#### Guardian's DHMO Plan

The Guardian DentalGuard DHMO plans allow you to choose to receive care from any participating licensed dentist in the network, and pay a set co-pay for your office visit. Under this plan, you must choose a primary care dentist. All of your dental care will be provided by, or arranged by, your primary care dentist.

Under the Affordable Care Act (ACA), insurers must provide coverage for 10 essential health benefits (EHBs). This plan includes the pediatric essential health benefit, which is a comprehensive set of dental services for children under 19. These services are covered without annual or lifetime limits as long as you receive care-in-network. Also included is coverage for medically necessary orthodontics.

### Managed DentalGuard Family Plan—For Plan Years Beginning in 2016

	In-Network	Out-of-Network	
You Pay (Average cost is illustrated below. Refer to detailed list on the followir			
<b>Diagnosis &amp; Preventive Care</b> *Exams, cleaning, x-rays	\$0	Not Covered	
<b>Basic Services</b> *Fillings, simple tooth extractions	\$69	Not Covered	
Major Services *Crowns, inlays, onlays, and cast restorations	\$346	Not Covered	
Standard Orthodontic Coverage (without verification of medical necessity) D8080 *Comprehensive Orthodontic Treatment of the Adolescent	\$2,500	Not Covered	
Standard Orthodontic Coverage (without verification of medical necessity) D8090 *Comprehensive Orthodontic Treatment of the Adult	\$2,800	Not Covered	
Office Visit	\$15	Not Covered	
Out of Pocket Maximum (Individual / Family) – Applies to child essential health benefits only)	\$350 / \$700	Not Covered	
Annual Maximum	None	N/A	

\*Current Dental Terminology © 2013 American Dental Association (ADA). All rights reserved. Note: Procedures listed above under Preventive, Basic, Major and Orthodontics are for sample purposes only and do not encompass all covered services. For a list of co-payments for all covered services, please see the Covered Dental Services And Patient Charges on the following pages, and your policy contract for details. Limitations and exclusions apply. Plan documents are the final arbiter of coverage. GP-1-MDG-NY-FP-ON-15

Plan designs are not available in the following counties: Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Ontario, Orleans, Oswego, Otsego, Rensselaer, Saint Lawrence, Saratoga, Schoharie, Schuyler, Seneca, Steuben, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, Yates



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#### **Covered Dental Services and Patient Charges – UI0NYI02**

The services covered by this Policy are named in this list. If a service, treatment or procedure is not on this list, it is not a covered service. All services must be provided by the assigned Primary Care Dentist.

The Member must pay the listed Patient Charge. The benefits We provide are subject to all of the terms of this Policy, including the Limitations and Conditions on Covered Dental Services and Exclusions.

There is a limit on the total amount of Patient Charges a Member who is under age 19 must pay each calendar year for pediatric essential health benefits as determined by New York. The limit is \$350.00 for each such Member. Once this limit is reached the plan waives Patient Charges for such benefits for the rest of the calendar year for such Member. But if two or more such Members meet the limit of \$700.00 in a calendar year, the plan waives the Patient Charges for such benefits for all other such Members for the rest of the calendar year.

The Patient Charges listed this section are only valid for covered services that are: (1) started and completed under this Policy, and (2) rendered by Participating Dentists in the State of New York.

