

# Senior Care Plus



LIBERTY Member Services:  
888.442.3193 TTY: 877.855.8039

## Patriot Plan

### Medicare

<ul style="list-style-type: none"> <li>No Deductible</li> <li>Frequencies and Limitations Apply*</li> <li>In-Network Benefits Only</li> </ul>	Calendar Year Maximum: \$1,500
Covered Services	Member Cost
<b>Diagnostic Services</b> Oral evaluations, full mouth radiographic images, bitewings, periapical radiographs	\$0
<b>Preventive Services</b> Prophylaxis	\$0
<b>Restorative Services</b> Amalgam restorations, resin-based composites, crowns, core buildup	\$0
<b>Endodontic Services</b> Endodontic therapy, retreatment of endodontic therapy	\$0
<b>Periodontal Services</b> Periodontal scaling and root planing, full mouth debridement, periodontal maintenance	\$0
<b>Removable Prosthodontics Services</b> Complete dentures, partial dentures, denture repair, relines, tissue conditioning, overdentures	\$0
<b>Oral &amp; Maxillofacial Services</b> Extractions, impacted tooth removal, alveoloplasty	\$0
<b>Adjunctive General Services</b> Palliative procedure, sedation, specialty consultation, teledentistry	\$0

This Benefits Highlight Sheet is only a summary of the dental plan.

\*Please see your Evidence of Coverage for a full list of dental benefits, frequencies (annual coverage limits), and limitations.

Dental benefits are only available if they are provided by a contracted LIBERTY provider. Please check with your dental office before receiving services to make sure the office is a LIBERTY provider.



To find a network dentist near you, go to: [www.libertydentalplan.com/SCP](http://www.libertydentalplan.com/SCP)

## \$1,500 CALENDAR YEAR MAXIMUM - Comprehensive Services Only

CDT Code	Description	Limitations
<b>Diagnostic Services</b>		
D0120	Periodic oral evaluation	1 of (D0120-D0180) every calendar year
D0140	Limited oral evaluation	
D0150	Comprehensive oral evaluation	
D0160	Oral evaluation, problem focused	
D0170	Re-evaluation, limited, problem focused	
D0171	Re-evaluation, post operative office visit	
D0180	Comprehensive periodontal evaluation	
D0210	Intraoral, comprehensive series of radiographic images	
D0220	Intraoral, periapical, first radiographic image	
D0230	Intraoral, periapical, each add 'l' radiographic image	
D0240	Intraoral, occlusal radiographic image	1 (D0240) every calendar year
D0270	Bitewing, single radiographic image	1 of (D0270-D0274) every calendar year
D0272	Bitewings, two radiographic images	
D0273	Bitewings, three radiographic images	
D0274	Bitewings, four radiographic images	
D0277	Vertical bitewings, 7 to 8 radiographic images	1 (D0277) every 3 calendar years
D0330	Panoramic radiographic image	1 of (D0210, D0330) every 3 calendar years
<b>Preventive Services</b>		
D1110	Prophylaxis, adult	2 of (D1110, D4346, D4910) every calendar year
<b>Calendar Year Maximum: \$1,500 Applies to All Comprehensive Services Below (Diagnostic Services and Preventive Services Waived)</b>		
<b>Restorative Services</b>		
D2140	Amalgam, one surface, primary or permanent	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 3 calendar years
D2150	Amalgam, two surfaces, primary or permanent	
D2160	Amalgam, three surfaces, primary or permanent	
D2161	Amalgam, four or more surfaces, primary or permanent	
D2330	Resin-based composite, one surface, anterior	
D2331	Resin-based composite, two surfaces, anterior	
D2332	Resin-based composite, three surfaces, anterior	
D2335	Resin-based composite, four or more surfaces, involving incisal angle	
D2391	Resin-based composite, one surface, posterior	
D2392	Resin-based composite, two surfaces, posterior	
D2393	Resin-based composite, three surfaces, posterior	
D2394	Resin-based composite, four or more surfaces, posterior	
D2510	Inlay, metallic, one surface	1 of (D2510-D2792) per tooth every 5 calendar years
D2520	Inlay, metallic, two surfaces	
D2530	Inlay, metallic, three or more surfaces	
D2542	Onlay, metallic, two surfaces	
D2543	Onlay, metallic, three surfaces	
D2544	Onlay, metallic, four or more surfaces	
D2610	Inlay, porcelain/ceramic, one surface	
D2620	Inlay, porcelain/ceramic, two surfaces	
D2630	Inlay, porcelain/ceramic, three or more surfaces	
D2642	Onlay, porcelain/ceramic, two surfaces	
D2643	Onlay, porcelain/ceramic, three surfaces	
D2644	Onlay, porcelain/ceramic, four or more surfaces	
D2650	Inlay, resin-based composite, one surface	
D2651	Inlay, resin-based composite, two surfaces	
D2652	Inlay, resin-based composite, three or more surfaces	
D2662	Onlay, resin-based composite, two surfaces	
D2663	Onlay, resin-based composite, three surfaces	

