

2009

Dental
Benefits



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Dental Benefits



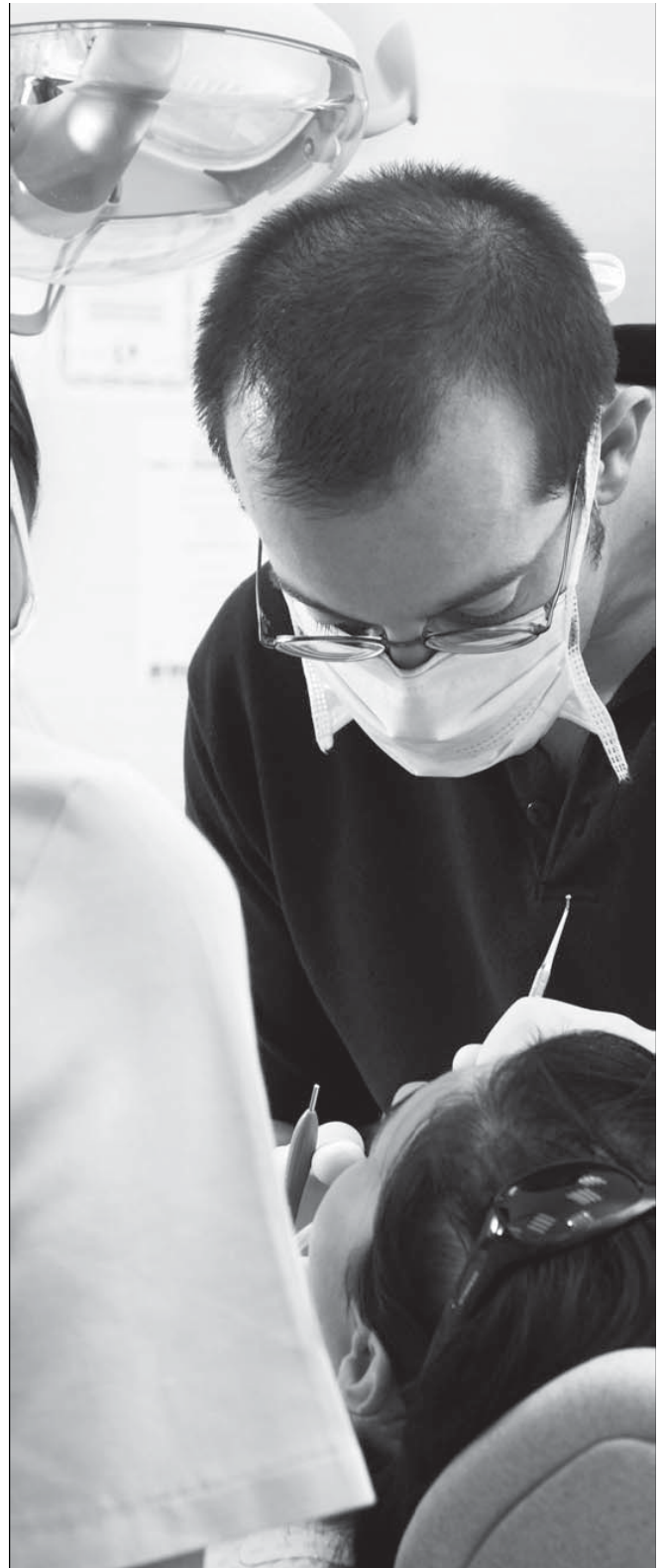
Liberty Dental Plan of California will be administering your dental benefits under an agreement with GEMCare Health Plan.

Liberty Dental Plan can be reached at toll-free (888) 798-9838, Monday through Friday, 8am to 5pm (PST). The hearing and speech impaired may use the California Relay Service's toll-free telephone numbers (800) 735-2929 or (888) 877-5378 to contact Liberty Dental Plan.

GEMCare Medicare Plus is pleased to be able to offer dental benefits in 2009 to our members in the standard GEMCare Medicare Plus Plan and the County of Kern Retiree Plan.

This brochure describes everything you need to know about the dental benefits, including which dental providers are available, the dental services are covered under this benefit, and how your dental benefits will be administered.

