



DENTAL BENEFITS

Frequently Asked Questions

Meet LIBERTY Dental Plan

Liberty Dental Plan (Liberty) is a dental benefits company that was started in 2001. As a community-based company, we support good dental care for over 7 million members across the nation. We help you understand the connection between your oral health and your overall health. As a guide for your best dental care, **we are here to help you and your loved ones enjoy a healthy smile.**

As part of Kaiser Permanente's health plan offerings, members access Liberty's services and network of dentists in the Mid-Atlantic region.

Our achievements are based on our commitment to earning strong customer loyalty, building a solid reputation on integrity, and providing exceptional service. We believe in enhancing your service experience with direct access to a live representative. This means you will be greeted by a "live" qualified Member Services Agent when you call our dedicated phone number. We are there for you every step of the way, from general assistance with benefit questions, to selecting a network dentist, to assisting with dental appointments.

What are my benefits?

Details about your dental coverage can be found in the Dental Plan Rider that is provided with your Health Plan *Evidence of Coverage*. Your Dental Plan Rider will explain how your plan works, including a list of the dental services that are covered and what you will be financially responsible for.

The following is a general description of coverages available:

Who is covered?

Dental Plans can be available to certain age groups based on what was purchased with the Health Plan. Always check your Kaiser Permanente Health Plan *Evidence of Coverage* and Dental ID Card for details before making a dental appointment.

Note: Your services may require documentation demonstrating medical necessity before being covered. In such cases, your dentist will guide you through the process and submit a pre-authorization request if needed.

- **Kaiser Permanente Smile family coverage** are dental plans that provide benefits to both enrolled children and adults. Some plans may have both an adult dental and a child-only dental plan to provide coverage to the entire family.
- **Kaiser Permanente Smile Kids** plans are child-only dental plans. Only family members under 19 are eligible for dental services. Some child-only plans are labeled as "embedded" and will apply out-of-pocket costs toward the Health Plan's out-of-pocket maximum. For details about embedded plans and out-of-pocket maximums, please refer to your Health Plan *Evidence of Coverage*.

- **Kaiser Permanente Smile Adult Dental plans** are dental plans with benefits available only to members 19 and older.

Types of coverage

- Kaiser Permanente Smile Dental EPO/Copay/In-Network Only and Preventive plans are in-network only plans that provide members the freedom to use any network general practice or specialty care provider to receive benefits at predictable copays. There is no pre-selection or assignment to a network dentist. Each member of a family may choose a different contracted provider for their dental needs. There are no benefits outside of the network.

Some In-Network Only/EPO plans provide benefits at a coinsurance instead of a copay. A listing of copay/coinsurance amounts are provided in your Dental Plan Rider.

- For Kaiser Permanente Smile Dental PPO/C-POS and POS plans, you have access to a large network of general dentists and specialists. While these plans may allow you to go to any licensed dentist, out-of-pocket costs will be reduced by using a participating network provider.

PPO/C-POS plans provide benefits at a coinsurance.

POS plans provide benefits either at a copay or coinsurance. A listing of copay/coinsurance amounts are provided in your Dental Plan Rider.

What is medical necessity?

Medical necessity (or medically necessary) are covered services which are necessary and appropriate for the treatment of the teeth, gums, and supporting structures and that are: (a) provided according to professionally recognized standards or practice; (b) determined to be consistent with the dental condition; and (c) are the most appropriate type, supply, and level of service considering the potential risks, benefits, and covered services which may be alternatives. The term "medical necessity" defines dental care that is considered essential for maintaining or improving oral health.

For Liberty, "medical necessity" refers to **dental care deemed essential for maintaining or improving oral health, as determined by the attending dentist and Liberty's guidelines, and is a requirement for coverage.**

Both the dentist and Liberty follow established guidelines and policies to determine if a service is medically necessary.

Do my benefits require medical necessity?

Your *Schedule of Benefits* lists what is covered under your dental plan and describes which benefits are available "when medically necessary."

While your dentist may recommend a treatment plan for your dental health, our plan has specific criteria that must be met for a treatment to be covered. These criteria are in place to ensure that the treatments you receive are likely to provide long-term benefits and are the most appropriate options for your condition.

Why do we have these criteria?

Our goal is to provide coverage for treatments that are both medically necessary and likely to be effective in the long term. By setting these criteria, we aim to:

- Ensure that covered treatments provide lasting benefits.
- Promote the most appropriate and effective care for our members.
- Manage resources responsibly to keep premiums and out-of-pocket costs as low as possible.

What can you do?