Schedule of Benefits		
CDT Codes		Plan Schedules - Copayments
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0
D0150	Comprehensive oral evaluation - new or established patient	0
D0170	Re-evaluation - limited problem focused (established patient; not post-operative visit)	0
D0180	Comprehensive periodontal evaluation - new or established patient	0
D0210	Intraoral radiographs - complete series of radiographic images	0
D0220	Intraoral - periapical first radiographic image	0
D0230	Intraoral - periapical each additional radiographic image	0
D0240	Intraoral - occlusal radiographic image	0
D0270	Bitewing - single radiographic image	0
D0272	Bitewings - two radiographic images	0
D0273	Bitewings - three radiographic images	0
D0274	Bitewings - four radiographic images	0
D0277	Vertical bitewings - 7 to 8 radiographic images	0
D0320	Temporomandibular joint arthrogram, including injection	0
D0321	Other temporomandibular joint radiographic images, by report	0
D0322	Tomographic survey^^^	0
D0330	Panoramic radiographic image	0
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	0
D0384	Cone beam CT image capture for TMJ series including two or more exposures	0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
D0999	Office visit during regular hours, general dentist only	15
D1000-D1999	II. PREVENTIVE	
DIIIO	Prophylaxis - adult, for the first two services in any 12-month period	\$0
D1120	Prophylaxis - child, for the first two services in any 12-month period	0
D1999	Prophylaxis - adult or child, for each additional service in same 12-month period	60
D1203	Topical application of fluoride (prophylaxis not included) - child, for the first two services in any 12-month period	0
D1204	Topical application of fluoride (prophylaxis not included) - adult, for the first two services in any 12-month period	0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients, for the first two services in any 12-month period	12
D1208	Topical application of fluoride, for the first two services in any 12-month period	0
D2999	Topical fluoride (adult or child), each additional service in the same 12-month period	20
D1310	Nutritional counseling for control of dental diseases	0
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth (molars)	14
D9999	Sealant - per tooth (non-molars)	35
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	14



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	Schedule of Benefits	
CDT		Plan Schedules -
Codes		Copayments
D1000-D1999	II. PREVENTIVE – cont.	
D1510	Space maintainer - fixed – unilateral	\$75
D1515 D1525	Space maintainer - fixed – bilateral Space maintainer - removable – bilateral	<u> </u>
D1525	Re-cementation of space maintainer	3
D1555	Removal of fixed space maintainer	20
D2000-D2999	III. RESTORATIVE	
	Crowns - single restorations only	
D2140	Amalgam - one surface, primary or permanent	\$28
D2150	Amalgam - two surfaces, primary or permanent	39
D2160	Amalgam - three surfaces, primary or permanent	46
D2161	Amalgam - four or more surfaces, primary or permanent	57
D2330	Resin-based composite - one surface, anterior	36
D2331	Resin-based composite - two surfaces, anterior	44
D2332	Resin-based composite - three surfaces, anterior	58
D2335 D2390	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	66 95
D2390 D2391	Resin-based composite crown, anterior Resin-based composite - one surface, posterior	56
D2391 D2392	Resin-based composite - two surface, posterior	75
D2392	Resin-based composite - two surfaces, posterior	90
D2394	Resin-based composite - four or more surfaces, posterior	95
D2510	Inlay - metallic - one surface	326
D2520	Inlay - metallic - two surfaces	368
D2530	Inlay - metallic - three or more surfaces	383
D2542	Onlay - metallic - two surfaces	383
D2543	Onlay - metallic - three surfaces	400
D2544	Onlay - metallic - four or surfaces	420
D2610	Inlay - porcelain/ceramic - one surface	326
D2620 D2630	Inlay - porcelain/ceramic - two surfaces Inlay - porcelain/ceramic - three or more surfaces	368 383
D2630	Onlay - porcelain/ceramic - two surfaces	383
D2642	Onlay - porcelain/ceramic - three surfaces	400
D2644	Onlay - porcelain/ceramic - four or more surfaces	420
D2740	Crown - porcelain/ceramic substrate	450
D2750	Crown - porcelain fused to high noble metal	430
D2751	Crown - porcelain fused to predominately base metal	430
D2752	Crown - porcelain fused to noble metal	430
D2780	Crown - 3/4 cast high noble metal	420
D2781	Crown - 3/4 cast predominately base metal Crown - 3/4 cast noble metal	420
D2782 D2783	Crown - 3/4 cast noble metal Crown - 3/4 porcelain/ceramic	420
D2783	Crown - 3/4 porcelain/ceramic Crown - full cast high noble metal	420
D2791	Crown - full cast predominately base metal	430
D2792	Crown - full cast piecedininately base niceal	430
D2794	Crown - titanium	430
D2910	Recement inlay, onlay, or partial coverage restoration	18
D2915	Recement cast or prefabricated post and core	18
D2920	Recement crown	18
D2929	Prefabricated porcelain/ceramic crown - primary tooth	135