The following pages describe the dental services covered by our plan. If you have further questions about the dental services covered, please refer to your "Evidence of Coverage" for details, or contact Member Services. The co-payments shown are for services provided by a General Dentist only. All dental services are covered only if provided by a contracted Liberty Dental Plan participating dentist or specialist.



ADA Code	Description	Co-Payment
DIAGNOSTIC		
D0120	Exam Periodic	15.00
D0140	Exam Limited Problem Focused	10.00
D0150	Oral Evaluation Comprehensive	30.00
RADIOGRAPHS		
D0210	X-ray Full Mouth/ including BWX	15.00
D0220	Periapical Intraoral First Film	2.00
D0230	Periapical Intraoral Each Additional	2.00
D0240	X-rays Intraoral Occlusal Film	5.00
D0250	X-rays Extraoral First Film	15.00
D0260	X-rays Extraoral Each Additional	8.00
D0270	X-rays Bitewing 1 Film	2.00
D0272	X-rays Bitewing 2 Films	4.00
D0274	X-rays Bitewing 4 Films	6.00
D0330	X-rays Panoramic	10.00
D0470	Diagnostic Casts	20.00
PREVENTIVE		
D1110	Prophylaxis – Adult	25.00
D1204	Fluoride Adult	9.00
D1351	Sealant Per Tooth	10.00
D1510	Space Maintainer Fixed Unilateral	60.00
D1515	Space Maintainer Fixed Bilateral	90.00
D1525	Space Maintainer Removable Bilateral	90.00
D1550	Recement Space Maintainer	20.00
RESTORATIVE		
D2140	Amalgam 1 Surface	29.00
D2150	Amalgam 2 Surfaces	34.00
D2160	Amalgam 3 Surfaces	39.00
D2161	Amalgam 4+ Surfaces	44.00
D2330	Composite Anterior 1 Surface	34.00
D2331	Composite Anterior 2 Surfaces	39.00
D2332	Composite Anterior 3 Surfaces	44.00
D2335	Composite Anterior 4+ Surfaces	49.00
D2390	Crown Resin Anterior	49.00
D2520	Inlay Metallic 2 Surfaces*	250.00
D2530	Inlay Metallic 3+ Surfaces*	275.00
D2543	Onlay Metallic 3 Surfaces*	325.00
D2544	Onlay Metallic 4+ Surfaces*	325.00
CROWNS – SINGLE RESTORATIONS ONLY		
D2710	Crown Resin Indirect	150.00

** Base Metal or Noble Metal is the benefit. High Noble Metal, if used, will be charged to the enrollee at the additional cost of the High Noble Metal.*

Any procedure not listed is available on a fee-for-service basis.

ADA Code	Description	Co-Payment
D2720	Crown Resin High Noble Metal*	250.00
D2721	Crown Resin Base Metal	225.00
D2722	Crown Resin Noble Metal.	250.00
D2740	Crown Porcelain Ceramic Substrate	250.00
D2750	Crown Porcelain High Noble Metal*	350.00
D2751	Crown Porcelain Base Metal	325.00
D2752	Crown Porcelain Noble Metal	350.00
D2781	Crown 3/4 Cast Base Metal.	325.00
D2790	Crown Full Cast High Noble Metal*.	350.00
D2791	Crown Full Cast Base Metal	325.00
D2792	Crown Full Cast Noble Metal	350.00
OTHER RESTORATIVE SERVICES _____		
D2910	Recement Inlay	20.00
D2920	Recement Crown	20.00
D2930	Crown Stainless Steel Primary	38.00
D2931	Crown Stainless Steel Permanent	50.00
D2932	Crown Resin Prefabricated	60.00
D2933	Crown Stainless Steel With Resin Window	50.00
D2940	Sedative Filling	20.00
D2950	Crown Buildup Including Pins	42.00
D2952	Post & Core Cast*	65.00
D2954	Post & Core Prefabricated	50.00
D2980	Crown Repair (By report)	25.00
ENDODONTICS _____		
D3110	Pulp Cap Direct	15.00
D3120	Pulp Cap Indirect	15.00
D3220	Pulpotomy Therapeutic	26.00
D3230	Pulpal Therapy Primary Anterior	30.00
D3240	Pulpal Therapy Primary Posterior	30.00
D3310	Root Canal Therapy Anterior	195.00
D3320	Root Canal Therapy Bicuspid	255.00
D3330	Root Canal Therapy Molar	295.00
D3346	Root Canal Therapy Anterior Retreatment	165.00
D3347	Root Canal Therapy Bicuspid Retreatment	255.00
D3348	Root Canal Therapy Molar Retreatment	295.00
D3351	Apexification Initial Visit	42.00
D3352	Apexification Interim Medication	22.00
D3353	Apexification Final Visit	22.00
D3410	Apicoectomy Anterior	180.00
D3421	Apicoectomy Bicuspid 1st Root	195.00
D3425	Apicoectomy Molar 1st Root	225.00
D3426	Apicoectomy Each Additional Root	75.00

