

L.A. Care Medicare Plus (HMO D-SNP) FAQs

Liberty is passionate about improving the oral health outcomes of diverse, low-income populations.

1. When will the L.A. Care Medicare Plus dental benefit go into effect?

The benefit goes into effect **January 1, 2025**.

2. Who is Liberty Dental Plan?

Liberty is a privately held dental benefits corporation that was established in 2001. Liberty has built a solid reputation by meeting and exceeding our clients, providers and members expectations allowing us to maintain customer loyalty with over 99% client retention.

3. What will be the Exclusive Provider Organization (EPO) network?

Liberty's Exclusive Provider Organization (EPO) network is CA Choice Medicare Advantage DUALS.

4. How are these benefits different from what Medi-Cal provides?

L.A. Care Medicare Plus (HMO D-SNP) is offering additional benefits to members over and above the Medi-Cal dental benefits. Coordination of benefits will be established to ensure that members receive access to both their Medicare and Medi-Cal benefits.

5. Are members allowed to use Denti-Cal (Medi-Cal) after exhausting their Liberty benefits or will the member need to first exhaust their DentiCal benefits before using Liberty Dental Plan?

Providers will bill Liberty first (primary payor). Denti-Cal is the secondary payor or last resort. If additional benefits are offered and covered by Denti-Cal, providers must submit claims for these services directly to Denti-Cal.

6. Will the members be issued a separate dental card to access benefits?

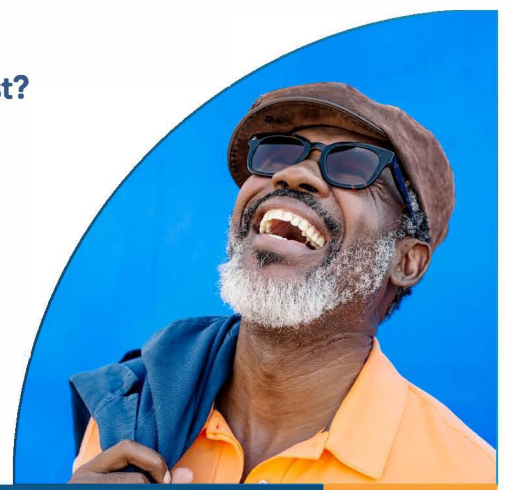
No. A separate Dental ID card will not be provided. It is recommended that members present their LA Care ID card and Medicaid (Medi-Cal) ID card during their appointment.

7. Will the member need to have a referral to see a specialist?

No. Referrals are not required on this plan.

8. How would the member obtain a prior authorization?

When the office submits a prior-authorization, the member will receive a copy of the final determination. The standard time on a decision for prior authorization is 14 days. Members can also call Liberty to obtain a status of the authorization.



9. Does a member need to be assigned to a dentist or dental office?

Assignment is not required but the member must see a Liberty/Denti-Cal in-network provider.

10. Can members keep their same dental provider under Denti-Cal?

Liberty's CA Choice Medicare Advantage DUALS network consists of a Medi-Cal participant network. All providers listed on the directory are Liberty + Denti-Cal providers. If a Denti-Cal provider is not listed in the Liberty network, members have the option to nominate a dentist here: www.libertydentalplan.com/lacaremedicare

11. Will implants be covered by Liberty Dental Plan?

No. Implants are not a covered benefit.

12. What is the denture coverage for this plan?

Yes. Dentures are a covered benefit.

For more information on Denti-Cal benefits, please contact the state Medi-Cal Dental Program to request coverage at: Smile, California PH: **1-800-322-6384**
<https://smilecalifornia.org/contact-us/>

13. How much will I have to pay?

You will pay \$0 for any covered services.

14. What if a member has another private dental plan? Sometimes beneficiaries will buy a freestanding dental or vision plan to reduce or eliminate their Share of Cost. How will the coordination of benefit occur?

If a member has a private plan, that policy will be primary and Medicare Secondary.

15. How can I obtain information on what is covered under this plan?

For more information on dental benefits, please call Liberty's toll-free number: **1-855-552-8243** TTY 1-800-735-2922 or visit <https://client.libertydentalplan.com/lacaremedicare>.

