

LIBERTY Dental Plan of Nevada

2024 – 2025 Plan Guide and Rates

Effective January 1, 2024 - December 31, 2025



EPO Patriot Plans
PPO Plans
Point of Service Plan

Offered by: **Word&Brown.**

 **LIBERTY DENTAL PLAN.**
Making members shine, one smile at a time™



Underwriting Guidelines

- **Group Size** - 2 - 99 eligible employees
- **Custom Plans** - available for groups >99; contact your Word & Brown Representative
- **Rates are guaranteed** for 24 months following employer's original effective date
- **Ineligible Industries** - Member organizations and individuals
- **Published Rates** - are for those industries without additional load
- **Industries with Load Factors** - Dental offices, dental labs, schools, real estate, social services, engineers, architects, employment agencies, financial institutions, government entities, doctor offices, hospitals, medical labs
- **Effective Dates** - 1st of the month following period established by the employer

Enrolled Employees	Contribution	Participation	Orthodontia Rider (For POS & PPO Products)
Employer-Sponsored			
2-9	1. 100% employer paid 2. 50% - 99% employer paid	1. 100% participation 2. 75% participation	Not Available
10+	1. 100% employer paid 2. 50% - 99% employer paid	1. 100% participation 2. 50% participation	Available with load factor; adult & children ortho
Voluntary			
2-9	0% - 49% employer paid	75% participation	Not Available
10+		25% participation	Available with load factor for dependent children only



Product Type	Plan Name	Employee Service Areas	Dual-Option (Groups with 25+ enrollees)	Waiting Period	Implants	Orthodontia
EPO (Patriot Plans)	Red NV-1000 White NV-800 Blue NV-600	Tier 1: Clark and Washoe County Tier 2 (OON benefits): All 50 states	Must have a minimum of 2 enrollees	None	Covered	Tier 1: Child & Adult Ortho Covered Tier 2: Not Covered
Point of Service (POS)	NV-500 POS	Tier 1 (EPO) : Clark and Washoe County Tiers 2 & 3 (PPO): All 50 states	Must have a minimum of 10 enrollees	Required for Virgin Groups; 12-months major services	Tier 1: Covered Tier 2 & 3: Not Covered	Tier 1: Child & Adult Ortho Covered Tier 2 & 3: Rider Available for Groups with 10+ enrollees
PPO	Elite PPO Signature PPO	All 50 states	Must have a minimum of 10 enrollees	Required for Virgin Groups; 12-months major services	Covered	Rider Available for Groups with 10+ enrollees

New Group Submission Checklist
✓ Employer Master Group Application
✓ Member Enrollment Forms
✓ Copy of current carrier billing statement if requesting ortho takeover benefits

Submit new group documents to your Word & Brown Representative.



Patriot EPO Plans

In-Network-Benefit

Maximum savings when Member uses LIBERTY EPO Dentist

- ✓ Co-payment Only
- ✓ Includes Orthodontia
- ✓ No Claim Forms
- ✓ No Annual Maximum
- ✓ No Waiting Period
- ✓ No Deductibles
- ✓ No PCP Assignment Required

To find an in-network provider:

- Visit www.libertydentalplan.com/wordandbrown
- Select State: **Nevada**
- Select Network: **Patriot NV 100 – 1000**

Member Co-Payments For Top Utilized Procedures

ADA Code	Description of Service Code	Red NV-1000	White NV-800	Blue NV-600
D0120	Periodic oral evaluation	\$0	\$0	\$0
D0150	Comprehensive oral evaluation	\$0	\$0	\$0
D0220	Intraoral, periapical, first radiographic image	\$0	\$0	\$0
D0272	Bitewings – 2 radiographic images	\$0	\$0	\$0
D1110	Prophylaxis	\$0	\$0	\$0
D2140	Amalgam - 1 surface, primary or permanent	\$20	\$0	\$5
D2330	Resin-based composite - 1 surface, anterior	\$30	\$0	\$8
D2751	Crown - porcelain fused to predominantly base metal	\$300	\$250	\$185
D3330	Root canal - molar (excluding final restoration)	\$350	\$395	\$62
D4210	Gingivectomy or gingivoplasty	\$175	\$215	\$35
D4341	Periodontal scaling & root planing - 4 or more	\$70	\$65	\$12
D4910	Periodontal maintenance	\$45	\$45	\$10
D5120	Complete denture - mandibular	\$350	\$325	\$250
D6010	Surgical placement of implant body, endosteal	\$2,000	\$2,000	\$2,000
D6751	Crown - porcelain fused to predominantly base metal	\$275	\$250	\$185
D7140	Extraction, erupted tooth or exposed root	\$25	\$12	\$8
D7210	Surgical removal of erupted tooth	\$40	\$35	\$15
D7240	Removal of impacted tooth - completely bony	\$90	\$120	\$28
D8070	Comprehensive orthodontic treatment of the adolescent dentition	\$2,100	\$2,100	\$2,100
D8080	Comprehensive orthodontic treatment of the adult dentition	\$2,250	\$2,250	\$2,250

