



LIBERTY Dental Plan of Nevada, Inc.

Bricklayers and Allied Craftworkers Local 13 Health Benefits Fund - Schedule of Benefits

Member Co-pay applies when a LIBERTY Dental Plan Contracted Dentist provides the services.

Plan Pays (Out-of-Network Tier) applies when an Out-of-Network Dentist provides the services.

Annual Maximum: In-Network (Member Co-Pay) Tier = No Maximum

Out-of-Network (Plan Pays) Tier = No Maximum

- ✓ The Plan offers you a choice of where you receive your dental care. When you choose to receive your care from an In-Network LIBERTY Dental Plan contracted provider, your costs will be limited by the amount identified in the first column (In-Network Member Copay). If you wish to receive care from an Out-of-Network provider, the second column (Out-of-Network Plan Pays) identifies the amount LIBERTY Dental Plan would pay for services and you will be responsible to pay any amount over the Plan pays.
- ✓ Provider office pre-assignment is not required. When a LIBERTY Dental Plan Contracted Dentist provides service, your office will initiate a treatment plan or will initiate the specialty referral process with LIBERTY Dental Plan if the services are dentally necessary and outside the scope of general dentistry.
- ✓ 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 as covered benefits are available at the dental office's usual and customary fee.

CDT Code	Description	In-Network Member Pays	Out-of-Network Plan Pays	Limitations:
Diagnostic Services				
D0120	Periodic oral evaluation	\$0.00	\$32.00	1 (D0120) every 6 months
D0140	Limited oral evaluation	\$0.00	\$27.00	
D0145	Oral evaluation under age 3	\$0.00	\$27.00	
D0150	Comprehensive oral evaluation	\$0.00	\$32.00	
D0160	Oral evaluation, problem focused	\$0.00	\$32.00	
D0170	Re-evaluation, limited, problem focused	\$0.00	\$28.00	
D0171	Re-evaluation, post operative office visit	\$0.00	\$0.00	
D0180	Comprehensive periodontal evaluation	\$0.00	\$28.00	1 (D0180) every 36 months per location
D0191	Assessment of a patient	\$0.00	\$18.00	
D0210	Intraoral, complete series of radiographic images	\$0.00	\$56.00	1 (D0210) every 36 months
D0220	Intraoral, periapical, first radiographic image	\$0.00	\$14.00	
D0230	Intraoral, periapical, each add'l radiographic image	\$0.00	\$14.00	
D0240	Intraoral, occlusal radiographic image	\$0.00	\$13.00	
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	\$0.00	\$15.00	
D0251	Extra-oral posterior dental radiographic image	\$0.00	\$15.00	
D0270	Bitewing, single radiographic image	\$0.00	\$10.00	2 of (D0270-D0277) every 12 months
D0272	Bitewings, two radiographic images	\$0.00	\$13.00	
D0273	Bitewings, three radiographic images	\$0.00	\$17.00	
D0274	Bitewings, four radiographic images	\$0.00	\$20.00	