CDT Code	Description	Limitations
D2664	Onlay, resin-based composite, four or more surfaces	1 of (D2510-D2792) per tooth every 5 calendar years
D2710	Crown, resin-based composite (indirect)	
D2712	Crown, ¾ resin-based composite (indirect)	
D2721	Crown, resin with predominantly base metal	
D2722	Crown, resin with noble metal	
D2740	Crown, porcelain/ceramic	
D2750	Crown, porcelain fused to high noble metal	
D2751	Crown, porcelain fused to predominantly base metal	
D2752	Crown, porcelain fused to noble metal	
D2781	Crown, ¾ cast predominantly base metal	
D2782	Crown, ¾ cast noble metal	
D2783	Crown, ¾ porcelain/ceramic	
D2791	Crown, full cast predominantly base metal	
D2792	Crown, full cast noble metal	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	1 of (D2910, D2920) per tooth every calendar year
D2920	Re-cement or re-bond crown	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	1 (D2915) per tooth every calendar year
D2940	Protective restoration	
D2950	Core buildup, including any pins when required	
D2951	Pin retention, per tooth, in addition to restoration	
D2952	Post and core in addition to crown, indirectly fabricated	
D2953	Each additional indirectly fabricated post, same tooth	
D2954	Prefabricated post and core in addition to crown	
D2955	Post removal	
<b>Endodontic Services</b>		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 of (D3310-D3330) per tooth in a lifetime
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	
D3331	Treatment of root canal obstruction; non-surgical access	1 (D3331) per tooth in a lifetime
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	1 (D3332) per tooth in a lifetime
D3333	Internal root repair of perforation defects	1 (D3333) per tooth in a lifetime
D3346	Retreatment of previous root canal therapy, anterior	1 of (D3346-D3348) per tooth in a lifetime
D3347	Retreatment of previous root canal therapy, premolar	
D3348	Retreatment of previous root canal therapy, molar	
D3351	Apexification/recalcification, initial visit	1 (D3351) per tooth in a lifetime
D3352	Apexification/recalcification, interim medication replacement	1 (D3352) per tooth in a lifetime
D3353	Apexification/recalcification, final visit	1 (D3353) per tooth in a lifetime
D3410	Apicoectomy, anterior	1 of (D3410-D3425) per tooth in a lifetime
D3421	Apicoectomy, premolar (first root)	
D3425	Apicoectomy, molar (first root)	
D3426	Apicoectomy, (each additional root)	1 (D3426) per tooth in a lifetime
D3430	Retrograde filling, per root	1 (D3430) per tooth in a lifetime
D3450	Root amputation, per root	1 (D3450) per tooth in a lifetime
D3920	Hemisection, not including root canal therapy	1 (D3920) per tooth in a lifetime
<b>Periodontal Services</b>		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1 of (D4210, D4211) per site/quad every 2 calendar years
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	
D4240	Gingival flap procedure, four or more teeth per quadrant	
D4241	Gingival flap procedure, one to three teeth per quadrant	
D4260	Osseous surgery, four or more teeth per quadrant	1 of (D4260, D4261) per site/quad every 2 calendar years
D4261	Osseous surgery, one to three teeth per quadrant	