D2930	Prefabricated stainless steel crown - primary tooth	110
D2931 D2932	Prefabricated stainless steel crown - permanent tooth Prefabricated resin crown	125
D2932 D2933	Prefabricated resin crown Prefabricated stainless steel crown with resin window	135
D2934	Prefabricated staffless steel crown with resin window Prefabricated esthetic coated stainless steel crown - primary tooth	135
D2934	Protective restoration	30
D2950	Core buildup, including any pins when required	3
D2951	Pin retention - per tooth, in addition to restoration	24



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Codes         Copport           02000.D2991         III. RESTORATIVE - cont.         90           025531         Each additional inderedy fabricated post - same tooth         90           025641         Predeficitated post - same tooth         230           025641         Predeficitated post - same tooth         230           025641         Predeficitated post - same tooth         230           025701         Temporary crown (fractured tooth)         101           025841         Predeficitated post - same tooth         235           025990         Reals infinitation of incipient smooth surface estating partial denture framework         235           021000         Phy part - indirect (sockuling final restoration)         115           021201         Phy part - direct (sockuling final restoration)         151           02121         Phy part - direct (sockuling final restoration)         301           021221         Phy part direct (sockuling final restoration)         301           021221         Phy part direct (sockuling final restoration)         301           021321         Phy part direct (sockuling final restoration)         301           021321         Phy part direct (sockuling final restoration)         301           021322         Phy part direct (sockuling final restoration)		Schedule of Benefits	
12000.02997         III. RESTORATIVE - cont.         50           12953         Exch additional interestly baincated post - same tooth         130           12954         Exch additional interestly baincated post - same tooth         29           12960         Labal veners (resin haminato - charisde         250           12971         Additional procedures to construct new crown under existing partial denture framework         110           12971         Additional procedures to construct new crown under existing partial denture framework         115           12000-031999         IV. ENDODONTICS         515           12100         Pulg cap - direct (excluding final restoration)         515           12121         Pulg cap - direct (excluding final restoration)         50           123221         Pulg cap - direct (excluding final restoration)         68           123230         Pulgal therapy (rescorable filling) - anterior, primary tooth (excluding final restoration)         68           12324         Pulgal therapy (rescorable filling) - anterior, primary tooth (excluding final restoration)         60           12330         Pulgal therapy (rescorable filling) - anterior, primary tooth (excluding final restoration)         60           12331         Incomplete endodonic therapy - notar (excluding final restoration)         60           12331         Incomplete endodonic th			Plan Schedules -
D2953         Each additonal indirectly fibricated post - same tooth         50           D2954         Prefabricated post and core in addition to crown         130           D2957         Each additonal prefabricated post - same tooth         29           D2970         Temporary crown (fractured tooth)         100           D2971         Additional prefabricated post - same tooth         100           D2971         Additional predabricated post - same tooth         125           D2970         Temporary crown (fractured tooth)         125           D3000-D3997         V. ENDODONTICS         15           D3100         Pulp cp - inderce (excluding final restoration)         15           D3220         Therspectic pulp corp. inderce (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of mediament.         50           D3220         Pulp cap - inderce (excluding final restoration)         260           D3221         Pulp cap - inderce (excluding final restoration)         260           D3220         Endodontic therspy - instruct coch owith incomplete root. development         50           D3220         Endodontic therspy - instruct coch owith incomplete resoration)         260           D3320         Endodontic therspy - instruct coch (excluding final restoration)         260           D3331 <th></th> <th>III RESTORATIVE - cont</th> <th>Copayments</th>		III RESTORATIVE - cont	Copayments