Out-of-Network-Benefit

Maximum Choice. Member can use any out-of-network Dentist

- ✓ Free to choose any licensed dentist
- ✓ \$1,000 Annual Plan Maximum OON
- ✓ \$50 Deductible Out of Network
- ✓ Member pays difference between what Plan Pays and billed charge



PPO Plans

	Signature PPO		Elite PPO	
	Tier 1 In-Network	Tier II Out-of-Network	Tier 1 In-Network	Tier II Out-of-Network
Provider Network (PPO)	DentalGuard Preferred Select	Any licensed dentist	DentalGuard Preferred Select	Any licensed dentist
Provider Reimbursement	PPO Fee Scheduled	UCR ¹	PPO Fee Scheduled	UCR ¹
Calendar Year Maximum²	\$1,000	\$1,000	\$1,500 or \$2,000 ⁴	\$1,500 or \$2,000 ⁴
Calendar Year Deductible²	\$50 Single/ \$150 Family	\$50 Single/ \$150 Family	\$50 Single/ \$150 Family	\$50 Single/ \$150 Family
Diagnostic/Preventive				
Oral Evaluations (Examinations)	100%	80%	100%	90%
Radiographs (X-rays)				
Diagnostic Casts (Study Models)				
Prophylaxis (Cleanings)				
Fluoride				
Space Maintainers				
Basic				
Fillings	80%	70%	90%	70%
Oral Surgery				
Endodontic				
Root Canals and associated services	50%	50%	90%	50%
Periodontal				
Services associated with Gum Tissue	50%	50%	90%	50%
Major				
Inlays/Onlays/Crowns	50%	50%	60%	50%
Dentures/Partial Dentures				
Fixed Bridgework				
Implants	50%	50%	50%	50%
Orthodontia ³	RIDER	RIDER	RIDER	RIDER

¹ Tier II (out-of-network) pays lesser of submitted charges or UCR.
² Tier I and Tier II deductibles and annual benefit maximums do accumulate with one another.
³ Orthodontia Rider Options include a.) No deductible, b.) Services covered at 50%, c.) Coverage for dependents to 19, or Adult and Child, and d.) Lifetime maximum of \$1,500 or \$2,000. Rider only available for groups >10. See separate rate sheet for rider premium.
⁴ Elite PPO Plan with all features + \$2000 annual max
 This plan includes additional benefits, exclusions and limitations which are shown in the LIBERTY Dental Plan Summary, or Evidence of Coverage (EOC), and other applicable Riders. Copies of these documents are available on request. Plan documents govern in resolving any benefit questions or payments.