CDT Code	Description	Limitations
D4270	Pedicle soft tissue graft procedure	1 of (D4270-D4285) per site/quad every 2 calendar years
D4273	Autogenous connective tissue graft procedure, first tooth	
D4275	Non-autogenous connective tissue graft, first tooth	
D4283	Autogenous connective tissue graft procedure, each additional tooth, per	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth,	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	1 of (D4341, D4342) per site/quad every 2 calendar years
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	2 of (D1110, D4346, D4910) every calendar year
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	1 (D4355) every 3 calendar years
D4910	Periodontal maintenance	2 of (D1110, D4346, D4910) every calendar year
<b>Removable Prosthodontic Services</b>		
D5110	Complete denture, maxillary	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years
D5120	Complete denture, mandibular	
D5130	Immediate denture, maxillary	
D5140	Immediate denture, mandibular	
D5211	Maxillary partial denture, resin base	
D5212	Mandibular partial denture, resin base	
D5213	Maxillary partial denture, cast metal, resin base	
D5214	Mandibular partial denture, cast metal, resin base	
D5221	Immediate maxillary partial denture, resin base	
D5222	Immediate mandibular partial denture, resin base	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	
D5225	Maxillary partial denture, flexible base	
D5226	Mandibular partial denture, flexible base	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	
D5410	Adjust complete denture, maxillary	
D5411	Adjust complete denture, mandibular	
D5421	Adjust partial denture, maxillary	
D5422	Adjust partial denture, mandibular	
D5511	Repair broken complete denture base, mandibular	1 of (D5511, D5512) per arch every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5512	Repair broken complete denture base, maxillary	
D5520	Replace missing or broken teeth, complete denture	1 (D5520) per arch every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5611	Repair resin partial denture base, mandibular	1 of (D5611-D5622) per arch every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5612	Repair resin partial denture base, maxillary	
D5621	Repair cast partial framework, mandibular	
D5622	Repair cast partial framework, maxillary	

CDT Code	Description	Limitations
D5630	Repair or replace broken retentive clasping materials, per tooth	1 (D5630) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5640	Replace broken teeth, per tooth	1 (D5640) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5650	Add tooth to existing partial denture	1 (D5650) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5660	Add clasp to existing partial denture, per tooth	1 (D5660) per tooth every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	1 of (D5670, D5671) per arch every 2 calendar years; not payable within 6 months of initial appliance performed by same provider/location
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	
D5710	Rebase complete maxillary denture	1 of (D5710-D5761) per arch every 2 calendar years; not payable within 6 months of initial appliance performed by same provider/location
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	
D5721	Rebase mandibular partial denture	
D5730	Reline complete maxillary denture, direct	
D5731	Reline complete mandibular denture, direct	
D5740	Reline maxillary partial denture, direct	
D5741	Reline mandibular partial denture, direct	
D5750	Reline complete maxillary denture, indirect	
D5751	Reline complete mandibular denture, indirect	
D5760	Reline maxillary partial denture, indirect	
D5761	Reline mandibular partial denture, indirect	
D5810	Interim complete denture, maxillary	1 of (D5810-D5821) per arch every 5 calendar years
D5811	Interim complete denture, mandibular	
D5820	Interim partial denture, maxillary	
D5821	Interim partial denture, mandibular	
D5850	Tissue conditioning, maxillary	1 of (D5850, D5851) per arch every calendar year; not payable within 6 months of initial appliance performed by same provider/location
D5851	Tissue conditioning, mandibular	
D5863	Overdenture, complete, maxillary	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 5 calendar years
D5864	Overdenture, partial, maxillary	
D5865	Overdenture, complete, mandibular	
D5866	Overdenture, partial, mandibular	
<b>Oral &amp; Maxillofacial Services</b>		
D7140	Extraction, erupted tooth or exposed root	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	
D7220	Removal of impacted tooth, soft tissue	
D7230	Removal of impacted tooth, partially bony	
D7240	Removal of impacted tooth, completely bony	
D7241	Removal impacted tooth, complete bony, complication	
D7250	Removal of residual tooth roots (cutting procedure)	
D7260	Oroantral fistula closure	1 of (D7260, D7261) site/quad every 5 calendar years
D7261	Primary closure of a sinus perforation	
D7270	Tooth reimplantation and/or stabilization, accident	1 of (D7270, D7272) per tooth every 5 calendar years
D7272	Tooth transplantation	
D7280	Exposure of an unerupted tooth	1 (D7280) per tooth every 5 calendar years

