

LIBERTY DENTAL

CALIFORNIA LS100

Presented by

PROFESSIONAL BENEFIT
ADMINISTRATORS



1-800-578-2082

www.pbainsurance.net



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

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

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.

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...