2026 Comprehensive PPO Plan

*The following is a **complete** list of dental procedures for which benefits are payable under this Plan for in-network and out-of-network services. Non-listed procedures are not covered. This Plan does not allow alternate benefits. This Plan covers up to a $2,000 allowance every calendar year, up to the maximum dental allowance amount. Any amount not used at the end of the calendar year will expire. After Plan paid benefits for dental services, members are responsible for the remaining costs.*

If elected, Member is responsible for all non-covered procedures.

CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
	Diagnostic Services			
D0120	Periodic oral evaluation	0%	20%	2 of (D0120-D0180) every calendar year
D0140	Limited oral evaluation	0%	20%	
D0150	Comprehensive oral evaluation	0%	20%	
D0160	Oral evaluation, problem focused	0%	20%	
D0170	Re-evaluation, limited, problem focused	0%	20%	
D0171	Re-evaluation, post operative office visit	0%	20%	
D0180	Comprehensive periodontal evaluation	0%	20%	
D0210	Intraoral, comprehensive series of radiographic images	0%	20%	1 of (D0210, D0330) every 36 months
D0220	Intraoral, periapical, first radiographic image	0%	20%	
D0230	Intraoral, periapical, each add 'l radiographic image	0%	20%	
D0240	Intraoral, occlusal radiographic image	0%	20%	2 (D0240) every calendar year
D0270	Bitewing, single radiographic image	0%	20%	2 of (D0270-D0274) every calendar year
D0272	Bitewings, two radiographic images	0%	20%	
D0273	Bitewings, three radiographic images	0%	20%	
D0274	Bitewings, four radiographic images	0%	20%	
D0277	Vertical bitewings, 7 to 8 radiographic images	0%	20%	1 (D0277) every 36 months
D0330	Panoramic radiographic image	0%	20%	1 of (D0210, D0330) every 36 months
	Preventive Services			
D1110	Prophylaxis, adult	0%	20%	2 of (D1110, D4346, D4910) every calendar year

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CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
D1208	Topical application of fluoride, excluding varnish	0%	20%	1 (D1208) every calendar year
	Restorative Services			
D2140	Amalgam, one surface, primary or permanent	0%	40%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2150	Amalgam, two surfaces, primary or permanent	0%	40%	
D2160	Amalgam, three surfaces, primary or permanent	0%	40%	
D2161	Amalgam, four or more surfaces, primary or permanent	0%	40%	
D2330	Resin-based composite, one surface, anterior	0%	40%	
D2331	Resin-based composite, two surfaces, anterior	0%	40%	
D2332	Resin-based composite, three surfaces, anterior	0%	40%	
D2335	Resin-based composite, four or more surfaces, involving incisal angle	0%	40%	
D2391	Resin-based composite, one surface, posterior	0%	40%	
D2392	Resin-based composite, two surfaces, posterior	0%	40%	
D2393	Resin-based composite, three surfaces, posterior	0%	40%	
D2394	Resin-based composite, four or more surfaces, posterior	0%	40%	
D2510	Inlay, metallic, one surface	0%	40%	1 of (D2510-D2792) per tooth every 60 months
D2520	Inlay, metallic, two surfaces	0%	40%	
D2530	Inlay, metallic, three or more surfaces	0%	40%	
D2542	Onlay, metallic, two surfaces	0%	40%	
D2543	Onlay, metallic, three surfaces	0%	40%	
D2544	Onlay, metallic, four or more surfaces	0%	40%	
D2610	Inlay, porcelain/ceramic, one surface	0%	40%	
D2620	Inlay, porcelain/ceramic, two surfaces	0%	40%	
D2630	Inlay, porcelain/ceramic, three or more surfaces	0%	40%	
D2642	Onlay, porcelain/ceramic, two surfaces	0%	40%	

