



LIBERTY Dental Plan of Nevada, Inc.

Bricklayers and Allied Craftworkers (Out-of-State) - 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

- ✓ Members have the freedom to visit a contracted dental office to utilize covered benefits or to choose a non-network dentist in their area. The Member's dental office will initiate a treatment plan or recommend the Member see a specialist if the services are dentally necessary and outside the scope of general dentistry. Members may directly refer to a dental specialist.
- ✓ 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 | Member Co-pay | 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 though 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 | |
| D2330 | Resin-based composite, one surface, anterior | \$0.00 | \$42.00 | |
| 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 | |



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|---|--|---------------|-----------|--|
| Restorative Services (continued) | | | | |
| D2393 | Resin-based composite, three surfaces, posterior | \$75.00 | \$0.00 | 1 of (D2140-D2394) per tooth per surface every 24 months |
| 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 | |
| D2510 | Inlay, metallic, one surface | \$85.00 | \$80.00 | 1 of (D2510-D2794, D2960-D2962, D6205-D6794) per tooth every 5 year period |
| 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 | |
| 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 | 1 (D2921) per tooth in a lifetime |
| D2928 | Prefabricated porcelain/ceramic crown, permanent tooth | \$28.00 | \$100.00 | 1 of (D2928-D2934) per tooth every 5 year period |
| 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 | |
| D2940 | Protective restoration | \$0.00 | \$23.00 | |
| D2950 | Core buildup, including any pins when required | \$14.00 | \$50.00 | 1 of (D2950) per tooth every 5 year period |
| 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 | 1 of (D2510-D2794, D2960-D2962, D6205-D6794) per tooth every 5 year period |
| D2961 | Labial veneer (resin laminate), indirect | \$75.00 | \$60.00 | |
| D2962 | Labial veneer (porcelain laminate), indirect | \$90.00 | \$90.00 | |
| D2980 | Crown repair necessitated by restorative material failure | \$20.00 | \$20.00 | |
| D2981 | Inlay 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 | |
| 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 | 1 of (D3346-D3348) per tooth in a lifetime |
| 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 | |
| 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 | |



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|--|---|---------------|-----------|---|
| 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 | |
| D5283 | Removable unilateral partial denture, one piece cast metal, mandibular | \$100.00 | \$0.00 | |
| D5410 | Adjust complete denture, maxillary | \$0.00 | \$17.00 | 6 of (D5410-D5422) per arch every 12 months |
| 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 | 2 of (D5730-D5761) per arch every 12 months |
| 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 | |
| D5750 | Reline complete maxillary denture, indirect | \$27.00 | \$134.00 | |
| 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 | |



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| Removable Prosthodontic Services (continued) | | | | |
| 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 | |
| Fixed Prosthodontic Services | | | | |
| D6205 | Pontic, indirect resin based composite | \$42.00 | \$160.00 | |
| 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 | |
| D6242 | Pontic, porcelain fused to noble metal | \$66.00 | \$319.00 | |
| 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 | Alveoplasty with extractions, four or more teeth per quadrant | \$13.00 | \$65.00 | |
| D7311 | Alveoplasty with extractions, one to three teeth per quadrant | \$9.00 | \$40.00 | |
| D7320 | Alveoplasty, w/o extractions, four or more teeth per quadrant | \$14.00 | \$90.00 | |
| D7321 | Alveoplasty, 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 | |

1 of (D2510-D2794, D2960-D2962, D6205-D6794) per tooth every 5 year period



LIBERTY Dental Plan of Nevada, Inc.

Bricklayers and Allied Craftworkers (Out-of-State) - Schedule of Benefits

| CDT Code | Description | Member Co-pay | Plan Pays | Limitations: |
|--|--|---------------|-----------|--------------|
| Oral & Maxillofacial Services (continued) | | | | |
| 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 | |
| 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. | | | | |
| *Procedures D0330, D0340, D0470 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 | \$350.00 | \$0.00 | |
| D8670 | Periodic orthodontic treatment visit | \$850.00 | \$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 (Out-of-State) - 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.