D2954       Predintracted pott and core in addition to crown       130         D2957       Each additional precedures to construct new crown under existing partial denture framework       250         D2960       Libial veneer (realin laminas) – charisde       5         D2960       Rein infligation of nicpient smooth surface lesions       5         D3000.D3997       IV. ENDODONTICS       5         D31100       Pulp cap - indirect (excluding final restoration)       \$15         D3220       Therapeutic Pulp cap - indirect (excluding final restoration)       \$0         D3221       Pulp cap - indirect (excluding final restoration)       \$0         D32221       Partial pulpstomy for apescagnesis - permanent toeth with incomplete root development       50         D32212       Partial pulpstomy for apescagnesis - permanent tooth with incomplete root development       50         D31212       Partial pulpstomy for apescagnesis - permanent tooth with incomplete root development       50         D3121       Partial pulpstomy for apescagnesis - permanent tooth with incomplete root development       50         D3131       Incomplete endodomit therapy - instruction of teachding final restoration)       260         D3131       Endodomit therapy - instruction of teachding final restoration)       260         D3131       Incomplete endodomit therapy - instructon of restoration on a sta			50
19266         Labid veneer (resin laminar) – charide         250           19270         Additional procedures to construct new crow under existing partial denture framework         125           19300-03997         IV. ENDODONTICS         5           19310         Pule cap - direct (excluding final restoration)         \$15           19312         Pule cap - direct (excluding final restoration)         \$15           19320         Pule cap - direct (excluding final restoration)         \$15           19321         Pule cap - direct (excluding final restoration)         \$15           193221         Parial pulpotemy (excluding final restoration)         \$16           1932231         Parial pulpotemy (excluding final restoration)         \$18           193231         Parial pulpotemy (restorable filling) - poterior, primary tooth (excluding final restoration)         \$18           193310         Endodonic therapy - bucyed tooth (excluding final restoration)         \$26           193311         Treatment of rowords under therapy - bucyed access         \$0           193314         Retroatment of row croat call therapy - molar         \$10           193314         Retroatment of row croat call therapy - molar         \$10           193314         Retroatment of row croat call therapy - molar         \$10           193314         Retroatment of			
D370         Temporary crown (fractured tooth)         100           D371         Additional proceedures to construct new crown under existing partial denture framework         125           D3700         Resin infifuration of incipient smooth surface lesions         5           D3100         D3100         File Gap - infifuration of incipient smooth surface lesions         5           D3100         Pulp Gap - infifuration of incipient smooth surface lesions         5           D3120         Pulp Gap - infifuration (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament         50           D31201         Pulp Gap - infifuration (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament         50           D31202         Pulpal therapy (resortable filing) - neterior, primary tooth (excluding final restoration)         80           D3130         Endodontic therapy - inscipie Contrain restoration)         260           D31301         Endodontic therapy - inscipie Contrain restoration)         200           D31301         Endodontic therapy - inscipie Contrain restoration)         200           D31301         Endodontic therapy - inscipie Contrain restoration)         200           D31310         Incomplete endodontic therapy - inscipie Contrain contrain restoration)         200           D31311	D2957	Each additional prefabricated post - same tooth	29
D2971       Additional procedures to construct new crown under existing partial denture framework       125         D2900       Rein infiltration of incipient smooth surface lesions       5         D3110       Pulp cap - infect (excluding final restoration)       15         D3122       Price cap - infect (excluding final restoration)       15         D3121       Price cap - infect (excluding final restoration)       15         D3122       Price cap - infect (excluding final restoration)       15         D3121       Price cap - infect (excluding final restoration)       15         D3122       Price cap - infect (excluding final restoration)       88         D3122       Price cap - infect (excluding final restoration)       80         D3122       Price cap - infect (excluding final restoration)       80         D3130       Endodonit cherap - anterior primary tooth (excluding final restoration)       260         D3131       Trestment of root canal obstruction: non-surgical access       0         D3133       Incomplete modonit cherap - information defects       120         D3134       Retreatment of previous root canal therap - naterior       1315         D3134       Retreatment of previous root canal therap - naterior       135         D3134       Retreatment of previous root canal therap - interior       135	D2960	Labial veneer (resin laminate) – chairside	250
