

Northern California DHMO Dental Rates: LDP-600



Company Name: Pathways Home Health and Hospice
Proposed Effective Date: 7/1/2026

Group Size: 2-300; groups over 300 employees contact your representative	Rate Assumption: Based on Group Situs
Contribution: Valid for Voluntary and Employer Paid Groups	Billing: Reliance Standard Co-packaged Billing
Network: CA DHMO Select	Coverage Areas: Northern California Regions

DHMO Benefit Plan Summary: LDP-600		
Code	Description	Member Copayment
Diagnostic Services		
D0120	Periodic oral evaluation	\$0
D0140	Limited oral evaluation	\$0
D0150	Comprehensive oral evaluation	\$0
D0210	Intraoral, complete series of radiographic images	\$0
D0220	Intraoral, periapical, first radiographic image	\$0
D0230	Intraoral, periapical, each additional radiographic image	\$0
D0272	Bitewings, 2 radiographic images	\$0
D0274	Bitewings, 4 radiographic images	\$0
D0330	Panoramic radiographic image	\$0
Preventive Services		
D1110	Prophylaxis, adult	\$0
D1120	Prophylaxis, child	\$0
Restorative Services		
D2140	Amalgam, 1 surface, primary or permanent	\$5
D2150	Amalgam, 2 surfaces, primary or permanent	\$7
D2160	Amalgam, 3 surfaces, primary or permanent	\$9
D2391	Resin-based composite, 1 surface, posterior	\$55
D2751	Crown, porcelain fused to predominantly base metal*	\$185
*The total maximum amount chargeable to the member for elective upgraded procedures is \$250.00 per tooth.		
Endodontic Services		
D3330	Root canal, Molar (excluding final restoration)	\$62
Periodontal Services		
D4341	Periodontal scaling & root planing, 4 or more teeth per quadrant	\$12
D4910	Periodontal maintenance	\$10
Removable Prosthodontic Services		
D5110	Complete denture, maxillary	\$250
Oral and Max Surgery		
D7140	Extraction, erupted tooth or exposed root	\$8
D7210	Surgical removal of erupted tooth	\$15
Orthodontia		
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,775
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,950

This is only a summary of the Plans. The Dental Plan Contract, complete Benefit Schedule and Evidence of Coverage must be consulted to determine the exact terms, limitations and exclusions of coverage. Groups must meet the terms and conditions. Please see LIBERTY's Underwriting Guidelines for more details. Custom rate combinations are available upon request.