D0277	Vertical bitewings, 7 to 8 radiographic images	\$0.00	\$20.00	
D0310	Sialography	\$0.00	\$50.00	
D0330	Panoramic radiographic image	\$0.00	\$33.00	1 (D0330) every 36 months
D0340	2D cephalometric radiographic image, measurement and analysis	\$0.00	\$40.00	
D0415	Collection of microorganisms for culture	\$0.00	\$23.00	
D0416	Viral culture	\$0.00	\$23.00	
D0425	Caries susceptibility tests	\$0.00	\$23.00	
D0460	Pulp vitality tests	\$0.00	\$6.00	
D0470	Diagnostic casts	\$0.00	\$21.00	
D0502	Other oral pathology procedures, by report	\$0.00	\$0.00	
D0999	Unspecified diagnostic procedure, by report	\$0.00	\$20.00	
Preventive Services				
D1110	Prophylaxis, adult	\$0.00	\$55.00	1 of (D1110, D1120, D4346) every 6 months
D1120	Prophylaxis, child	\$0.00	\$40.00	
D1206	Topical application of fluoride varnish	\$0.00	\$15.00	1 of (D1206, D1208) every 6 months through age 17
D1208	Topical application of fluoride, excluding varnish	\$0.00	\$12.00	
D1310	Nutritional counseling for control of dental disease	\$0.00	\$10.00	
D1330	Oral hygiene instruction	\$0.00	\$8.00	
D1351	Sealant, per tooth	\$0.00	\$16.00	1 (D1351) per tooth every 36 months. Limited to the 1st and 2nd permanent molars, for members through age 16
D1510	Space maintainer, fixed, unilateral, per quadrant	\$0.00	\$84.00	1 of (D1510, D1520) per quad every 60 months
D1516	Space maintainer, fixed, bilateral, maxillary	\$0.00	\$156.00	1 of (D1516, D1526) every 60 months
D1517	Space maintainer, fixed, bilateral, mandibular	\$0.00	\$156.00	1 of (D1517, D1527) every 60 months
D1520	Space maintainer, removable, unilateral, per quadrant	\$0.00	\$101.00	1 of (D1510, D1520) per quad every 60 months
D1526	Space maintainer, removable, bilateral, maxillary	\$0.00	\$147.00	1 of (D1516, D1526) every 60 months
D1527	Space maintainer, removable, bilateral, mandibular	\$0.00	\$147.00	1 of (D1517, D1527) every 60 months
D1551	Re-cement or re-bond bilateral space maintainer, maxillary	\$0.00	\$13.00	
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	\$0.00	\$13.00	
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant	\$0.00	\$13.00	
D1556	Removal of fixed unilateral space maintainer, per quadrant	\$0.00	\$13.00	
D1557	Removal of fixed bilateral space maintainer, maxillary	\$0.00	\$13.00	
D1558	Removal of fixed bilateral space maintainer, mandibular	\$0.00	\$13.00	
D1575	Distal shoe space maintainer, fixed, per quadrant	\$0.00	\$84.00	
Restorative Services				
D2140	Amalgam, one surface, primary or permanent	\$0.00	\$42.00	1 of (D2140-D2394) per tooth per surface every 24 months
D2150	Amalgam, two surfaces, primary or permanent	\$0.00	\$60.00	
D2160	Amalgam, three surfaces, primary or permanent	\$0.00	\$73.00	
D2161	Amalgam, four or more surfaces, primary or permanent	\$0.00	\$87.00	