D3990         Resin influration of incipient smooth surface lesions         5           D3000_D3999         W. ENDOPONTICS         \$110           D3110         Pulp cap - indirect (excluding final restoration)         \$15           D3120         Pulp cap - indirect (excluding final restoration)         \$15           D3121         Pulp cap - indirect (excluding final restoration)         \$15           D3122         Pulp dash disting final restoration)         \$15           D3123         Pulp dash disting final restoration)         \$16           D3124         Pulp dash disting final restoration)         \$16           D3121         Pulp dash disting final restoration)         \$16           D3122         Parcial pulpotionry (cscluppare)         \$17           D3130         Endodontic therap - interior tool (excluding final restoration)         \$160           D3130         Endodontic therap - matter to could will final restoration)         \$160           D3131         Treatment of root canal obstruction, non-sing cal access         \$160           D3131         Internation could be apperiod provide studies and berap - auterior         \$151           D3131         Internation could be apperiod provide studies and berap - auterior         \$150           D3131         Internation could be apperiod provide studi andin testoration)			
D3000-D3399         V. ENDODONTICS         \$15           D3110         Pulp cap - infect (excluding final restoration)         \$15           D3120         Therspecie pulpcomy (excluding final restoration) - removal of pulp coronal to the demtinocemental junction and         \$0           D3121         Philp day- infect (excluding final restoration) - removal of pulp coronal to the demtinocemental junction and         \$0           D3122         Partial pulpotomy for aperagenesis - permanent tooth with incomplete root development.         \$0           D3120         Pulpal dherapy (resorbable filling) - posterior, primary tooth (excluding final restoration)         \$88           D3130         Endodonic therapy - amerior pointy tooth (excluding final restoration)         \$20           D3130         Endodonic therapy - incore (accluding final restoration)         \$20           D3131         Treatment of root canal obstruction, non-surgical access         \$0           D31331         Incomplete modonic therapy - naterior         \$315           D31347         Retreatment of previous root canal therapy - materior         \$315           D31348         Apticectomy - materior         \$315           D31347         Retreatment of previous root canal therapy - molar         \$445           D31410         Apticectomy - molar (first root)         \$300           D31425         Apticectomy - mola			
D110       Pulp cap - direct (excluding final restoration)       15         D120       Therspeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the deminocemental junction and application of medicament.       50         D1212       Pulpal debridmente, primary and permanent teeth incomplete not: development.       50         D1212       Pulpal therapy (resorbable filing) - prestroir, primary tooth (excluding final restoration)       88         D1210       Endodonic therapy - anterior tooth (excluding final restoration)       90         D1310       Endodonic therapy - metrior tooth (excluding final restoration)       300         D13130       Endodonic therapy - metrior tooth (excluding final restoration)       300         D13131       Incomplete endodonic therapy, inoperable, unrestorable or fractured tooth       150         D13132       Incomplete endodonic therapy, inoperable, unrestorable or fractured tooth       150         D13134       Restretament of previous root cand therapy - naterior       315         D13144       Retretament of previous root cand therapy - molar       445         D14104       Apicocctomy - bicuspid (first root)       300         D1414       Apicocctomy - bicuspid (first root)       300         D1414       Apicocctomy - nobir (first root)       301         D1415       Apicocctomy - nobir (first root)       300<			5