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ADA Code	Description	Co-Payment
D3430	Retrograde Filling Per Root	60.00
D3450	Root Amputation Per Root	95.00
D3920	Hemisection (including root removal)	95.00
PERIODONTICS		
D4210	Gingivectomy Gingivoplasty per quadrant.	195.00
D4211	Gingivectomy/Gingivoplasty per tooth (1-3).	60.00
D4240	Gingival Flap including root planing per quadrant	300.00
D4260	Osseous Surg. including flap entry per quadrant	375.00
D4274	Distal/Proximal wedge, separate procedure	195.00
D4341	Scaling/Root Planing per quadrant	45.00
D4355	Debridement Full Mouth	50.00
D4910	Periodontal Maintenance.	40.00
D4920	Dressing Change Unscheduled	20.00
REMOVABLE AND FIXED PROSTHODONTICS		
D5110	Denture Complete Upper	420.00
D5120	Denture Complete Lower	420.00
D5130	Denture Immediate Upper	420.00
D5140	Denture Immediate Lower.	420.00
D5211	Partial Resin Upper	360.00
D5212	Partial Resin Lower	360.00
D5213	Partial Metal Base Upper.	420.00
D5214	Partial Metal Base Lower.	420.00
D5281	Partial Unilateral Cast Metal.	295.00
D5410	Denture Adjustment Upper after 6 months	20.00
D5411	Denture Adjustment Lower after 6 months	20.00
D5421	Partial Adjustment Upper after 6 months	20.00
D5422	Partial Adjustment Lower after 6 months	20.00
D5510	Repair Denture Base	55.00
D5520	Replace Teeth Denture Per Tooth	25.00
D5610	Repair Partial Resin Base.	55.00
D5620	Repair Partial Cast Base	90.00
D5630	Repair or replace Broken Clasp Partial	85.00
D5640	Replace Broken Tooth Partial – Each	25.00
D5650	Add tooth to existing Partial	55.00
D5660	Add Clasp to Existing Partial	85.00
D5710	Rebase Upper Denture	165.00
D5711	Rebase Lower Denture.	165.00
D5720	Rebase Upper Partial	145.00
D5721	Rebase Lower Partial	145.00
D5730	Reline Upper Denture Chairside	135.00
D5731	Reline Lower Denture Chairside	135.00
D5740	Reline Upper Partial Chairside	85.00