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Restorative Services (continued)					
D2330	Resin-based composite, one surface, anterior	\$0.00	\$42.00	1 of (D2140-D2394) per tooth per surface every 24 months	
D2331	Resin-based composite, two surfaces, anterior	\$0.00	\$63.00		
D2332	Resin-based composite, three surfaces, anterior	\$0.00	\$72.00		
D2335	Resin-based composite, four or more surfaces, involving incisal angle	\$0.00	\$84.00		
D2391	Resin-based composite, one surface, posterior	\$40.00	\$0.00		
D2392	Resin-based composite, two surfaces, posterior	\$50.00	\$0.00		
D2393	Resin-based composite, three surfaces, posterior	\$75.00	\$0.00		
D2394	Resin-based composite, four or more surfaces, posterior	\$75.00	\$0.00		
D2410	Gold foil, one surface	\$25.00	\$0.00		
D2420	Gold foil, two surfaces	\$34.00	\$0.00		
D2430	Gold foil, three surfaces	\$45.00	\$0.00	1 of (D2510-D2794, D2960-D2962, D6205-D6794) per tooth every 5 year period, for ages 16 and over	
D2510	Inlay, metallic, one surface	\$85.00	\$80.00		
D2520	Inlay, metallic, two surfaces	\$115.00	\$110.00		
D2530	Inlay, metallic, three or more surfaces	\$125.00	\$160.00		
D2610	Inlay, porcelain/ceramic, one surface	\$85.00	\$80.00		
D2620	Inlay, porcelain/ceramic, two surfaces	\$115.00	\$110.00		
D2630	Inlay, porcelain/ceramic, three or more surfaces	\$125.00	\$165.00		
D2710	Crown, resin-based composite (indirect)	\$42.00	\$154.00		
D2712	Crown, ¾ resin-based composite (indirect)	\$42.00	\$160.00		
D2720	Crown, resin with high noble metal	\$59.00	\$336.00		
D2721	Crown, resin with predominantly base metal	\$60.00	\$252.00		
D2722	Crown, resin with noble metal	\$63.00	\$286.00		
D2740	Crown, porcelain/ceramic	\$66.00	\$336.00		
D2750	Crown, porcelain fused to high noble metal	\$73.00	\$370.00		
D2751	Crown, porcelain fused to predominantly base metal	\$66.00	\$269.00		
D2752	Crown, porcelain fused to noble metal	\$70.00	\$302.00		
D2753	Crown, porcelain fused to titanium and titanium alloys	\$73.00	\$0.00		
D2790	Crown, full cast high noble metal	\$73.00	\$319.00		
D2791	Crown, full cast predominantly base metal	\$64.00	\$235.00		
D2792	Crown, full cast noble metal	\$69.00	\$269.00		
D2794	Crown, titanium and titanium alloys	\$73.00	\$269.00		
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	\$6.00	\$25.00	1 (D2921) per tooth in a lifetime	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	\$6.00	\$24.00		
D2920	Re-cement or re-bond crown	\$7.00	\$25.00		
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$0.00	\$42.00		
D2928	Prefabricated porcelain/ceramic crown, permanent tooth	\$28.00	\$100.00		
D2929	Prefabricated porcelain/ceramic crown, primary tooth	\$25.00	\$73.00		
D2930	Prefabricated stainless steel crown, primary tooth	\$14.00	\$67.00		
D2931	Prefabricated stainless steel crown, permanent tooth	\$17.00	\$94.00		
D2932	Prefabricated resin crown	\$14.00	\$50.00		
D2933	Prefabricated stainless steel crown with resin window	\$25.00	\$73.00		
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth	\$14.00	\$64.00	1 of (D2928-D2934) per tooth every 5 year period	
D2940	Protective restoration	\$0.00	\$23.00		
D2950	Core buildup, including any pins when required	\$14.00	\$50.00		
D2951	Pin retention, per tooth, in addition to restoration	\$6.00	\$16.00		
D2952	Post and core in addition to crown, indirectly fabricated	\$22.00	\$106.00		
D2953	Each additional indirectly fabricated post, same tooth	\$22.00	\$75.00		
D2954	Prefabricated post and core in addition to crown	\$16.00	\$84.00		
D2955	Post removal	\$0.00	\$0.00		
D2960	Labial veneer (resin laminate), direct	\$55.00	\$60.00		
D2961	Labial veneer (resin laminate), indirect	\$75.00	\$60.00		
D2962	Labial veneer (porcelain laminate), indirect	\$90.00	\$90.00	1 of (D2510-D2794, D2960-D2962, D6205-D6794) per tooth every 5 year period	
D2980	Crown repair necessitated by restorative material failure	\$20.00	\$20.00		
D2981	Inlay repair necessitated by restorative material failure	\$0.00	\$20.00		
D2982	Onlay repair necessitated by restorative material failure	\$0.00	\$20.00		
D2983	Veneer repair necessitated by restorative material failure	\$0.00	\$20.00		
D2999	Unspecified restorative procedure, by report	\$0.00	\$20.00		
Endodontic Services					
D3110	Pulp cap, direct (excluding final restoration)	\$0.00	\$17.00		1 of (D3346-D3348) per tooth in a lifetime
D3120	Pulp cap, indirect (excluding final restoration)	\$0.00	\$13.00		
D3220	Therapeutic pulpotomy (excluding final restoration)	\$0.00	\$45.00		
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	\$0.00	\$40.00		
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$0.00	\$25.00		
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	\$0.00	\$35.00		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$0.00	\$118.00		
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$0.00	\$151.00		
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$60.00	\$269.00		
D3346	Retreatment of previous root canal therapy, anterior	\$0.00	\$118.00		
D3347	Retreatment of previous root canal therapy, premolar	\$0.00	\$151.00		
D3348	Retreatment of previous root canal therapy, molar	\$60.00	\$269.00		
D3351	Apexification/recalcification, initial visit	\$9.00	\$44.00		
D3352	Apexification/recalcification, interim medication replacement	\$0.00	\$0.00		
D3353	Apexification/recalcification, final visit	\$0.00	\$0.00		