Point of Service (POS) Plans

Provider Networks:		Tier 1 EPO (NV-500)	Tier II PPO	Tier III Out-of-Network		
Annual Benefit Maximum¹		LIBERTY EPO Network	\$1,500	\$1,000		
Calendar Year Deductible¹		None	\$50 Single/\$150 Family	\$75 Single/\$225 Family		
Waiting Periods:		None	12-mo Major (Virgin Groups)	12-mo Major (Virgin Groups)		
ADA Code	Diagnostic & Preventive Procedures	Member Co-Pay:	Co-Insurance:	Co-Insurance:		
Diagnostic						
D0120	Periodic Oral Evaluation – Established Patient	\$0	Plan Pays 100% of Contracted rate Deductible Waived	Plan Pays 90% of MPA² Deductible Applies		
D0150	Comprehensive oral evaluation-new or established	\$0				
D0220	Intraoral - periapical first film	\$0				
D0272	Bitewings - 2 films	\$0				
Preventive						
D1110	Prophylaxis - adult	\$0				
ADA Code	Basic Procedures	Member Co-Pay:	Co-Insurance:	Co-Insurance:		
Restorative			Plan Pays 80% of Contracted rate Deductible Applies	Plan Pays 70% of MPA² Deductible Applies		
D2140	Amalgam - 1 surface, primary or permanent	\$0				
D2150	Amalgam - 2 surfaces, primary or permanent	\$0				
D2330	Resin-based composite - 1 surface, anterior	\$7				
D2331	Resin-based composite - 2 surfaces, anterior	\$15				
Endodontics						
D3310	Root canal - anterior (excluding final restoration)	\$15				
D3330	Root canal - molar (excluding final restoration)	\$99				
Periodontics						
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or banded teeth spaces per quadrant	\$38				
D4341	Periodontal scaling & root planing - 4 or more teeth per	\$18				
Oral Surgery						
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0				
D7210	Surgical removal of erupted tooth	\$12				
D7240	Removal of impacted tooth - completely bony	\$45				
ADA Code	Major Procedures	Member Co-Pay:	Co-Insurance:	Co-Insurance:		
D2751	Crown - porcelain fused to predominantly base metal	\$115	Plan Pays 50% of Contracted rate; Deductible Applies 12-months (Virgin Groups)	Plan Pays 40% of MPA² Deductible Applies 12-months (Virgin Groups)		
D2791	Crown - full cast predominantly base metal	\$99				
Prosthodontics						
D5120	Complete denture - mandibular	\$145				
D6751	Crown - porcelain fused to predominantly base metal	\$185				
Orthodontia		Included	RIDER ³			
Implants		No Waiting Period	Not Covered			

¹ Tier II and III maximal annual benefit and deductibles do accumulate with one another.
² MPA means the maximal plan allowable.
³ Orthodontia Rider Options include a.) No deductible, b.) Services covered at 50%, c.) Coverage for dependents to 19, or Adult and Child, and d.) Lifetime maximum of \$1,500 or \$2,000. Rider only available for groups >10. Adult Ortho not available for voluntary plans. See separate rate sheet for rider premium.
 This plan includes additional benefits, exclusions and limitations which are shown in the LIBERTY Dental Plan Summary, or Evidence of Coverage (EOC) attachment "A" Benefit Schedule, and other applicable Riders. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.



Shelf Rates Effective January 1, 2024 - December 31, 2025

Small Group Plans 2-99 Enrolled Subscribers

Group and Voluntary Plans	Includes Orthodontia Child & Adult, Copay only			No Orthodontia		
	Patriot Plans			PPO Plans		POS
	Red NV-1000	White NV-800	Blue NV-600	Signature	Elite	POS
Employee	\$16.63	\$21.65	\$26.60	\$29.02	\$34.69	\$31.61
Employee + Spouse	\$32.92	\$42.86	\$52.66	\$57.47	\$68.69	\$62.59
Employee + Child(ren)	\$34.25	\$44.59	\$54.79	\$59.79	\$71.47	\$65.12
Family	\$53.87	\$70.13	\$86.17	\$94.04	\$112.41	\$102.42
Orthodontia: Rider 1						
Lifetime maximum of \$1,500 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$29.02	\$34.69	\$31.61
		Employee + Spouse		\$57.47	\$68.69	\$62.59
		Employee + Child(ren)		\$64.86	\$76.54	\$69.95
		Family		\$99.11	\$117.48	\$107.25
Orthodontia: Rider 2						
Lifetime maximum of \$2,000 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$29.02	\$34.69	\$31.61
		Employee + Spouse		\$57.47	\$68.69	\$62.59
		Employee + Child(ren)		\$65.53	\$77.21	\$70.59
		Family		\$99.78	\$118.15	\$107.89
Orthodontia: Rider 3						
Lifetime maximum of \$1,500 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$34.09	\$39.76	\$36.44
		Employee + Spouse		\$65.94	\$77.17	\$70.66
		Employee + Child(ren)		\$68.26	\$79.94	\$73.19
		Family		\$102.51	\$120.88	\$110.49
Orthodontia: Rider 4						
Lifetime maximum of \$2,000 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$34.77	\$40.44	\$37.08
		Employee + Spouse		\$67.03	\$78.26	\$71.70
		Employee + Child(ren)		\$69.35	\$81.03	\$74.23
		Family		\$103.60	\$121.97	\$111.53

