

2025 CalOptima Health OneCare Dental Benefits Highlight

CalOptima Health OneCare	
<ul style="list-style-type: none"> • 0% Coinsurance Plan • Frequencies and Limitations Apply* • No Out-Of-Network Benefits 	No Deductible
Covered Services	Member Responsibility
Diagnostic Services Oral evaluations, bitewing radiographic images	0%
Restorative Services Crowns	0%
Endodontic Services Endodontic therapy, pulp cap, pupal debridement	0%
Periodontal Services Gingival flap procedure, guided tissue regeneration	0%
Prosthodontics Services - Removable & Fixed Denture repair, rebases, relines, tissue conditioning, bridges (pontic & retainer crowns)	0%
Oral & Maxillofacial, Other Services Alveoloplasty, consultation, teledentistry	0%

CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal plan, has partnered with Liberty Dental Plan to provide covered dental services through participating dental providers. Liberty Dental Plan offers dental benefits to support improved oral health for whole-body wellness. Follow these simple steps to get started on your oral health journey.

How to Locate a Dental Provider

You may request a list of participating dental providers from Liberty Dental Plan or locate one online at www.libertydentalplan.com/Find-a-Dentist. Dental benefits are only available if they are provided by a contracted Liberty provider who is also contracted with Medi-Cal Dental. Please check with your dental office before receiving services to make sure the office is a Liberty/Medi-Cal Dental provider. To ensure the dental office is a participating dentist of our plan, please provide the office with your CalOptima Health OneCare Member ID number to confirm.

Referrals are not required.

Make a Dental Appointment

To find a dentist in your area, you can go to our website at www.libertydentalplan.com, download the mobile app on your smartphone, or call us toll-free at [\(888\) 704-9838/TTY: 711](tel:8887049838), **Monday through Friday** from **8 a.m. to 8 p.m.** Once you have located a Participating Provider, you can call the office to schedule an appointment. The dental office will contact us to verify your eligibility. Be sure to identify yourself as a CalOptima Health OneCare/Liberty Dental Plan member when you call the dentist for an appointment. We also suggest that you take this information with you, along with your CalOptima Health OneCare member identification Card (ID) card when you go to your appointment. You can then reference benefits and applicable charges which are the out-of-pocket costs associated with your plan.

Log in to Your Liberty Dental Plan Member Portal

Your Liberty Dental Plan account now has information about your dental coverage.

When you log in to your account online you can:

- View your Dental Benefit Plan
- View Dental Claim Status
- Find a Dentist
- View Dental History and Benefits

Review Your Dental Benefits

Your Schedule of Dental Benefits will explain how your plan works, including a list of dental services that are covered, and what you will be financially responsible for. Your Schedule of Dental Benefits is also available from the Member Portal. **Note:** The Schedule of Dental Benefits is reviewed annually and is subject to change effective **January 1** of each year.

What CalOptima Health OneCare dental benefit does not cover may be available through the Medi-Cal Dental Program. For a full list of services covered by the Medi-Cal Dental Program, call **1-800-322-6384** (TTY **1-800-735-2922**). These resources can also help you locate a Medi-Cal dental provider and file a grievance or complaint.

CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, is a Medicare Advantage organization with Medicare and Medi-Cal contracts. Enrollment in CalOptima Health OneCare depends on contract renewal. CalOptima Health OneCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Call CalOptima Health OneCare Customer Service toll-free at **1-877-412-2734** / TTY **711, 24 hours a day, 7 days a week**. Visit us at **www.caloptima.org/OneCare**.

**No Calendar Year Maximum, No Out of Pocket Maximum, No Deductible
\$0 Copay/Coinsurance on all Preventive and Comprehensive Services**

- The following is a **complete** list of dental procedures for which benefits are payable under this Plan.
- Non-listed procedures are not covered. This Plan does not allow alternate benefits.
- If elected, Member is responsible for all non-covered procedures.
- The member must visit a contracted dental office to utilize covered benefits.

CDT Code	Description	Member Responsibility	Pre-Auth Required	Limitations	Documentation/X-Rays Required
Diagnostic Services					
D0140	Limited oral evaluation	0%			
D0160	Oral evaluation, problem focused	0%			
D0170	Re-evaluation, limited, problem focused	0%			
D0171	Re-evaluation, post operative office visit	0%			
D0180	Comprehensive periodontal evaluation	0%		1 (D0180) every 6 months	
D0273	Bitewings, three radiographic images	0%			
D0274	Bitewings, four radiographic images	0%			
Restorative Services					
D2720	Crown, resin with high noble metal	0%	Y		Bitewing and periapical x-ray required with pre-authorization; include narrative when necessary
D2722	Crown, resin with noble metal	0%	Y		
D2750	Crown, porcelain fused to high noble metal	0%	Y		
D2752	Crown, porcelain fused to noble metal	0%	Y		
D2790	Crown, full cast high noble metal	0%	Y		
D2792	Crown, full cast noble metal	0%	Y		

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CDT Code	Description	Member Responsibility	Pre-Auth Required	Limitations	Documentation/X-Rays Required
Endodontic Services					
D3110	Pulp cap, direct (excluding final restoration)	0%			
D3120	Pulp cap, indirect (excluding final restoration)	0%			
D3220	Therapeutic pulpotomy (excluding final restoration)	0%			
D3221	Pulpal debridement, primary and permanent teeth	0%			
Periodontal Services					
D4240	Gingival flap procedure, four or more teeth per quadrant	0%	Y		Diagnostic full mouth X-rays, perio charting, and narrative required with pre-authorization. Include photos when necessary.
D4241	Gingival flap procedure, one to three teeth per quadrant	0%	Y		
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	0%	Y		
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site	0%	Y		
Removable Prosthodontic Services					
D5621	Repair cast partial framework, mandibular	0%			
D5622	Repair cast partial framework, maxillary	0%			
D5630	Repair or replace broken retentive clasping materials, per tooth	0%			
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	0%			
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	0%			