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Endodontic Services (continued)				
D3410	Apicoectomy, anterior	\$32.00	\$118.00	
D3421	Apicoectomy, premolar (first root)	\$64.00	\$235.00	
D3425	Apicoectomy, molar (first root)	\$96.00	\$277.00	
D3426	Apicoectomy, (each additional root)	\$50.00	\$92.00	
D3430	Retrograde filling, per root	\$50.00	\$50.00	
D3450	Root amputation, per root	\$23.00	\$75.00	
D3910	Surgical procedure for isolation of tooth with rubber dam	\$0.00	\$0.00	
D3920	Hemisection, not including root canal therapy	\$21.00	\$67.00	
D3999	Unspecified endodontic procedure, by report	\$0.00	\$20.00	
Periodontal Services				
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	\$0.00	\$101.00	
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$0.00	\$34.00	
D4240	Gingival flap procedure, four or more teeth per quadrant	\$0.00	\$101.00	
D4241	Gingival flap procedure, one to three teeth per quadrant	\$0.00	\$34.00	
D4249	Clinical crown lengthening, hard tissue	\$0.00	\$0.00	
D4260	Osseous surgery, four or more teeth per quadrant	\$56.00	\$336.00	1 of (D4260, D4261) per site/quad every 36 months
D4261	Osseous surgery, one to three teeth per quadrant	\$37.00	\$88.00	
D4270	Pedicle soft tissue graft procedure	\$61.00	\$101.00	
D4277	Free soft tissue graft, first tooth	\$61.00	\$134.00	
D4278	Free soft tissue graft, each additional tooth	\$0.00	\$25.00	
D4322	Splint, intra-coronal; natural teeth or prosthetic crowns	\$25.00	\$45.00	
D4323	Splint, extra-coronal; natural teeth or prosthetic crowns	\$25.00	\$45.00	
GUIDELINE:				
No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.				
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	\$0.00	\$64.00	1 of (D4341, D4342) per site/quad every 24 months
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$0.00	\$17.00	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$20.00	\$55.00	1 of (D1110, D1120, D4346) every 6 months
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	\$0.00	\$34.00	1 (D4355) every 36 months
D4910	Periodontal maintenance	\$0.00	\$34.00	1 (D4910) every 3 months
D4999	Unspecified periodontal procedure, by report	\$0.00	\$20.00	
Removable Prosthodontic Services				
D5110	Complete denture, maxillary	\$93.00	\$420.00	1 of (D5110-D5283) per arch every 5 year period
D5120	Complete denture, mandibular	\$93.00	\$420.00	
D5130	Immediate denture, maxillary	\$93.00	\$420.00	
D5140	Immediate denture, mandibular	\$93.00	\$420.00	
D5211	Maxillary partial denture, resin base	\$63.00	\$168.00	
D5212	Mandibular partial denture, resin base	\$65.00	\$168.00	
D5213	Maxillary partial denture, cast metal, resin base	\$80.00	\$420.00	
D5214	Mandibular partial denture, cast metal, resin base	\$77.00	\$420.00	
D5221	Immediate maxillary partial denture, resin base	\$63.00	\$168.00	
D5222	Immediate mandibular partial denture, resin base	\$65.00	\$168.00	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	\$80.00	\$420.00	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	\$77.00	\$420.00	
D5225	Maxillary partial denture, flexible base	\$63.00	\$200.00	
D5226	Mandibular partial denture, flexible base	\$65.00	\$200.00	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	\$100.00	\$0.00	6 of (D5410-D5422) per arch every 12 months
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	\$100.00	\$0.00	
D5410	Adjust complete denture, maxillary	\$0.00	\$17.00	
D5411	Adjust complete denture, mandibular	\$0.00	\$17.00	
D5421	Adjust partial denture, maxillary	\$10.00	\$17.00	
D5422	Adjust partial denture, mandibular	\$10.00	\$17.00	
D5511	Repair broken complete denture base, mandibular	\$5.00	\$50.00	
D5512	Repair broken complete denture base, maxillary	\$5.00	\$50.00	
D5520	Replace missing or broken teeth, complete denture	\$5.00	\$34.00	
D5611	Repair resin partial denture base, mandibular	\$10.00	\$50.00	
D5612	Repair resin partial denture base, maxillary	\$10.00	\$50.00	
D5621	Repair cast partial framework, mandibular	\$9.00	\$80.00	
D5622	Repair cast partial framework, maxillary	\$9.00	\$80.00	
D5630	Repair or replace broken retentive clasping materials, per tooth	\$11.00	\$80.00	
D5640	Replace broken teeth, per tooth	\$13.00	\$50.00	
D5650	Add tooth to existing partial denture	\$8.00	\$50.00	
D5660	Add clasp to existing partial denture, per tooth	\$17.00	\$75.00	
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	\$57.00	\$106.00	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	\$59.00	\$106.00	
D5710	Rebase complete maxillary denture	\$35.00	\$156.00	
D5711	Rebase complete mandibular denture	\$35.00	\$156.00	
D5720	Rebase maxillary partial denture	\$30.00	\$134.00	
D5721	Rebase mandibular partial denture	\$28.00	\$134.00	
D5730	Reline complete maxillary denture, direct	\$16.00	\$90.00	
D5731	Reline complete mandibular denture, direct	\$16.00	\$90.00	
D5740	Reline maxillary partial denture, direct	\$16.00	\$78.00	
D5741	Reline mandibular partial denture, direct	\$16.00	\$78.00	