CDT Code	Description	Limitations
D7282	Mobilization of erupted/malpositioned tooth	1 of (D7282, D7283) per tooth every 5 calendar years
D7283	Placement, device to facilitate eruption, impaction	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	1 of (D7285-D7288) per site every 5 calendar years
D7286	Incisional biopsy of oral tissue, soft	
D7287	Exfoliative cytological sample collection	
D7288	Brush biopsy, transepithelial sample collection	
D7290	Surgical repositioning of teeth	1 (D7290) per site/quad every 5 calendar years
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	1 (D7291) per site/quad every 5 calendar years
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	1 of (D7292-D7294) per site/quad every 5 calendar years
D7293	Placement of temporary anchorage device requiring flap	
D7294	Placement of temporary anchorage device without flap	
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	1 of (D7298-D7300) per site/quad every 5 calendar years
D7299	Removal of temporary anchorage device, requiring flap	
D7300	Removal of temporary anchorage device without flap	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	1 of (D7310-D7321) per site/quad every 5 calendar years
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	1 (D7340) per arch every 5 calendar years
D7350	Vestibuloplasty, ridge extension	1 (D7350) per arch every 5 calendar years
D7410	Excision of benign lesion, up to 1.25 cm	
D7411	Excision of benign lesion, greater than 1.25 cm	
D7412	Excision of benign lesion, complicated	
D7413	Excision of malignant lesion, up to 1.25 cm	
D7414	Excision of malignant lesion, greater than 1.25 cm	
D7415	Excision of malignant lesion, complicated	
D7440	Excision of malignant tumor, up to 1.25 cm	
D7441	Excision of malignant tumor, greater than 1.25 cm	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	
D7465	Destruction of lesion(s) by physical or chemical method, by report	
D7471	Removal of lateral exostosis, maxilla or mandible	1 of (D7471-D7473) in a lifetime
D7472	Removal of torus palatinus	
D7473	Removal of torus mandibularis	
D7485	Reduction of osseous tuberosity	1 (D7485) in a lifetime
D7490	Radical resection of maxilla or mandible	1 (D7490) per arch in a lifetime
D7510	Incision & drainage of abscess, intraoral soft tissue	
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	
D7520	Incision & drainage of abscess, extraoral soft tissue	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	
D7530	Remove foreign body, mucosa, skin, tissue	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	
D7961	Buccal / labial frenectomy (frenulectomy)	1 (D7961) per arch every 5 calendar years
D7962	Lingual frenectomy (frenulectomy)	1 (D7962) every 5 calendar years
D7963	Frenuloplasty	1 (D7963) every 5 calendar years

CDT Code	Description	Limitations
<b>Adjunctive General Services</b>		
D9110	Palliative treatment of dental pain, per visit	1 (D9110) every calendar year
D9120	Fixed partial denture sectioning	1 (D9120) every calendar year
D9210	Local anesthesia not in conjunction, operative or surgical procedures	
D9211	Regional block anesthesia	
D9212	Trigeminal division block anesthesia	
D9215	Local anesthesia in conjunction with operative or surgical procedures	
D9219	Evaluation for moderate sedation, deep sedation or general	
D9222	Deep sedation/general anesthesia, first 15 minute increment	Covered when performed in conjunction with complex oral surgery or with documented medical conditions. Patient apprehension and/or nervousness is not sufficient justification for deep sedation/general anesthesia or IV sedation. Not payable with other sedation services on same date of service.
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	Not payable with general anesthesia, IV
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	Covered when performed in conjunction with complex oral surgery or with documented medical conditions. Patient apprehension and/or nervousness is not sufficient justification for deep sedation/general anesthesia or IV sedation. Not payable with other sedation services on same date of service.
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	Not payable with general anesthesia, IV sedation or nitrous.
D9310	Consultation, other than requesting dentist	2 (D9310) every calendar year
D9995	Teledentistry, synchronous; real-time encounter	2 of (D9995, D9996) every calendar year
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist	

## Exclusions

- Any service not specifically listed as a Covered Benefit on the Benefit Plan Summary.
- Dental services for aesthetics only and/or cosmetic dental care unless otherwise listed as a covered benefit.
- Dental conditions arising out of and due to a member's employment or for which the Member is entitled to Workers' Compensation benefits.
- Replacement of lost or stolen dentures, partials or other appliances (e.g. crowns, bridges, full or partial dentures).
- Services which are normally reimbursed by a third party or liability insurance and/or under the medical portion of a group health plan.
- Dental procedures for which treatment was rendered after the member was no longer eligible.
- Any treatment which, in the opinion of LIBERTY's Dental Director, is not necessary for the Member's dental health.
- Replacement of an existing bridge, partial or denture which, in the opinion of LIBERTY's Dental Director, is satisfactory or that can be made satisfactory.
- Any experimental, investigational, or exotic procedure not approved by the ADA Council on Dental Therapeutics.