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CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
D2643	Onlay, porcelain/ceramic, three surfaces	0%	40%	
D2644	Onlay, porcelain/ceramic, four or more surfaces	0%	40%	
D2650	Inlay, resin-based composite, one surface	0%	40%	
D2651	Inlay, resin-based composite, two surfaces	0%	40%	
D2652	Inlay, resin-based composite, three or more surfaces	0%	40%	
D2662	Onlay, resin-based composite, two surfaces	0%	40%	
D2663	Onlay, resin-based composite, three surfaces	0%	40%	
D2664	Onlay, resin-based composite, four or more surfaces	0%	40%	
D2710	Crown, resin-based composite (indirect)	0%	40%	
D2712	Crown, ¾ resin-based composite (indirect)	0%	40%	
D2721	Crown, resin with predominantly base metal	0%	40%	
D2722	Crown, resin with noble metal	0%	40%	
D2740	Crown, porcelain/ceramic	0%	40%	
D2751	Crown, porcelain fused to predominantly base metal	0%	40%	
D2752	Crown, porcelain fused to noble metal	0%	40%	
D2781	Crown, ¾ cast predominantly base metal	0%	40%	
D2782	Crown, ¾ cast noble metal	0%	40%	
D2783	Crown, ¾ porcelain/ceramic	0%	40%	
D2791	Crown, full cast predominantly base metal	0%	40%	
D2792	Crown, full cast noble metal	0%	40%	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	0%	40%	1 of (D2910, D2920) per tooth every calendar year
D2920	Re-cement or re-bond crown	0%	40%	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	0%	40%	1 (D2915) per tooth every calendar year

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LIBERTY DENTAL PLAN

CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
D2940	Protective restoration	0%	40%	
D2950	Core buildup, including any pins when required	0%	40%	
D2951	Pin retention, per tooth, in addition to restoration	0%	40%	
D2952	Post and core in addition to crown, indirectly fabricated	0%	40%	
D2953	Each additional indirectly fabricated post, same tooth	0%	40%	
D2954	Prefabricated post and core in addition to crown	0%	40%	
D2955	Post removal	0%	40%	
	Endodontic Services			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0%	40%	1 of (D3310-D3330) per tooth in a lifetime
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	0%	40%	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	0%	40%	
D3331	Treatment of root canal obstruction; non-surgical access	0%	40%	1 (D3331) per tooth in a lifetime
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	0%	40%	1 (D3332) per tooth in a lifetime
D3333	Internal root repair of perforation defects	0%	40%	1 (D3333) per tooth in a lifetime
D3346	Retreatment of previous root canal therapy, anterior	0%	40%	1 of (D3346-D3348) per tooth in a lifetime
D3347	Retreatment of previous root canal therapy, premolar	0%	40%	
D3348	Retreatment of previous root canal therapy, molar	0%	40%	
D3351	Apexification/recalcification, initial visit	0%	40%	1 (D3351) per tooth in a lifetime
D3352	Apexification/recalcification, interim medication replacement	0%	40%	1 (D3352) per tooth in a lifetime
D3353	Apexification/recalcification, final visit	0%	40%	1 (D3353) per tooth in a lifetime
D3410	Apicoectomy, anterior	0%	40%	1 of (D3410-D3425) per tooth in a lifetime

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CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
D3421	Apicoectomy, premolar (first root)	0%	40%	
D3425	Apicoectomy, molar (first root)	0%	40%	
D3426	Apicoectomy, (each additional root)	0%	40%	1 (D3426) per tooth in a lifetime
D3430	Retrograde filling, per root	0%	40%	1 (D3430) per tooth in a lifetime
D3450	Root amputation, per root	0%	40%	1 (D3450) per tooth in a lifetime
D3920	Hemisection, not including root canal therapy	0%	40%	1 (D3920) per tooth in a lifetime
	Periodontal Services			
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	0%	40%	1 of (D4210-D4241) per site/quad every 24 months
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	0%	40%	
D4240	Gingival flap procedure, four or more teeth per quadrant	0%	40%	
D4241	Gingival flap procedure, one to three teeth per quadrant	0%	40%	
D4260	Osseous surgery, four or more teeth per quadrant	0%	40%	1 of (D4260, D4261) per site/quad every 24 months
D4261	Osseous surgery, one to three teeth per quadrant	0%	40%	
D4270	Pedicle soft tissue graft procedure	0%	40%	1 of (D4270-D4285) per site/quad every 24 months
D4273	Autogenous connective tissue graft procedure, first tooth	0%	40%	
D4275	Non-autogenous connective tissue graft, first tooth	0%	40%	
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	0%	40%	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	0%	40%	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	0%	40%	1 of (D4341, D4342) per site/quad every 24 months
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	0%	40%	

CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	0%	40%	2 of (D1110, D4346, D4910) every calendar year
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	0%	40%	1 (D4355) every 36 months
D4910	Periodontal maintenance	0%	40%	2 of (D1110, D4346, D4910) every calendar year
	Removable Prosthodontic Services			
D5110	Complete denture, maxillary	0%	40%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 60 months
D5120	Complete denture, mandibular	0%	40%	
D5130	Immediate denture, maxillary	0%	40%	
D5140	Immediate denture, mandibular	0%	40%	
D5211	Maxillary partial denture, resin base	0%	40%	
D5212	Mandibular partial denture, resin base	0%	40%	
D5213	Maxillary partial denture, cast metal, resin base	0%	40%	
D5214	Mandibular partial denture, cast metal, resin base	0%	40%	
D5221	Immediate maxillary partial denture, resin base	0%	40%	
D5222	Immediate mandibular partial denture, resin base	0%	40%	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	0%	40%	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	0%	40%	
D5225	Maxillary partial denture, flexible base	0%	40%	
D5226	Mandibular partial denture, flexible base	0%	40%	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	0%	40%	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	0%	40%	

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LIBERTY DENTAL PLAN

CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
D5410	Adjust complete denture, maxillary	0%	40%	1 of (D5410-D5422) per arch every calendar year
D5411	Adjust complete denture, mandibular	0%	40%	
D5421	Adjust partial denture, maxillary	0%	40%	1 of (D5410-D5422) per arch every calendar year
D5422	Adjust partial denture, mandibular	0%	40%	
D5511	Repair broken complete denture base, mandibular	0%	40%	1 of (D5511, D5512) per arch every calendar year
D5512	Repair broken complete denture base, maxillary	0%	40%	
D5520	Replace missing or broken teeth, complete denture	0%	40%	1 (D5520) per tooth every calendar year
D5611	Repair resin partial denture base, mandibular	0%	40%	1 of (D5611-D5622) per arch every calendar year
D5612	Repair resin partial denture base, maxillary	0%	40%	
D5621	Repair cast partial framework, mandibular	0%	40%	
D5622	Repair cast partial framework, maxillary	0%	40%	
D5630	Repair or replace broken retentive clasping materials, per tooth	0%	40%	1 (D5630) per tooth every calendar year
D5640	Replace broken teeth, per tooth	0%	40%	1 (D5640) per tooth every calendar year
D5650	Add tooth to existing partial denture	0%	40%	1 (D5650) per tooth every calendar year
D5660	Add clasp to existing partial denture, per tooth	0%	40%	1 (D5660) per tooth every calendar year
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	0%	40%	1 of (D5670, D5671) per arch every 24 months
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	0%	40%	
D5710	Rebase complete maxillary denture	0%	40%	1 of (D5710-D5761) per arch every 24 months
D5711	Rebase complete mandibular denture	0%	40%	
D5720	Rebase maxillary partial denture	0%	40%	
D5721	Rebase mandibular partial denture	0%	40%	
D5730	Reline complete maxillary denture, direct	0%	40%	

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CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
D5731	Reline complete mandibular denture, direct	0%	40%	
D5740	Reline maxillary partial denture, direct	0%	40%	
D5741	Reline mandibular partial denture, direct	0%	40%	
D5750	Reline complete maxillary denture, indirect	0%	40%	
D5751	Reline complete mandibular denture, indirect	0%	40%	
D5760	Reline maxillary partial denture, indirect	0%	40%	
D5761	Reline mandibular partial denture, indirect	0%	40%	
D5810	Interim complete denture, maxillary	0%	40%	1 of (D5810-D5821) per arch every 60 months
D5811	Interim complete denture, mandibular	0%	40%	
D5820	Interim partial denture, maxillary	0%	40%	
D5821	Interim partial denture, mandibular	0%	40%	
D5850	Tissue conditioning, maxillary	0%	40%	1 of (D5850, D5851) per arch every calendar year
D5851	Tissue conditioning, mandibular	0%	40%	
D5863	Overdenture, complete, maxillary	0%	40%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 60 months
D5864	Overdenture, partial, maxillary	0%	40%	
D5865	Overdenture, complete, mandibular	0%	40%	
D5866	Overdenture, partial, mandibular	0%	40%	
	Oral & Maxillofacial Services			
D7140	Extraction, erupted tooth or exposed root	0%	40%	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	0%	40%	
D7220	Removal of impacted tooth, soft tissue	0%	40%	
D7230	Removal of impacted tooth, partially bony	0%	40%	
D7240	Removal of impacted tooth, completely bony	0%	40%	