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Removable Prosthodontic Services (continued)				
D5750	Reline complete maxillary denture, indirect	\$27.00	\$134.00	2 of (D5730-D5761) per arch every 12 months
D5751	Reline complete mandibular denture, indirect	\$27.00	\$134.00	
D5760	Reline maxillary partial denture, indirect	\$28.00	\$134.00	
D5761	Reline mandibular partial denture, indirect	\$28.00	\$134.00	
D5810	Interim complete denture, maxillary	\$55.00	\$0.00	
D5811	Interim complete denture, mandibular	\$55.00	\$0.00	
D5820	Interim partial denture, maxillary	\$28.00	\$150.00	
D5821	Interim partial denture, mandibular	\$27.00	\$150.00	
D5850	Tissue conditioning, maxillary	\$8.00	\$25.00	
D5851	Tissue conditioning, mandibular	\$8.00	\$25.00	
D5862	Precision attachment, by report	\$50.00	\$70.00	
D5863	Overdenture, complete, maxillary	\$125.00	\$275.00	
D5864	Overdenture, partial, maxillary	\$125.00	\$0.00	
D5865	Overdenture, complete, mandibular	\$125.00	\$275.00	
D5866	Overdenture, partial, mandibular	\$125.00	\$0.00	
D5876	Add metal substructure to acrylic full denture (per arch)	\$60.00	\$0.00	
D5899	Unspecified removable prosthodontic procedure, by report	\$0.00	\$0.00	
Implant Services				
GUIDELINE:				
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	\$2,000.00	\$0.00	
D6056	Prefabricated abutment, includes modification and placement	\$210.00	\$0.00	
D6058	Abutment supported porcelain/ceramic crown	\$1,110.00	\$0.00	
D6059	Abutment supported porcelain fused to high noble crown	\$1,096.00	\$0.00	
D6060	Abutment supported porcelain fused to base metal crown	\$1,035.00	\$0.00	
D6061	Abutment supported porcelain fused to noble metal crown	\$1,056.00	\$0.00	
D6062	Abutment supported cast metal crown, high noble	\$1,003.00	\$0.00	
D6063	Abutment supported cast metal crown, base metal	\$861.00	\$0.00	
D6064	Abutment supported cast metal crown, noble metal	\$912.00	\$0.00	
D6065	Implant supported porcelain/ceramic crown	\$1,040.00	\$0.00	
D6066	Implant supported crown, porcelain fused to high noble alloys	\$1,013.00	\$0.00	
D6067	Implant supported crown, high noble alloys	\$984.00	\$0.00	
D6068	Abutment supported retainer, porcelain/ceramic FPD	\$1,110.00	\$0.00	
D6069	Abutment supported retainer, metal FPD, high noble	\$1,096.00	\$0.00	
D6070	Abutment supported retainer, porcelain fused to metal FPD, base metal	\$1,035.00	\$0.00	
D6071	Abutment supported retainer, porcelain fused to metal FPD, noble	\$1,056.00	\$0.00	
D6072	Abutment supported retainer, cast metal FPD, high noble	\$1,028.00	\$0.00	
D6073	Abutment supported retainer, cast metal FPD, base metal	\$930.00	\$0.00	
D6074	Abutment supported retainer, cast metal FPD, noble	\$1,005.00	\$0.00	
D6075	Implant supported retainer for ceramic FPD	\$1,092.00	\$0.00	
D6076	Implant supported retainer for FPD, porcelain fused to high noble alloys	\$1,064.00	\$0.00	
D6077	Implant supported retainer for metal FPD, high noble alloys	\$984.00	\$0.00	
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant	\$57.00	\$0.00	
D6082	Implant supported crown, porcelain fused to predominantly base alloys	\$984.00	\$0.00	
D6083	Implant supported crown, porcelain fused to noble alloys	\$984.00	\$0.00	
D6084	Implant supported crown, porcelain fused to titanium and titanium alloys	\$984.00	\$0.00	
D6085	Interim implant crown	\$43.00	\$0.00	
D6086	Implant supported crown, predominantly base alloys	\$984.00	\$0.00	
D6087	Implant supported crown, noble alloys	\$984.00	\$0.00	
D6088	Implant supported crown, titanium and titanium alloys	\$984.00	\$0.00	
D6092	Re-cement or re-bond implant/abutment supported crown	\$45.00	\$0.00	
D6093	Re-cement or re-bond implant/abutment supported FPD	\$65.00	\$0.00	
D6094	Abutment supported crown, titanium, and titanium alloys	\$670.00	\$0.00	
D6096	Remove broken implant retaining screw	\$75.00	\$0.00	
D6097	Abutment supported crown, porcelain fused to titanium and titanium alloys	\$984.00	\$0.00	
D6098	Implant supported retainer for metal FPD, porcelain fused to predominantly base alloys	\$984.00	\$0.00	
D6099	Implant supported retainer for FPD, porcelain fused to noble alloys	\$984.00	\$0.00	
D6120	Implant supported retainer, porcelain fused to titanium and titanium alloys	\$984.00	\$0.00	
D6121	Implant supported retainer for metal FPD, predominantly base alloys	\$984.00	\$0.00	
D6122	Implant supported retainer for metal FPD, noble alloys	\$984.00	\$0.00	
D6123	Implant supported retainer for metal FPD, titanium and titanium alloys	\$984.00	\$0.00	
D6194	Abutment supported retainer crown for FPD titanium, titanium and titanium alloys	\$670.00	\$0.00	
D6195	Abutment supported retainer, porcelain fused to titanium and titanium alloys	\$984.00	\$0.00	
Fixed Prosthodontic Services				
D6205	Pontic, indirect resin based composite	\$42.00	\$160.00	1 of (D2510-D2794, D2960-D2962, D6205-D6794) per tooth every 5 year period
D6210	Pontic, cast high noble metal	\$67.00	\$325.00	
D6211	Pontic, cast predominantly base metal	\$58.00	\$235.00	
D6212	Pontic, cast noble metal	\$64.00	\$269.00	
D6214	Pontic, titanium, and titanium alloys	\$67.00	\$320.00	
D6240	Pontic, porcelain fused to high noble metal	\$69.00	\$370.00	
D6241	Pontic, porcelain fused to predominantly base metal	\$63.00	\$302.00	