See page 14 for Terms and Conditions



Shelf Rates Effective January 1, 2024 - December 31, 2025

Load Factor 1.05 Financial Institutions

Group and Voluntary Plans	Includes Orthodontia Child & Adult, Copay only			No Orthodontia		
	Patriot Plans			PPO Plans		POS
	Red NV-1000	White NV-800	Blue NV-600	Signature	Elite	POS
Employee	\$17.46	\$22.73	\$27.92	\$30.47	\$36.43	\$33.19
Employee + Spouse	\$34.57	\$45.00	\$55.29	\$60.34	\$72.13	\$65.72
Employee + Child(ren)	\$35.97	\$46.82	\$57.52	\$62.78	\$75.04	\$68.38
Family	\$56.57	\$73.64	\$90.48	\$98.74	\$118.03	\$107.55
Orthodontia: Rider 1						
Lifetime maximum of \$1,500 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$30.47	\$36.43	\$33.19
		Employee + Spouse		\$60.34	\$72.13	\$65.72
		Employee + Child(ren)		\$67.85	\$80.11	\$73.21
		Family		\$103.81	\$123.10	\$112.38
Orthodontia: Rider 2						
Lifetime maximum of \$2,000 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$30.47	\$36.43	\$33.19
		Employee + Spouse		\$60.34	\$72.13	\$65.72
		Employee + Child(ren)		\$68.52	\$80.79	\$73.85
		Family		\$104.48	\$123.77	\$113.02
Orthodontia: Rider 3						
Lifetime maximum of \$1,500 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$35.55	\$41.50	\$38.02
		Employee + Spouse		\$68.81	\$80.60	\$73.79
		Employee + Child(ren)		\$71.25	\$83.52	\$76.45
		Family		\$107.21	\$126.50	\$115.62
Orthodontia: Rider 4						
Lifetime maximum of \$2,000 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$36.22	\$42.17	\$38.66
		Employee + Spouse		\$69.90	\$81.69	\$74.83
		Employee + Child(ren)		\$72.34	\$84.61	\$77.49
		Family		\$108.30	\$127.59	\$116.66

See page 8 for Terms and Conditions



Shelf Rates Effective January 1, 2024 - December 31, 2025

Load Factor 1.08 Social Services, Engineers, Architects

Group and Voluntary Plans	Includes Orthodontia <small>Child & Adult, Copay only</small>			No Orthodontia		
	Patriot Plans			PPO Plans		POS
	Red NV-1000	White NV-800	Blue NV-600	Signature	Elite	POS
Employee	\$17.96	\$23.38	\$28.72	\$31.35	\$37.47	\$34.14
Employee + Spouse	\$35.56	\$46.29	\$56.87	\$62.06	\$74.19	\$67.60
Employee + Child(ren)	\$36.99	\$48.16	\$59.17	\$64.57	\$77.19	\$70.33
Family	\$58.18	\$75.74	\$93.06	\$101.56	\$121.40	\$110.62
Orthodontia: Rider 1						
Lifetime maximum of \$1,500 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$31.35	\$37.47	\$34.14
		Employee + Spouse		\$62.06	\$74.19	\$67.60
		Employee + Child(ren)		\$69.64	\$82.26	\$75.16
		Family		\$106.63	\$126.47	\$115.45
Orthodontia: Rider 2						
Lifetime maximum of \$2,000 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$31.35	\$37.47	\$34.14
		Employee + Spouse		\$62.06	\$74.19	\$67.60
		Employee + Child(ren)		\$70.31	\$82.93	\$75.80
		Family		\$107.30	\$127.14	\$116.09
Orthodontia: Rider 3						
Lifetime maximum of \$1,500 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$36.42	\$42.54	\$38.97
		Employee + Spouse		\$70.54	\$82.66	\$75.67
		Employee + Child(ren)		\$73.04	\$85.66	\$78.40
		Family		\$110.03	\$129.87	\$118.69
Orthodontia: Rider 4						
Lifetime maximum of \$2,000 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$37.09	\$43.21	\$39.61
		Employee + Spouse		\$71.63	\$83.75	\$76.71
		Employee + Child(ren)		\$74.14	\$86.75	\$79.44
		Family		\$111.12	\$130.96	\$119.73