B1120     Pulp cap - indirect (excluding final restoration)     Ifs       D1220     Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemenal junction and application of medicament.     50       D1221     Partial pulpotomy (for agrescipents) - permanent tooth with incomplete root development.     50       D1221     Partial pulpotomy (for agrescipents) - permanent tooth with incomplete root development.     50       D1230     Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)     88       D1240     Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)     90       D1330     Endodontic therapy - blocupid tooth (excluding final restoration)     90       D1331     Incomplete endodontic therapy - molar (coduding final restoration)     90       D1333     Internal root repair of previous root canal therapy - anterior     150       D1344     Retreatment of previous root canal therapy - blocupid     370       D1345     Apticocccomy - anterior     265       D1410     Apticocccomy - anterior     265       D1411     Apticocccomy - anterior     310       D1436     Apticocccomy - anterior     300       D1436     Apticocccomy - anterior     300       D1430     Apticocccomy - anterior     300       D1431     Apticocccomy - anterior     300	D3000-D3999	IV. ENDODONTICS	
Display         Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the deminocemental junction and application of medicament         50           Display         Pulpal debridement, primary and permanent teeth         50           Display         Pulpal therapy (resorbable filling) - patterior, primary tooth (excluding final restoration)         58           Display         Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)         50           Display         Endodont: therapy - interior tooth (excluding final restoration)         300           Display         Endodont: therapy - interior tooth (excluding final restoration)         400           Display         Incomplete endodont: therapy, inoperable, unrestorable or fractured tooth         150           Display         Incomplete endodont: therapy - interior         313           Batter Appendence or previous root canal therapy - anterior         315         314           Apicoctcomy - anterior         265         3424         Apicoctcomy - unolar (first root)         300           Display         Apicoctcomy - notar (first root)         300         300           Display         Apicoctcomy - notar (first root)         300         300           Display         Apicoctcomy - notar (first root)         300         300           Display         Apicoctco			
19221     application of medicament     50       19221     Purpla debridment, primary and permanent teeth     50       19222     Parital pulpotomy for apexogenesis - permanent tooth with incomplete root development     50       19220     Pulpal therapy (resorbable filling) - notroit, primary tooth (excluding final restoration)     88       19230     Endodont: therapy - hisuspid tooth (excluding final restoration)     260       19330     Endodont: therapy - hisuspid tooth (excluding final restoration)     300       193310     Endodont: therapy - hisuspid tooth (excluding final restoration)     400       193331     Incomplete endodontic therapy - hisuspid tooth (excluding final restoration)     400       193331     Incomplete endodontic therapy - hisuspid tooth (excluding final restoration)     400       1933331     Incomplete endodontic therapy - interior     315       193347     Retreatment of previous root canal therapy - molar     445       19346     Retreatment of previous root canal therapy - molar     455       19410     Aptocectomy - induity (first root)     300       19426     Aptocectomy - endar (first root)     300       19436     Aptocectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant     518       19400     Gingvettomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant     518       <	D3120	Pulp cap - indirect (excluding final restoration)	15
Di221         Puipal debridement, primary and permanent teeth         50           Di222         Parial pulpotemy for pacegoresis - permanent tooth with incomplete root development         50           Di230         Pulpal therapy (resorbable filling) - postron, primary tooth (excluding final restoration)         88           Di300         Endodontic therapy - anterior tooth (excluding final restoration)         300           Di310         Endodontic therapy - materior tooth (excluding final restoration)         300           Di310         Endodontic therapy - materior tooth (excluding final restoration)         400           Di311         Incomplete andodontic therapy, imogerable, unrestorable of fractured tooth         150           Di3131         Incomplete andodontic therapy - anterior         315           Di314         Retreatment of previous root canal therapy - anterior         315           Di314         Retreatment of previous root canal therapy - molar         445           Di314         Retreatment of previous root canal therapy - molar         445           Di314         Apicocectomy - holicit (first root)         300           Di3145         Apicocectomy - olicit (first root)         300           Di3145         Apicocectomy regrading of peformed dowel or post         20           Di4010         Gingivectomy or gingvoplasty - four or more contiguous teeth or too	D3220		50