LIBERTY Dental Plan of Nevada, Inc.

Bricklayers and Allied Craftworkers - Schedule of Benefits

CDT Code	Description	In-Network Member Pays	Out-of-Network Plan Pays	Limitations:
Fixed Prosthodontic Services (continued)				
D6242	Pontic, porcelain fused to noble metal	\$66.00	\$319.00	1 of (D2510-D2794, D2960-D2962, D6205-D6794) per tooth every 5 year period
D6243	Pontic, porcelain fused to titanium and titanium alloys	\$66.00	\$0.00	
D6245	Pontic, porcelain/ceramic	\$66.00	\$0.00	
D6250	Pontic, resin with high noble metal	\$62.00	\$325.00	
D6251	Pontic, resin with predominantly base metal	\$58.00	\$235.00	
D6252	Pontic, resin with noble metal	\$61.00	\$302.00	
D6545	Retainer, cast metal for resin bonded fixed prosthesis	\$33.00	\$134.00	
D6549	Resin retainer, for resin bonded fixed prosthesis	\$85.00	\$80.00	
D6602	Retainer inlay, cast high noble metal, two surfaces	\$120.00	\$0.00	
D6603	Retainer inlay, cast high noble metal, three or more surfaces	\$120.00	\$0.00	
D6604	Retainer inlay, cast base metal, two surfaces	\$120.00	\$0.00	
D6605	Retainer inlay, cast base metal, three or more surfaces	\$120.00	\$0.00	
D6606	Retainer inlay, cast noble metal, two surfaces	\$120.00	\$0.00	
D6607	Retainer inlay, cast noble metal, three or more surfaces	\$120.00	\$0.00	
D6624	Retainer inlay, titanium	\$120.00	\$0.00	
D6710	Retainer crown, indirect resin based composite	\$42.00	\$160.00	
D6720	Retainer crown, resin with high noble metal	\$69.00	\$325.00	
D6721	Retainer crown, resin with predominantly base metal	\$66.00	\$252.00	
D6722	Retainer crown, resin with noble metal	\$62.00	\$286.00	
D6740	Retainer crown, porcelain/ceramic	\$62.00	\$275.00	
D6750	Retainer crown, porcelain fused to high noble metal	\$73.00	\$395.00	
D6751	Retainer crown, porcelain fused to predominantly base metal	\$69.00	\$269.00	
D6752	Retainer crown, porcelain fused to noble metal	\$72.00	\$325.00	
D6753	Retainer crown, porcelain fused to titanium and titanium alloys	\$72.00	\$0.00	
D6780	Retainer crown, ¾ cast high noble metal	\$72.00	\$319.00	
D6784	Retainer crown ¾, titanium and titanium alloys	\$72.00	\$0.00	
D6790	Retainer crown, full cast high noble metal	\$74.00	\$319.00	
D6792	Retainer crown, full cast noble metal	\$70.00	\$286.00	
D6794	Retainer crown, titanium and titanium alloys	\$74.00	\$304.00	
D6930	Re-cement or re-bond fixed partial denture	\$10.00	\$30.00	
D6940	Stress breaker	\$25.00	\$65.00	
D6950	Precision attachment	\$50.00	\$70.00	
D6980	Fixed partial denture repair, restorative material failure	\$20.00	\$20.00	
D6999	Unspecified fixed prosthodontic procedure, by report	\$0.00	\$20.00	
Oral & Maxillofacial Services				
D7111	Extraction, coronal remnants, primary tooth	\$0.00	\$34.00	
D7140	Extraction, erupted tooth or exposed root	\$0.00	\$45.00	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$0.00	\$67.00	
D7220	Removal of impacted tooth, soft tissue	\$17.00	\$92.00	
D7230	Removal of impacted tooth, partially bony	\$23.00	\$120.00	
D7240	Removal of impacted tooth, completely bony	\$30.00	\$168.00	
D7241	Removal impacted tooth, complete bony, complication	\$31.00	\$165.00	
D7250	Removal of residual tooth roots (cutting procedure)	\$14.00	\$62.00	
D7260	Oroantral fistula closure	\$50.00	\$0.00	
D7261	Primary closure of a sinus perforation	\$50.00	\$130.00	
D7270	Tooth reimplantation and/or stabilization, accident	\$25.00	\$0.00	
D7280	Exposure of an unerupted tooth	\$14.00	\$65.00	
D7282	Mobilization of erupted/malpositioned tooth	\$14.00	\$65.00	
D7283	Placement, device to facilitate eruption, impaction	\$150.00	\$0.00	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$30.00	\$55.00	
D7286	Incisional biopsy of oral tissue, soft	\$30.00	\$45.00	
D7287	Exfoliative cytological sample collection	\$0.00	\$25.00	
D7288	Brush biopsy, transepithelial sample collection	\$0.00	\$35.00	
D7290	Surgical repositioning of teeth	\$65.00	\$55.00	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$15.00	\$55.00	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$13.00	\$65.00	
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$9.00	\$40.00	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$14.00	\$90.00	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$9.00	\$56.00	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	\$0.00	\$187.00	
D7350	Vestibuloplasty, ridge extension	\$0.00	\$312.00	
D7410	Excision of benign lesion, up to 1.25 cm	\$25.00	\$100.00	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	\$25.00	\$100.00	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	\$0.00	\$0.00	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	\$80.00	\$100.00	
D7471	Removal of lateral exostosis, maxilla or mandible	\$38.00	\$100.00	
D7472	Removal of torus palatinus	\$38.00	\$100.00	
D7473	Removal of torus mandibularis	\$38.00	\$100.00	
D7485	Reduction of osseous tuberosity	\$38.00	\$100.00	
D7510	Incision & drainage of abscess, intraoral soft tissue	\$8.00	\$60.00	
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	\$8.00	\$64.00	
D7520	Incision & drainage of abscess, extraoral soft tissue	\$0.00	\$0.00	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	\$0.00	\$0.00	