See page 8 for Terms and Conditions



Shelf Rates Effective January 1, 2024 - December 31, 2025

Load Factor 1.10 Real Estate, Government Entities, Medical Labs

Group and Voluntary Plans	Includes Orthodontia <small>Child & Adult, Copay only</small>			No Orthodontia		
	Patriot Plans			PPO Plans		POS
	Red NV-1000	White NV-800	Blue NV-600	Signature	Elite	POS
Employee	\$18.29	\$23.81	\$29.25	\$31.93	\$38.16	\$34.77
Employee + Spouse	\$36.21	\$47.14	\$57.92	\$63.21	\$75.56	\$68.85
Employee + Child(ren)	\$37.68	\$49.05	\$60.26	\$65.77	\$78.62	\$71.63
Family	\$59.26	\$77.14	\$94.78	\$103.44	\$123.65	\$112.67
Orthodontia: Rider 1						
Lifetime maximum of \$1,500 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$31.93	\$38.16	\$34.77
		Employee + Spouse		\$63.21	\$75.56	\$68.85
		Employee + Child(ren)		\$70.84	\$83.69	\$76.46
		Family		\$108.51	\$128.72	\$117.50
Orthodontia: Rider 2						
Lifetime maximum of \$2,000 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$31.93	\$38.16	\$34.77
		Employee + Spouse		\$63.21	\$75.56	\$68.85
		Employee + Child(ren)		\$71.51	\$84.36	\$77.10
		Family		\$109.18	\$129.39	\$118.14
Orthodontia: Rider 3						
Lifetime maximum of \$1,500 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$37.00	\$43.23	\$39.60
		Employee + Spouse		\$71.69	\$84.04	\$76.92
		Employee + Child(ren)		\$74.24	\$87.09	\$79.70
		Family		\$111.91	\$132.12	\$120.74
Orthodontia: Rider 4						
Lifetime maximum of \$2,000 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$37.67	\$43.91	\$40.24
		Employee + Spouse		\$72.78	\$85.13	\$77.96
		Employee + Child(ren)		\$75.33	\$88.18	\$80.74
		Family		\$113.00	\$133.21	\$121.78

See page 14 for Terms and Conditions



Shelf Rates Effective January 1, 2024 - December 31, 2025

Load Factor 1.15 All Schools, Doctor Offices, Hospitals

Group and Voluntary Plans	Includes Orthodontia <small>Child & Adult, Copay only</small>			No Orthodontia		
	Patriot Plans			PPO Plans		POS
	Red NV-1000	White NV-800	Blue NV-600	Signature	Elite	POS
Employee	\$19.12	\$24.89	\$30.58	\$33.38	\$39.90	\$36.35
Employee + Spouse	\$37.86	\$49.29	\$60.56	\$66.09	\$79.00	\$71.98
Employee + Child(ren)	\$39.39	\$51.28	\$63.00	\$68.76	\$82.19	\$74.89
Family	\$61.95	\$80.65	\$99.09	\$108.14	\$129.27	\$117.79
Orthodontia: Rider 1						
Lifetime maximum of \$1,500 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$33.38	\$39.90	\$36.35
		Employee + Spouse		\$66.09	\$79.00	\$71.98
		Employee + Child(ren)		\$73.83	\$87.26	\$79.72
		Family		\$113.21	\$134.34	\$122.62
Orthodontia: Rider 2						
Lifetime maximum of \$2,000 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$33.38	\$39.90	\$36.35
		Employee + Spouse		\$66.09	\$79.00	\$71.98
		Employee + Child(ren)		\$74.50	\$87.93	\$80.36
		Family		\$113.88	\$135.01	\$123.26
Orthodontia: Rider 3						
Lifetime maximum of \$1,500 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$38.45	\$44.97	\$41.18
		Employee + Spouse		\$74.56	\$87.47	\$80.05
		Employee + Child(ren)		\$77.23	\$90.66	\$82.96
		Family		\$116.61	\$137.74	\$125.86
Orthodontia: Rider 4						
Lifetime maximum of \$2,000 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$39.12	\$45.64	\$41.82
		Employee + Spouse		\$75.65	\$88.56	\$81.09
		Employee + Child(ren)		\$78.32	\$91.75	\$84.00
		Family		\$117.71	\$138.83	\$126.90

