaces, primary or permanent	D2150	\$0.00			
Resin-based composite - 1 surface, anterior	D2330	\$7.00			
Resin-based composite - 2 surfaces, anterior	D2331	\$15.00			
Endodontics					
Root canal - anterior (excluding final restoration)	D3310	\$15.00			
Root canal - molar (excluding final restoration)	D3330	\$99.00			
Periodontics					
Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	D4210	\$38.00			
Periodontal scaling & root planing - 4 or more teeth per quadrant	D4341	\$18.00			
Surgery					
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	D7140	\$0.00			
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone and/or section of tooth	D7210	\$12.00			
Removal of impacted tooth - completely bony	D7240	\$45.00			
<b>Major Procedures</b>					
Crown - porcelain fused to predominantly base metal	D2751	\$115.00	Plan pays 50%; See above	Plan pays 40%; See above	
Crown - full cast predominantly base metal	D2791	\$99.00			
Prostodontics					
Complete denture - mandibular	D5120	\$145.00			
Crown - porcelain fused to predominantly base metal	D6751	\$185.00			
<b>Orthodontia</b>		included, no waiting			Rider***
<b>Implants</b>		included			Rider***

\* Tier II and III maximal annual benefit and deductibles do accumulate with one another.

\*\* MPA means the maximal plan allowable.

\*\*\*Orthodontia Rider Options include a.) no deductible, b.) services covered at 50%, c.) coverage for dependants to 19, or Adult and Child, and d.) lifetime maximum of \$1,500 or \$2,000. Rider only available for groups >10. Adult Ortho not available for voluntary plans. See separate rate sheet for rider premium.

\*\*\*\*Implant Rider available to adults and dependant children age 17 and older for additional load factor.

This plan includes additional benefits, exclusions and limitations which are shown in the LIBERTY Dental Plan Summary, or Evidence of Coverage (EOC) attachment "A" Benefit Schedule, and other applicable Riders. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.