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CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
D7241	Removal impacted tooth, complete bony, complication	0%	40%	
D7250	Removal of residual tooth roots (cutting procedure)	0%	40%	
D7260	Oroantral fistula closure	0%	40%	1 of (D7260, D7261) site/quad every 60 months
D7261	Primary closure of a sinus perforation	0%	40%	
D7270	Tooth reimplantation and/or stabilization, accident	0%	40%	1 of (D7270, D7272) per tooth every 60 months
D7272	Tooth transplantation	0%	40%	
D7280	Exposure of an unerupted tooth	0%	40%	1 (D7280) per tooth every 60 months
D7282	Mobilization of erupted/malpositioned tooth	0%	40%	1 of (D7282, D7283) per tooth every 60 months
D7283	Placement, device to facilitate eruption, impaction	0%	40%	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	0%	40%	1 of (D7285-D7288) per site every 60 months
D7286	Incisional biopsy of oral tissue, soft	0%	40%	
D7287	Exfoliative cytological sample collection	0%	40%	
D7288	Brush biopsy, transepithelial sample collection	0%	40%	
D7290	Surgical repositioning of teeth	0%	40%	1 of (D7290-D7294) per site/quad every 60 months
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	0%	40%	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	0%	40%	
D7293	Placement of temporary anchorage device requiring flap	0%	40%	
D7294	Placement of temporary anchorage device without flap	0%	40%	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	0%	40%	1 of (D7310-D7350) per site/quad every 60 months
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	0%	40%	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	0%	40%	

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CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	0%	40%	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	0%	40%	
D7350	Vestibuloplasty, ridge extension	0%	40%	
D7410	Excision of benign lesion, up to 1.25 cm	0%	40%	
D7411	Excision of benign lesion, greater than 1.25 cm	0%	40%	
D7412	Excision of benign lesion, complicated	0%	40%	
D7413	Excision of malignant lesion, up to 1.25 cm	0%	40%	
D7414	Excision of malignant lesion, greater than 1.25 cm	0%	40%	
D7415	Excision of malignant lesion, complicated	0%	40%	
D7440	Excision of malignant tumor, up to 1.25 cm	0%	40%	
D7441	Excision of malignant tumor, greater than 1.25 cm	0%	40%	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	0%	40%	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	0%	40%	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	0%	40%	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	0%	40%	
D7465	Destruction of lesion(s) by physical or chemical method, by report	0%	40%	
D7471	Removal of lateral exostosis, maxilla or mandible	0%	40%	1 of (D7471-D7473) per lifetime
D7472	Removal of torus palatinus	0%	40%	
D7473	Removal of torus mandibularis	0%	40%	
D7485	Reduction of osseous tuberosity	0%	40%	1 (D7485) per lifetime
D7490	Radical resection of maxilla or mandible	0%	40%	1 (D7490) per arch per lifetime

CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
D7510	Incision & drainage of abscess, intraoral soft tissue	0%	40%	
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	0%	40%	
D7520	Incision & drainage of abscess, extraoral soft tissue	0%	40%	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	0%	40%	
D7530	Remove foreign body, mucosa, skin, tissue	0%	40%	
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	0%	40%	
D7961	Buccal / labial frenectomy (frenulectomy)	0%	40%	1 (D7961) per arch every 60 months
D7962	Lingual frenectomy (frenulectomy)	0%	40%	1 (D7962) every 60 months
D7963	Frenuloplasty	0%	40%	1 (D7963) every 60 months
	Adjunctive General Services			
D9110	Palliative treatment of dental pain, per visit	0%	40%	1 (D9110) every calendar year
D9120	Fixed partial denture sectioning	0%	40%	1 (D9120) every calendar year
D9210	Local anesthesia not in conjunction, operative or surgical procedures	0%	40%	
D9211	Regional block anesthesia	0%	40%	
D9212	Trigeminal division block anesthesia	0%	40%	
D9215	Local anesthesia in conjunction with operative or surgical procedures	0%	40%	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	0%	40%	
D9222	Deep sedation/general anesthesia, first 15-minute increment	0%	40%	
D9223	Deep sedation/general anesthesia, each subsequent 15-minute increment	0%	40%	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0%	40%	

CDT	Description	In-Network Member Responsibility	Out-of-Network Member Responsibility	Limitations
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15-minute increment	0%	40%	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15-minute increment	0%	40%	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	0%	40%	
D9310	Consultation, other than requesting dentist	0%	40%	2 (D9310) every calendar year
D9995	Teledentistry, synchronous; real-time encounter	0%	40%	2 of (D9995, D9996) every calendar year
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%	40%	