

Liberty Dental Plan – Frequently Asked Questions (FAQs)

Overview

Alameda Alliance Wellness (HMO D-SNP) and Liberty Dental Plan are passionate about improving the oral health of our members. This set of frequently asked questions (FAQs) is to help you understand your dental benefits.

Q: Who is Liberty Dental Plan?

A: Liberty Dental Plan has been providing dental benefits since 2001. Liberty has a network of contracted providers who provide dental care to Alameda Alliance Wellness members.

Q: What is the Exclusive Provider Organization (EPO) network?

A: Liberty Dental Plan's Exclusive Provider Organization (EPO) is the network of providers you must use for your Liberty Dental Plan benefits.

Q: How are the Liberty Dental Plan benefits different from what Medi-Cal Dental provides?

A: Alameda Alliance Wellness offers dental benefits in addition to Medi-Cal Dental benefits. These benefits work together so you can use both your Liberty Dental Plan benefits and Medi-Cal dental benefits.

Q: Do I have to use my Medi-Cal Dental benefits first, before I use my Alameda Alliance Wellness Liberty Dental Plan benefits?

A: Your dentist (provider) will bill Liberty Dental Plan first, and Medi-Cal Dental second, or as a last resort. If additional benefits are offered and covered by Medi-Cal Dental, your dentist (provider) will bill Medi-Cal Dental for those services.

Q: Will I get a separate dental benefit member ID card to access dental benefits?

A: No, you will not get a separate dental benefit member ID card. Please present your Alameda Alliance Wellness member ID card and Medi-Cal Benefits Identification Card (BIC) card at your dental appointment.

Q: Do I need a referral to see a specialist?

A: No, referrals are not required for Liberty Dental Plan.

Q: How do I get prior authorization (approval) for services?

A: When the dentist (provider) submits a prior authorization (PA) request, you will get a copy of the final decision. You can also call Liberty Dental Plan to get an update.

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Q: Do I need to be assigned to a dentist or dental office?

A: No, you do not need to be assigned to a dentist or dental office, but you must see a Liberty Dental Plan/Medi-Cal Dental in-network provider.

Q: Can I keep my same dental provider under Medi-Cal Dental?

A: You must see a Liberty Dental Plan/Medi-Cal Dental in-network provider. To find a provider that is part of the network, please visit <https://findadentist.libertydentalplan.com>. Under “**Network**”, be sure to select “**Alameda Alliance Wellness D-SNP**.” All providers listed in the network directory are both Liberty Dental Plan and Medi-Cal Dental providers.

Q: What is the denture coverage for this plan?

A: Denture coverage guidelines are under Medi-Cal Dental.

Q: How much will I have to pay?

A: You pay \$0 for covered services.

Q: What if I have another private dental plan? How will benefits be coordinated?

A: If you have a private freestanding dental plan, it will be the primary plan, and Liberty Dental Plan will be the secondary plan.

Q: How can I obtain information on what is covered under this plan?

A: To learn more about your Liberty Dental Plan benefits, please contact:

Liberty Dental Plan
Toll-Free: **1.888.704.9838**
TTY: **1.877.855.8039**
libertydentalplan.com

Q: How can I get more information on Medi-Cal Dental benefits?

A: To learn more about Medi-Cal Dental benefits, please contact:

Medi-Cal Dental: Smile, California
Toll-Free: **1.800.322.6384**
TTY: **1.800.735.2922**
<https://smilecalifornia.org/contact-us>

Alameda Alliance Wellness is an HMO D-SNP plan with a Medicare contract and a contract with the California State Medi-Cal (Medicaid) Program. Enrollment in Alameda Alliance Wellness depends on contract renewal.