When a service requires medical necessity, your dentist will submit supporting documentation to us to initiate clinical review. Both you and your dentist will receive the results of the clinical review. If the service is deemed medically necessary, benefits will be applied. If a recommended treatment is not covered, you have options:

- 1. Discuss alternatives:** Talk to your dentist about alternative treatments that may be covered under your plan.
- 2. Appeal the decision:** If you believe the treatment should be covered, you can file an appeal. Our appeals process allows you to provide additional information and have your case reviewed.
- 3. Pay out of pocket:** You may choose to proceed with the treatment and pay out-of-pocket. We understand that this can be a significant decision, and we encourage you to discuss all options with your dentist.

When should I obtain a pre-treatment estimate?

Some services require clinical review and pre-authorization approval prior to treatment, with specific documentation required to determine if the service is indicated and appropriate based on industry standards and Liberty's Clinical Criteria and Guidelines.

If your dental care will be extensive or costly, you may ask your general dentist to complete a pre-treatment estimate. This will allow you to know in advance what procedures are covered, the amount your dental plan will pay toward treatment, and your financial responsibility. A pre-treatment estimate is not a guarantee of payment. When the services are complete and a claim is received for payment, we will calculate its payment based on your eligibility status and benefits at the time services were rendered.

What happens if my treatment plan is denied?

If a service is not deemed medically necessary or does not meet the plan's criteria, or if required documentation is not provided, you will receive notice that the service was denied coverage. When a service will not be covered, you may decide to continue with the proposed treatment, but you will be responsible for the costs. If you have already discussed alternatives with your dentist and still believe the treatment should be covered, you may file a grievance or appeal to provide additional information and have your case reviewed.

Filing a grievance or requesting an Independent Medical Review

If you disagree with Liberty's determination of medical necessity, you can file a grievance or, in some cases, request an Independent Medical Review (IMR). Your written notice of a denied service will include instructions on how to file a grievance or make an IMR request. You may also refer to your dental plan's *Evidence of Coverage* for details or call Liberty at the number on the back of your dental ID card for assistance.

Your right to file an appeal

When a service is denied, you will receive written notice as well as instructions on how to file an appeal. You may also refer to your dental plan's *Evidence of Coverage* for details or call Liberty at the number on the back of your dental ID card for assistance.

An appeal is a request by a member, a provider acting on behalf of a member, or another authorized individual to review an action by Liberty that delayed, modified, or denied services, in whole or in part. The appeal process will review the denied services and determine if the decision was based on medical necessity, not being a covered benefit, or another criterion. Once the review is complete, you will receive written notice in clear and easily understood language that explains the reason, criteria, and dental policies used along with any applicable provision and page numbers from your *Evidence of Coverage*.

How can I tell if I have orthodontic benefits?

Details about your orthodontic benefits can be found in the Dental Plan Rider that is provided with your Health Plan *Evidence of Coverage*. Your Dental Plan Rider will identify whether you have orthodontic benefits and/or include a listing of dental codes covered by your plan (starting with D8XXX).

Orthodontic benefits may be available either to the whole family, adult only, or child only depending on your plan.

Below is a general description of the types of orthodontic coverage:

- **Medically Necessary Orthodontia** benefits are covered only when there is evidence that there is a medical necessity. If your orthodontist determines that you require medically necessary orthodontia, they will submit evidence to Liberty for prior authorization. Once authorized, you may continue with your treatment.
- **Cosmetic Orthodontia** benefits do not require prior authorization. These benefits may be offered as part of your dental plan or as an additional OrthoPlus Rider.

Do I have to choose a dentist?

Liberty maintains a broad network of qualified dental providers who offer both general and specialized treatment. Our network serves the Virginia, Washington DC, and Maryland areas.

Your plan allows you the flexibility of seeing any licensed dentist within our network. Your covered family members may visit the same or a different general dentist. If you require a specialist, your general dentist may refer you to a dental specialist in our network if the necessary treatment is outside the scope of general dentistry. You may also directly select a specialist from our network. View your online dental directory at kp.org/dentalprovider/mas.

How do I see a specialist?

Your general dentist may refer you to a dental specialist in our network if necessary. You may also directly select a specialist from our network. View your online dental directory at kp.org/dentalprovider/mas.

Should I use a general dentist or a pediatric dentist (pedodontist) for my children?

All dentists are trained in pediatric care while in dental school. Pediatric dentists generally receive two additional years of education focused on caring for children, including those with developmental and behavioral needs. When searching for a new dentist, always ask the office what ages they treat before making an appointment. Usually, a general dentist will inform new patients if they don't treat young children, and based on the child's needs, they may refer the patient to a pediatric dentist.