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CDT Code	Description	Member Responsibility	Pre-Auth Required	Limitations	Documentation/X-Rays Required
D5710	Rebase complete maxillary denture	0%		2 of (D5710-D5761) per arch every calendar year	
D5711	Rebase complete mandibular denture	0%			
D5720	Rebase maxillary partial denture	0%			
D5721	Rebase mandibular partial denture	0%			
D5730	Reline complete maxillary denture, direct	0%			
D5731	Reline complete mandibular denture, direct	0%			
D5740	Reline maxillary partial denture, direct	0%			
D5741	Reline mandibular partial denture, direct	0%			
D5760	Reline maxillary partial denture, indirect	0%			
D5761	Reline mandibular partial denture, indirect	0%			

Fixed Prosthodontic Services

D6240	Pontic, porcelain fused to high noble metal	0%	Y		Diagnostic full mouth or panoramic x-rays required with pre-authorization.
D6242	Pontic, porcelain fused to noble metal	0%	Y		
D6750	Retainer crown, porcelain fused to high noble metal	0%	Y		
D6752	Retainer crown, porcelain fused to noble metal	0%	Y		

Oral and Maxillofacial Services

D7310	Alveoloplasty with extractions, four or more teeth per quadrant	0%	Y		Diagnostic full mouth or panoramic x-rays and narrative required with pre-authorization. Include photos when necessary.
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	0%	Y		

Adjunctive General Services

D9310	Consultation, other than requesting dentist	0%			
D9995	Teledentistry, synchronous; real-time encounter	0%			
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%			

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Dental Exclusions and Limitations

Our plan partners with Liberty Dental to provide your dental benefits. Please note that some services require clinical review for pre-authorization approval prior to treatment. Certain documentation must be submitted with these pre- authorization requests. These services are clinically reviewed using the provided documentation to determine if they are indicated and appropriate based on industry standards, and that they meet all requirements specific to such service as outlined in Liberty's Clinical Criteria and Guidelines. Any treatment which, in the opinion of Liberty's Dental Director, is not necessary or does not meet the plan's criteria will not be covered. If the required documentation is not provided, the service cannot be adequately reviewed and will therefore be denied. If the prior authorization is denied for any reason, the service will not be covered, and you will be responsible for all associated costs. Dental procedures for cosmetic or aesthetic reasons are not covered. Coverage is limited to the services listed in the Schedule of Benefits. If a service is not listed, it is not included and is not covered. To locate a network provider or to review Liberty Dental Plan's Clinical Guidelines you may call Member Services at **(888) 704-9838** or search the Liberty Dental online provider directory at **www.libertydentalplan.com/Find-a-Dentist**. It is recommended that you work with your in-network dentist to check benefit coverage prior to obtaining dental services.

If you choose to use a provider outside of the network, the services you receive will not be covered. Additional Limitations and Exclusions are listed below the Schedule of Benefits.

Exclusions & Limitations

1. Some services are clinically reviewed to determine if the services are necessary and appropriate based upon industry standards and Liberty clinical guidelines. Below are some of Liberty's clinical criteria and guidelines. Access to a complete and comprehensive list of Liberty's clinical criteria and guidelines is available through Member Services at **(888) 704-9838** or search the Liberty Dental member site at **libertydentalplan.com**. Required documentation for each service is listed in the Schedule of Benefits. Services requested without the required documentation provided will be denied.
2. Requests for crowns, root canals and partial dentures require the tooth/teeth to have a good long-term restorative, endodontic, and periodontal (at least **50%** bone support) prognosis for approval.
3. Teeth without root canal treatment must show evidence of decay, fracture, failing restoration, etc., undermining more than **50%** of the tooth.
4. Replacement of an existing crown, partial or denture which, in the opinion of Liberty's Dental Director, is satisfactory or that can be made satisfactory is not covered.

5. Cosmetic or experimental dental services, and/or procedures not generally performed in a general dentist office.
6. Crowns for the purposes of esthetics, or as a result of normal wear & attrition, recession, abfraction and/or abrasion are not covered.
7. Any procedure not specifically listed as a covered benefit in this Schedule of Benefits.
8. Any requested services that are in conjunction or reliant upon the completion of a denied service will also be denied.
9. Any treatment covered under an individual or group medical plan, auto insurance, no fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.
10. Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
11. Services for injuries and/or conditions which are paid or payable under Worker's Compensation or Employer Liability Laws, and treatment provided without cost to you by any municipality, county, or other political subdivision is not covered.
12. Fees related to broken appointments, preparing, or copying dental reports, duplication of X-rays, itemized bills or claim forms are not covered.
13. Cost of hospitalization and/or pharmaceuticals.
14. Any services performed by a non-network general dentist or non-network specialist.
15. Services that cannot be performed because of the general health of the patient.
16. Services that are not consistent with the usual and customary services provided by a network general dentist or specialist.
17. Any dental treatment started prior to the member's effective date.
18. Treatment related to cysts, neoplasms and/or malignancies.
19. Services which, in the opinion of the network general dentist or specialist, are not necessary for the patient's dental health.

You can get this document for free in other formats, such as large print, braille, and/or audio. Call **(888) 704-9838, Monday to Friday, between 8 a.m. and 8 p.m.** local time. The call is free.