See page 14 for Terms and Conditions



Shelf Rates Effective January 1, 2024 - December 31, 2025

Load Factor 1.20 Employment Agencies, Associations

Group and Voluntary Plans	Includes Orthodontia Child & Adult, Copay only			No Orthodontia		
	Patriot Plans			PPO Plans		POS
	Red NV-1000	White NV-800	Blue NV-600	Signature	Elite	POS
Employee	\$19.95	\$25.97	\$31.91	\$34.83	\$41.63	\$37.94
Employee + Spouse	\$39.51	\$51.43	\$63.19	\$68.96	\$82.43	\$75.11
Employee + Child(ren)	\$41.10	\$53.51	\$65.74	\$71.75	\$85.76	\$78.15
Family	\$64.65	\$84.16	\$103.40	\$112.84	\$134.89	\$122.91
Orthodontia: Rider 1						
Lifetime maximum of \$1,500 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$34.83	\$41.63	\$37.94
		Employee + Spouse		\$68.96	\$82.43	\$75.11
		Employee + Child(ren)		\$76.82	\$90.83	\$82.98
		Family		\$117.91	\$139.96	\$127.74
Orthodontia: Rider 2						
Lifetime maximum of \$2,000 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$34.83	\$41.63	\$37.94
		Employee + Spouse		\$68.96	\$82.43	\$75.11
		Employee + Child(ren)		\$77.49	\$91.51	\$83.62
		Family		\$118.59	\$140.63	\$128.38
Orthodontia: Rider 3						
Lifetime maximum of \$1,500 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$39.90	\$46.70	\$42.77
		Employee + Spouse		\$77.43	\$90.90	\$83.18
		Employee + Child(ren)		\$80.22	\$94.24	\$86.22
		Family		\$121.32	\$143.36	\$130.98
Orthodontia: Rider 4						
Lifetime maximum of \$2,000 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$40.57	\$47.38	\$43.41
		Employee + Spouse		\$78.52	\$92.00	\$84.22
		Employee + Child(ren)		\$81.31	\$95.33	\$87.26
		Family		\$122.41	\$144.45	\$132.02

See page 14 for Terms and Conditions



Shelf Rates Effective January 1, 2024 - December 31, 2025

Load Factor 1.25 Dental Offices, Dental Labs

Group and Voluntary Plans	Includes Orthodontia <small>Child & Adult, Copay only</small>			No Orthodontia		
	Patriot Plans			PPO Plans		POS
	Red NV-1000	White NV-800	Blue NV-600	Signature	Elite	POS
Employee	\$20.78	\$27.06	\$33.24	\$36.28	\$43.37	\$39.52
Employee + Spouse	\$41.15	\$53.57	\$65.82	\$71.83	\$85.87	\$78.24
Employee + Child(ren)	\$42.82	\$55.74	\$68.48	\$74.74	\$89.34	\$81.40
Family	\$67.34	\$87.66	\$107.71	\$117.54	\$140.51	\$128.03
Orthodontia: Rider 1						
Lifetime maximum of \$1,500 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$36.28	\$43.37	\$39.52
		Employee + Spouse		\$71.83	\$85.87	\$78.24
		Employee + Child(ren)		\$79.81	\$94.41	\$86.23
		Family		\$122.62	\$145.58	\$132.86
Orthodontia: Rider 2						
Lifetime maximum of \$2,000 per member Dependent Children to age 19 only Services covered at 50% No Deductible		Employee		\$36.28	\$43.37	\$39.52
		Employee + Spouse		\$71.83	\$85.87	\$78.24
		Employee + Child(ren)		\$80.48	\$95.08	\$86.87
		Family		\$123.29	\$146.25	\$133.50
Orthodontia: Rider 3						
Lifetime maximum of \$1,500 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$41.35	\$48.44	\$44.35
		Employee + Spouse		\$80.31	\$94.34	\$86.31
		Employee + Child(ren)		\$83.21	\$97.81	\$89.47
		Family		\$126.02	\$148.98	\$136.10
Orthodontia: Rider 4						
Lifetime maximum of \$2,000 per member Dependent Children and Adults covered at 50% No Deductible		Employee		\$42.02	\$49.11	\$44.99
		Employee + Spouse		\$81.40	\$95.43	\$87.35
		Employee + Child(ren)		\$84.30	\$98.90	\$90.51
		Family		\$127.11	\$150.07	\$137.14