How do I make an appointment?

Select a general dentist from our network and contact their location to schedule an appointment. To receive treatment from a specialist, your general dentist will refer you to a dental specialist in our network, or you may directly select a specialty from our network. Some plans do not offer out-of-network coverage. Please review your Dental Rider for more details.

For a detailed list of participating dentists, including office hours, location, and languages spoken, visit kp.org/dentalprovider/mas or call Liberty's Member Services at **888-798-9868** (TTY: **877-855-8039**), Monday through Friday, 8 a.m. to 8 p.m. EST.

What if I cannot find a dentist in my area?

If you are unable to locate a network dentist within a reasonable distance of your home or work, please contact Member Services for assistance at **888-798-9868** (TTY: **877-855-8039**), Monday through Friday, 8 a.m. to 8 p.m. EST. If a contracted dentist cannot be located, we will arrange for your covered dental services to be provided by a dentist in your area.

Can I nominate a provider to join the network?

Yes. If a provider is not in our network, you may nominate them to join the Liberty network at **kp.org/dentalnominate/mas**. Once you complete and submit the form, one of our dental recruiters will contact them to see if they would like to join our network of participating providers. Please allow 4-6 weeks for recruitment efforts.

Do I need a dental ID card to visit the dentist?

Yes. Liberty Dental Plan will mail Dental ID cards to your home address when you have just enrolled or when your coverage type has changed (for example, from a child-only plan to a family plan). When visiting an in-network dentist, simply provide the Member ID that appears on your membership card. The dental office can use that information to verify your eligibility and benefits.

To ensure prompt service, make sure your address and date of birth with Kaiser Permanente are correct so they can be used to verify eligibility. Your date of birth and addresses on file may be viewed on the dental portal, which can be accessed through your Kaiser Permanente account.

I didn't get a Dental ID card. Do I need one?

You may be asked to provide your Dental ID card to obtain care. You may print a copy of your card on the dental member portal, which can be accessed through your Kaiser Permanente account.

What if I have more than one dental plan?

The process for the Coordination of Benefits is easy. If you or your family member have more than one dental plan, make sure to inform your dentist. They will need the group and plan information for your other plan, as well as the name and date of birth of the subscriber. Your dentist will then include that information on the dental claim when they submit it to Liberty for processing. We will use the information to determine which is the primary plan. Your dental claim will be processed according to state requirements as outlined in your *Evidence of Coverage* for both plans.

How can I update my address?

Liberty will always use the mailing address you provided to enroll in a Kaiser Permanente health plan. If you have moved, please make sure your address on file is correct. After you submit a correction, Kaiser Permanente will work with Liberty to update your address.

3 WAYS TO FIND A DENTIST

The LIBERTY Dental provider directory can be accessed in real time on the Kaiser Permanente Dental Member Portal or at kp.org/dentalprovider/mas.

Types of dentists

Looking for a specific dentist? Our online directory allows you to search by specialist type as described below.

General Dentist

A dentist who provides your basic care and coordinates the care you need from specialty dental providers.

Endodontist

A dentist who specializes in the treatment of the dental pulp and the tissues surrounding the root of the tooth. Endodontists receive advanced training to become specialists who provide treatment for pulp therapy or root canals.

Oral Surgeon

A dentist with special training in surgery of the mouth and jaw.

Orthodontist

A dentist who specializes in the treatment of irregularities in the teeth and jaw.

Pedodontist

A dentist who specializes in providing basic care to children—also known as a pediatric dentist.

Periodontist

A dentist who specializes in the health of the gums and jawbone.

Prosthodontist

A dentist who specializes in restorative treatment, such as the fabrication of crowns, bridges, and dentures.

Need assistance with making an appointment or accessing a dentist?

Contracted providers should be familiar with the vendor LIBERTY Dental. If you are unable to access a listed dentist or locate a network dentist within a reasonable distance of your home or work, please contact Member Services for assistance at **888-798-9868** (TTY: **877-855-8039**), Monday through Friday, 8 a.m. to 8 p.m. EST. If a contracted dentist cannot be located, we will arrange for your covered dental services to be provided by a dentist in your area.

Did you find information that you think may need to be updated in our provider directories?

Contact Liberty so we can correct it. Visit the link below or call **888-798-9868** (TTY: **877-855-8039**), Monday through Friday, 8 a.m. to 8 p.m. EST.

libertydentalplan.com/Providers/Report-Inaccurate-Provider-Data.aspx