LIBERTY Dental Plan of Nevada, Inc. Bricklayers and Allied Craftworkers - Schedule of Benefits

CDT Code	Description	In-Network Member Pays	Out-of-Network Plan Pays	Limitations:
Oral & Maxillofacial Services (continued)				
D7530	Remove foreign body, mucosa, skin, tissue	\$20.00	\$67.00	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$20.00	\$27.00	
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$25.00	\$27.00	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$0.00	\$0.00	
D7910	Suture of recent small wounds up to 5 cm	\$0.00	\$27.00	
D7961	Buccal / labial frenectomy (frenulectomy)	\$25.00	\$67.00	
D7962	Lingual frenectomy (frenulectomy)	\$25.00	\$67.00	
D7963	Frenuloplasty	\$25.00	\$67.00	
D7970	Excision of hyperplastic tissue, per arch	\$25.00	\$50.00	
D7971	Excision of pericoronal gingiva	\$25.00	\$35.00	
Orthodontic Services				
Orthodontic Services Guidelines:				
°Orthodontic services are covered for dependent children up to age 19.				
°There shall be a Member Copayment of \$1,350.00 for up to a 24 month case, which includes a charge of \$150.00 for one set of retainers D8680 and \$1,200 for Comprehensive ortho treatment D8080.				
°Procedures D0330, D0340, D0470 and D8670 for orthodontic purposes are included in the fee for D8080, Comprehensive Orthodontic Treatment.				
°The plan benefits cover up to 24 months of orthodontic treatment.				
D0330	Panoramic radiographic image	\$0.00	\$0.00	
D0340	2D cephalometric radiographic image, measurement and analysis	\$0.00	\$0.00	
D0470	Diagnostic casts	\$0.00	\$0.00	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,200.00	\$0.00	
D8670	Periodic orthodontic treatment visit	\$0.00	\$0.00	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$150.00	\$0.00	
Adjunctive General Services				
D9110	Palliative (emergency) treatment, minor procedure	\$0.00	\$27.00	
D9120	Fixed partial denture sectioning	\$20.00	\$20.00	
D9311	Consultation with a medical health care professional	\$0.00	\$0.00	
D9420	Hospital or ambulatory surgical center call	\$25.00	\$30.00	
D9430	Office visit, observation, regular hours, no other services	\$0.00	\$20.00	
D9440	Office visit, after regularly scheduled hours	\$25.00	\$40.00	
D9450	Case presentation, detailed & extensive treatment	\$0.00	\$10.00	
D9930	Treatment of complications, post surgical, unusual, by report	\$0.00	\$10.00	
D9941	Fabrication of athletic mouthguard	\$0.00	\$20.00	
D9942	Repair and/or relines of occlusal guard	\$5.00	\$48.00	
D9943	Occlusal guard adjustment	\$5.00	\$17.00	
D9944	Occlusal guard, hard appliance, full arch	\$125.00	\$25.00	
D9945	Occlusal guard, soft appliance, full arch	\$25.00	\$25.00	
D9950	Occlusion analysis, mounted case	\$8.00	\$69.00	
D9951	Occlusal adjustment, limited	\$8.00	\$42.00	
D9952	Occlusal adjustment, complete	\$24.00	\$80.00	
D9999	Unspecified adjunctive procedure, by report	\$0.00	\$20.00	