D2222     Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development     50       D2230     Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)     90       D3310     Endodontic therapy - molar (backuding final restoration)     260       D3330     Endodontic therapy - molar (backuding final restoration)     300       D3331     Endodontic therapy - molar (backuding final restoration)     300       D3331     Incomplete endodontic therapy - inoperable, unrestorable or factured tooth     150       D3333     Internal root canal obtary - sterior and therapy - anterior     315       D3346     Retreatment of previous root canal therapy - blicuspid     370       D3347     Apicoectomy - anterior     265       D3410     Apicoectomy - blicuspid (first root)     300       D3435     Canal preparation and fitting of preformed dowel or post     300       D3446     Apicoectomy or gingivoplasity - four or more contiguous teeth or tooth bounded spaces per quadrant     \$188       D4000-D4999     V. PERIODONITCS     90       D4346     Gingvectomy or gingivoplasity - four or more contiguous teeth or tooth bounded spaces per quadrant     \$188       D4210     Gingvectomy or gingivoplasity - four or more contiguous teeth or tooth bounded spaces per quadrant     \$188       D4240     Gingval fip procedure, including root plaing - four or more contiguous teet	10000		50
D3230       Pulgal therapy (resorbable filing) - posterior, primary tooth (excluding final restoration)       88         D3340       Endodontic therapy - anterior tooth (excluding final restoration)       260         D3300       Endodontic therapy - anterior tooth (excluding final restoration)       300         D3310       Endodontic therapy - anterior tooth (excluding final restoration)       400         D3310       Endodontic therapy - molar (excluding final restoration)       400         D3311       Treatment of root canal distruction, non-surgical access       0         D3312       Incomplete endodoncic therapy - anterior       315         D3313       Internal root repair of perforation defects       120         D3347       Retreatment of previous root canal therapy - bicuspid       370         D3448       Retreatment of previous root canal therapy - molar       445         D3410       Apicoectomy - anterior       350         D3425       Apicoectomy - bicuspid (first root)       300         D3430       Retreatment of (rest root)       110         D3430       Retreatment (first root)       300         D3426       Apicoectomy regrade filling - per root       30         D4000-D499       V. PERIODONTICS       20         D4210       Gingivectomy or gingivoplasty to allow access for			
D3240       Pu[ga] therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)       90         D3310       Endodonic therapy - molar (excluding final restoration)       260         D3330       Endodonic therapy - molar (excluding final restoration)       300         D3330       Endodonic therapy - molar (excluding final restoration)       300         D3331       Treatment of root cand obtain typical access       0         D3332       Incomplete endodonic therapy - anterior       120         D3344       Retreatment of previous root cand therapy - anterior       315         D3341       Internal root cand obtarapy - bicuspid       370         D3344       Retreatment of previous root cand therapy - molar       445         D3410       Apicocetomy - anterior       265         D3411       Apicocetomy - bicuspid (first root)       330         D3416       Apicocetomy or gingvoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant       \$188         D4000-D4999       V = ERIODONTICS       20         D4000-D4999       V = ERIODONTICS       20         D4211       Gingvicetomy or gingvoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant       \$188         D4210       Gingvicetomy or gingvoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant <th></th> <th></th> <th></th>			
D310       Endodontic therapy - interior tooth (excluding final restoration)       260         D3320       Endodontic therapy - incuspid tooth (excluding final restoration)       300         D3331       Endodontic therapy - incurspit and restoration)       400         D3333       Incomplete endodontic therapy - incurspit and restoration)       400         D3333       Incomplete endodontic therapy - index table of factured tooth       150         D3334       Retreatment of perforation defects       120         D3346       Retreatment of previous root canal therapy - anterior       315         D3347       Retreatment of previous root canal therapy - anterior       445         D3410       Apicoectomy - anterior       265         D3421       Apicoectomy - anterior       350         D3422       Apicoectomy - maker (first root)       300         D3436       Retregated filing, per root       90         D3430       Canal preparation and fitting of preformed dowel or post       90         D44000-D499       V. PERIONONTICS       90         D4410       Ginglynectomy or ginglynoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant       451         D4211       Ginglynectomy or ginglynoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant       65         D424			
