

**SUMMARY OF BENEFITS AND COPAYMENTS**

These procedures are performed as needed and deemed necessary by your Provider Dentist subject to the Limitation, Exclusions and Governing Administrative Policies of the program.

**Enrollee pays**

**DIAGNOSTIC**

Oral examination .....No Cost  
 Bitewing radiograph(s).....No Cost  
 Panoramic film .....No Cost  
 Pulp vitality tests .....No Cost

**PREVENTIVE**

Prophylaxis (adult/child)-1 per 6 mo/2 per year  
 .....No Cost  
 Topical application of fluoride including, excluding  
 prophylaxis .....No Cost

**RESTORATIVE**

Amalgam – one to four surfaces.....No Cost  
 Resin - one to four surfaces, anterior..... No Cost  
 Resin–one - three surfaces, posterior, prim \$45-\$60  
 Resin – four or more posterior, permanent...\$75.00

**ORAL SURGERY**

Routine extraction - single tooth,..... No cost  
 Surgical removal of erupted tooth.....\$15.00  
 Removal of impacted tooth - soft tissue .....\$45.00  
 Removal of impacted tooth - completely bony  
 .....\$80.00

**PERIODONTICS**

Periodontal scaling & root planning.....\$20.00  
 4+teeth/quadrant. No more than 2 quadrants of  
 periodontal scaling and root planing per  
 appointment/day allowed.

**IMPLANTS**

Please see outline of coverage for the guidelines of  
 implant services. Pages 5-6.

**PROSTHETICS**

Crown -.....\$70-\$100 +  
 LAB fees (**please see guidelines in coverage outline.**)  
 Denture - complete upper or lower ..... \$120.00  
 Denture - upper or lower partial w/resin base  
 (including any conventional clasps,  
 rests & teeth)..... \$110.00  
 Denture repair.... \$5.00  
 Partial denture repair..... (see coverage outline)  
 Denture reline/rebase chairside  
 (complete or partial)...(see coverage outline)

Bridge pontic..... \$280.00  
*(Lab fees may be required in addition to co-pay for  
 crown and bridge work)*

**ENDODONTICS**

Root canal therapy – anterior..... \$40.00  
 Root canal therapy – bicuspid..... \$80.00  
 Root canal therapy – molar .....\$100.00  
 (excluding final restoration cost)

**ADJUNCTIVE GENERAL SERVICES**

Local anesthesia ..... No Cost  
 Analgesia (nitrous-oxide per 15 minutes)..... \$15.00

**ORTHODONTICS**

Children and adults treatment – Up to 24 months  
 Consultation.....No Cost  
 Orthodontic Treatment.....\$1,300  
**PLEASE SEE EVIDENCE OF COVERAGE FOR  
 COMPLETE EXPLANATION OF ORTHODONTIC  
 FEES AND SERVICES.**

**Please note:** This is only a summary of the co-payments and  
 benefits. For more information, please call:

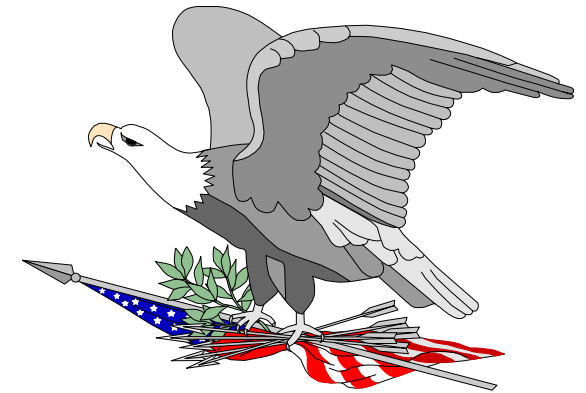
**1 (800) 578-2082**

An Outline of Coverage will be sent to you upon request or Email:  
 info@pbainsurance.net

**LIBERTY DENTAL  
 CALIFORNIA LS100**

*Presented by*

**PROFESSIONAL BENEFIT  
 ADMINISTRATORS**



**1-800-578-2082**

**www.pbainsurance.net**



## HOW IT WORKS

When you enroll, select a Participating Dentist from the list. This location is now the center for all of your dental needs.

After you have enrolled, you can obtain an Outline of Coverage that fully describes the benefits of your dental plan as well as a membership card. This card will have the address and telephone number of your participating panel dentist. To receive all necessary dental care covered by the plan, simply call your selected provider to make an appointment.

Remember to always contact your selected panel dentist. Dental services which are not performed by your panel provider nor prior authorized will not be covered by the program.

## WHO CAN JOIN

You can also enroll your eligible dependents, which include your lawful spouse and unmarried children; including step-children, legally adopted and foster children to the limiting age as specified by state law.

### Liberty Dental HMO

#### **Bi-Weekly Payroll Deductions**

Individual .....	\$27.00
Individual & one dependent .....	\$35.00
Family .....	\$44.00

#### **Monthly Bank Draft Deductions**

Individual .....	\$55.00
Employee & one dependent .....	\$72.35
Family .....	\$91.83

## No Charge Services

- X-Rays
- Routine Cleanings
- Topical Fluoride
- Oral Exams
- Local Anesthesia
- All other dental procedures are covered at a substantial savings to you
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## No Claim Forms

- The dentist is prepaid directly.
- Most routine and preventive care is covered.

## No Deductible

## No Annual Dollar Amount Maximum

## Large, Established Dental Network

- You choose your family general dentist from the provider list.
- Each dentist is licensed and is a skilled, experienced professional.
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## No Limit To A Specific Number Of Dental Visits Per Year

## Easy To Change From One Participating Dentist To Another

- All it takes is a phone call to Professional Benefit Administrators at (800) 578-2082.

## Specialist Care Available

- Should you need a specialist, your assigned 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.

## No Surprises

- Check with benefits schedule to know in advance what your co-payment will be for each service rendered.
- Co-payments are made directly to the dentist.
- 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.

*Ask about other  
benefits available  
to you*

Short Term Disability  
Long Term Disability  
Vision Plan  
Cancer Plan  
Accident Plan  
FEGLI Alternative  
*FEGLI may quit before you do...*