


Senior Care Plus

 LIBERTY Member Services:
888.442.3193 TTY: 877.855.8039

Essential Plan

	Medicare - Preventive
<ul style="list-style-type: none"> • 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

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

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	
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.