LIBERTY Dental Plan of Nevada, Inc.

Bricklayers and Allied Craftworkers - Schedule of Benefits

Limitations:

1. Replacement of an existing full and partial denture is covered once per arch every 5 years if the appliance cannot be made functional through relining or repair.
2. The replacement of an amalgam or resin restoration in less than twelve months by the same contracted dentist or office is not chargeable to the Plan or the member.
3. Procedures that appear to have a poor prognosis as determined by a licensed LIBERTY dentist consultant are not covered.
4. Fabricated crowns, onlays and inlays may be covered when a tooth with a good prognosis requires restoration but has insufficient remaining structure to reliably retain a filling. Coverage for these procedures limited to members age 16 and over.
5. For treatment plans involving 7 or more units of crowns and/or fixed partial dentures (bridges), contracted providers may charge an additional \$200 co-payment per unit. In such cases, the first 6 units, are covered at the specified member co-payment amount only, as documented in this Schedule of Benefits.
6. Fixed partial dentures (bridges) are covered when: replacing a "like-for-like" existing fixed partial denture with identical pontics and abutment teeth with good prognosis; abutment teeth qualify for crowns on their own merit, there is only one missing permanent tooth in a full arch and the bridge would have opposing teeth in the opposite arch.
7. Pediatric referrals, if authorized by LIBERTY, are covered only for dependent children through the age of 6 unless the child qualifies under the American with Disabilities Act (ADA).

Exclusions:

1. Any procedure not specifically listed as a Covered Benefit.
2. Replacement of lost or stolen prosthetics or appliances including partial dentures, full dentures, and orthodontic appliances.
3. General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist.
4. Treatment started prior to coverage or after termination of coverage.
5. Procedures, appliances, or restorations to treat temporomandibular joint dysfunctions (e.g. adjustments/corrections to the facial bones), congenital or developmental situations (including supernumerary teeth) or medically induced dental disorders, including but not limited to: myofunctional treatment (e.g. speech therapy), or myoskeletal dysfunctions, unless otherwise covered as an orthodontic benefit.
6. Services for cosmetic purposes or for conditions that are a result of hereditary developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
7. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice.
8. Procedures performed on natural teeth solely to increase vertical dimension or restore occlusion.
9. The removal of asymptomatic, unerupted third molars (or other teeth) that appear to have an unimpeded pathway to eruption and no active pathology.
10. Procedures or appliances that are provided by a dentist who specializes in prosthodontic services.
11. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction), for rebuilding occlusion or maintaining chewing surfaces or teeth that are out of alignment or for stabilizing teeth. Examples of such treatment are equilibration and periodontal splinting.
12. Any routine dental services performed by a dentist or dental specialist in an inpatient/outpatient hospital setting.
13. Consultations for non-covered services.

Orthodontic Exclusions:

1. Orthodontic services performed by an out of network provider
2. Replacement of lost or stolen orthodontic appliances
3. Lost, stolen or broken appliances
4. Orthodontic treatment started prior to member's effective date of coverage unless covered through an orthodontic takeover provision.
5. Extractions for orthodontic purposes, (will not be applied if extraction is consistent with professionally recognized standards of dental practice or arises in the context of an
6. Treatment in progress at the time of eligibility, unless included as an orthodontic rider to the groups benefits.
7. Temporomandibular joint syndrome (TMJ) surgical orthodontics
8. Myofunctional therapy
9. Treatment of cleft palate
10. Treatment of micrognathia
11. Treatment of macroglossia
12. Changes in orthodontic treatment necessitated by accident of any kind.
13. Orthodontic coverage is limited to 24 months of treatment, followed by 24 months of retention office visits.
14. Services provided after the 24th month of treatment and/or retention is the responsibility of the patient at a fee not to exceed \$125 per month.
15. In the event of termination the patient is responsible for the usual fee of the treating dentist pro-rated over the remainder of treatment and/or retention.