

Senior Care
Plus

**ESSENTIAL
PLAN**



LIBERTY Member Services:
888.442.3193 TTY: 877.855.8039

Medicare Advantage

Medicare - Preventive

- No Deductible
- Frequencies and Limitations Apply*
- In-Network Benefits Only

No Calendar Year Maximum

Covered Services

Member Cost

Diagnostic Services

Oral evaluations, full mouth radiographic images, bitewings, periapical radiographs

\$0

Preventive Services

Prophylaxis

\$0

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

NO CALENDAR YEAR MAXIMUM

CDT Code	Description	Limitations
Diagnostic Services		
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	1 of (D0210, D0330) every 3 calendar years
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	
D0330	Panoramic radiographic image	1 of (D0210, D0330) every 3 calendar years
Preventive Services		
D1110	Prophylaxis, adult	2 of (D1110) every calendar year

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.
- 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.
- Any experimental, investigational, or exotic procedure not approved by the ADA Council on Dental Therapeutics.