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ADA Code	Description	Co-Payment
D7240	Extraction Full Bony	185.00
D7241	Extraction Full Bony Unusual	190.00
D7250	Root Removal Surgical	85.00
D7260	Oroantral Fistula Closure	250.00
D7270	Tooth Reimplantation	185.00
D7280	Surgical Access Of Unerupted Tooth	130.00
D7285	Biopsy Oral Tissue Hard	95.00
D7286	Biopsy Oral Tissue Soft	130.00
D7290	Surgical Repositioning of Teeth	115.00
D7310	Alveoplasty With Extractions per quadrant	75.00
D7320	Alveoplasty w/o Extractions, per quadrant	105.00
D7410	Excision of Benign Lesion up to 1.25 cm	140.00
D7411	Excision of Benign Lesion greater than 1.25 cm	140.00
D7471	Removal of Lateral Exostosis (Max. or Mand.)	165.00
D7510	Incision Drain Intraoral Abscess	60.00
D7520	Incision Drain Extraoral Abscess	165.00
D7960	Frenulectomy (separate procedure)	85.00
D7970	Excision Hyperplastic Tissue per arch	165.00
D7971	Excision Pericoronal Gingiva	85.00
ORTHODONTICS		
D8020	Limited Ortho Transitional Dentition	450.00
D8030	Limited Ortho Adolescent Dentition	600.00
D8040	Limited Ortho Adult Dentition	600.00
D8060	Interceptive Ortho Transitional Dentition	450.00
D8070	Comprehensive Ortho Transitional Dentition	1900.00
D8080	Comprehensive Ortho Adolescent Dentition	1900.00
D8090	Comprehensive Ortho Adult Dentition	1900.00
D8210	Removable Appliance Therapy	325.00
D8220	Fixed Appliance Therapy	425.00
D8680	Orthodontic Retention	280.00
D8999	Orthodontic records, x-rays, tracings, models, & photos – Start Up Fee	95.00
ADJUNCTIVE GENERAL SERVICES		
D9110	Emergency Palliative Treatment	20.00
D9310	Consultation Professional	20.00
D9430	Office Visit during Regular Business Hours	40.00
	No other services performed	
D9440	Office Visit After Hours	25.00
D9940	Occlusal Guard	150.00
D9941	Athletic Mouthguard Fabrication	175.00
D9942	Repair and/or Reline of Occlusal Guard	65.00
D9951	Occlusal Adjustment Limited	35.00
D9952	Occlusal Adjustment Complete	60.00

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All dental services are covered only if provided by a contracted Liberty Dental Plan participating dentist or specialist. To make an appointment for services, you may contact any dental provider listed below. The following table provides a list of the dental providers that are available to you.

The only time you may receive care outside the network is for emergency dental services, which are services required to alleviate severe pain or bleeding or if you believe the condition, if not diagnosed or treated, may lead to disability, dysfunction or death.

There are no claim forms to worry about with your dental plan. No prior benefit authorization is required in order to receive dental services from your dentist. Your dentist has the authority to make most coverage determinations. The coverage determinations are achieved through comprehensive oral evaluations which are covered by your plan. Your dentist is responsible for

communicating the results of the comprehensive oral evaluation and advising you of available benefits and associated costs (co-payments).

In the event that you need to be seen by a specialist, Liberty Dental Plan does require prior benefit authorization. Your General Dentist will initiate the referral process with Liberty Dental Plan. The proper referral process must be utilized for specialty services to be covered under your plan. Specialty services are charged to the member at 80% of the Specialist's Usual and Customary fees.

If you have any further questions about the dental benefits offered under GEMCare Medicare Plus, please contact Liberty Dental at (888) 798-9838, or GEMCare Health Plan's Member Services Department at (661) 716-8800, toll-free (877) 697-2464, or TTY/TDD (888) 833-9312.

BAKERSFIELD

Bakersfield Dental Group Linda Bang, DDS	5120 Stockdale Hwy Ste. D	661-324-5442
Centennial Dental Clinic Mosheer Al Khalayeh, DDS • Orfan Chalabi, DDS • Wasfi Salama, DDS • William Thomas, DDS	201 China Grade Loop	661-393-4333
Dedicated Dental – California Center Reen Chung, DDS • Karen Eisenhofer, DDS • Daniella Havlicek, DDS • Justin Kwon, DDS Christopher Nguyen, DDS • Bojun Park, DDS • Alan Slutsky, DDS	3400 Wible Road	661-835-8672
Dedicated Dental – Panama Justin Kwon, DDS • Tahi Lam, DDS • David Park, DDS • Alan Slutsky, DDS • Darlene Tran, DDS	3150 Panama Lane Ste I	661-396-0156
Dedicated Dental – Town & Country Phuc Diep, DDS • Kimmie Nguyen, DDS • Renalie Rebong, DDS • Alan Slutsky, DDS	8200 Stockday Hwy Ste. M-9	661-834-9042
East Hills Family Dental Jessie Corral, DDS	2600 Oswell, Suite F & G	661-871-4132
Home Care Dental Mosheer Al Khalayeh, DDS • Wasfi Salama, DDS	5917-3 Niles Street	661-366-6527

GEMCare Medicare Plus
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