See page 14 for Terms and Conditions



Terms and Conditions/Rate Assumptions

Rates are based on data provided to the Company and on assumptions related to dependent distribution within the group. Quoted rates are subject to change based on underwriting review and discovery of material differences in any of the following:

- Group Size - 2 - 99 eligible employees
- Rates are guaranteed for 24 months following the employer's effective date
- Part-time employees and 1099 staff are not eligible for coverage
- Waiting Periods - Required for Virgin Groups with PPO or POS. No waiting period for Patriot Plans
- Enrollment changes by more than 10% from quoted enrollment to initial enrollment.
- Any plan changes not previously reviewed by underwriting
- Any material changes in eligibility not previously reviewed by underwriting
- Rates and benefits are subject to revision at any time if required by state law
- Rate proposals are valid for ninety days from the original proposal

Contribution & Participation:

Group Plans

- 100% employer paid requires 100% participation
- Employer must contribute 50% - 99% of employee premium
- 2 - 9 employees requires 75% participation
- 10+ employees requires 50% participation

Voluntary Plans

- Employer must contribute 0% - 49% of employee premium
- 2 - 9 employees requires 75% participation
- 10+ employees requires 25% participation

LIBERTY reserves the right to pass through (or modify its proposed rates as a result of) additional fees or taxes imposed upon LIBERTY by a governmental agency or otherwise imposed upon LIBERTY by a change in applicable law or regulation, including but not limited to the Patient Protection and Affordable Care Act.



Premium Payment

- Prepaid billing occurs around the 5th of the month.
- Monthly premium is due by the 30th prior to the month of coverage.
- Payments received after the 15th of the coverage month will be considered late.
- There are no billing fees to process payment but a \$30 bank fee will be added if the payment received does not clear due to insufficient funds.

<p>Wire/ACH Reference and Beneficiary Information</p>	<p>Wire instruction for LIBERTY Dental Plan of Nevada, Inc. Bank Information City National Bank 20 Pacifica, Suite 100 Irvine, CA 92618 ABA#: 122016066 Account #: 260101641 Beneficiary Name: LIBERTY Dental Plan of Nevada, Inc</p>
<p>Payment by Check</p>	<p>Make check payable to LIBERTY Dental Plan and send to: P.O. Box 94945 Las Vegas, NV 89193-4945</p>
<p>Payment by Phone</p>	<p>Credit card or check payments can be processed over the phone by calling: 888-902-0404 ext. 5217</p>
<p>Need Further Assistance?</p>	<p>Please send payment notification via email to: accountsreceivable@libertydentalplan.com</p>



Employer Group Contact Sheet

Account Management / Sales Support		
<p>Direct Contact: Ahtziri Avila, Account Manager aavila@libertydentalplan.com</p> <ul style="list-style-type: none"> • Client Services • Renewals • Supply orders • Escalations • Group Portal Assistance 	<p>Support Email:</p> <p>Fax:</p> <p>Address:</p>	<p>nationalaccounts@libertydentalplan.com</p> <p>949.313.0775</p> <p>LIBERTY Dental Plan 1730 Flight Way, Suite 125 Tustin, CA 92782</p>
Member Services		
<ul style="list-style-type: none"> • Benefits and Eligibility • Claim/Referral Status • Provider information • EOB Explanation • Material requests • Website Inquiry 	<p>Hours:</p> <p>Phone:</p> <p>Fax:</p> <p>Website:</p>	<p>For Members Only. Clients/Brokers please contact National Accounts for assistance</p> <p>Monday-Friday; 8:00 AM – 5:00 PM (PST)</p> <p>888.703.6999</p> <p>949.270.0101</p> <p>www.libertydentalplan.com/wordandbrown</p>
Finance		
<ul style="list-style-type: none"> • Premium Payments • Billing Statements • Billing Questions 	<p>Lockbox Address:</p> <p>Email:</p> <p>Phone:</p> <p>Fax:</p>	<p>LIBERTY Dental Plan P.O. Box 94945 Las Vegas, NV 89193-4945</p> <p>accountsreceivable@libertydentalplan.com</p> <p>888.703.6999 ext. 5217</p> <p>949.270.0102</p>

For broker and employer use only.



To request a quote, please contact your Word & Brown Representative.

Thank you
for considering LIBERTY Dental Plan.

We would be honored
and look forward to earning your trust.

LIBERTY Dental Plan of Nevada, Inc.

www.libertydentalplan.com/wordandbrown