D3320Endodontic therapy - bicuspid tooth (excluding final restoration)300D3331Treatment of root canal obstruction; non-surgical access0D3331Treatment of root canal obstruction; non-surgical access0D3332Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth150D3333Internal root repair of periors on defects120D3346Retreatment of previous root canal therapy - anterior315D3347Retreatment of previous root canal therapy - molar445D3410Apicocetomy - anterior265D3411Apicocetomy - each (first coot)300D3425Apicocetomy (each additional root)110D3430Retregrade filing - per root90D3430Canal preparation and fitting of preformed dowel or post20D4000-D4999V. PERIODONTICS20D4110Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant\$188D4210Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant\$188D4211Gingivectomy or gingivoplasty to allow access for restorative procedure, niculding root planing - one to rome contiguous teeth or tooth bounded spaces per quadrant\$188D4210Gingivetomy or gingivoplasty to allow access for restorative procedure, niculding root planing - one to rome contiguous teeth or tooth bounded spaces per quadrant\$188D4210Gingivetomy neg tricking - four or more contiguous teeth or tooth bounded spaces per quadrant\$185D4240Osseous surgery (includi			
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D3333       Internal root repair of perforation defects       120         D3344       Retreatment of previous root can al therapy – anterior       315         D3347       Retreatment of previous root can al therapy – bicuspid       370         D348       Retreatment of previous root can al therapy – bicuspid       370         D3410       Apicoectomy – anterior       265         D3421       Apicoectomy – anterior       300         D3425       Apicoectomy (each additional root)       110         D3430       Retrograde filling - per root       90         D3430       Retrograde filling - per root       20         D4000-D4999       V. PERIODONTICS       20         D4000-D4999       V. PERIODONTICS       20         D4210       Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant       \$188         D4211       Gingivectomy or gingivoplasty - one to there contiguous teeth or tooth bounded spaces per quadrant       275         D4240       Gingival flap procedure, including root planing - our or more contiguous teeth or tooth bounded spaces per quadrant       165         D4241       Clinical crown lengthening - hard closure) - four or more contiguous teeth or tooth bounded spaces per quadrant       165         D4240       Gingival flap procedure, including root planing - one to three conti		Treatment of root canal obstruction; non-surgical access	
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CDT Code         PPin Schedules- Copyments           DS110         Musilary partial denture - resin base (including any conventional claps, rests and teeth)         5580           DS111         Musilary partial denture - resin base (including any conventional claps, rests and teeth)         500           DS111         Musilary partial denture - cas meal framework with rain denture base (including any conventional claps, rests and teeth)         500           DS110         Musilary partial denture - cas meal framework with rain denture base (including any conventional claps, rests and teeth)         501           DS110         Adjust complete denture - manilary         77           DS111         Musilary partial denture - manilary         77           DS110         Adjust complete denture - manilary         77           DS110         Replate misting or break method.         69           DS110         Replate misting or break method.         69           DS110         Replate misting or break method.         60           DS110         Replate misting or break method.         62           DS110         Replate mistind matery for total method. </th <th></th> <th>Schedule of Benefits</th> <th></th>		Schedule of Benefits	
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D5620         Repair cast framework         90           D5640         Repair cast framework         96           D5640         Repair cast framework         62           D5640         Add toop to existing partial denture         81           D5640         Replace broken tesch - per tooth         62           D5640         Add toop to existing partial denture         81           D5670         Replace al tesch and acrylic on cast metal framework (maxillary)         223           D5710         Rebase complete maxillary denture         230           D5711         Rebase maxillary denture         230           D5712         Rebase maxillary denture         230           D5713         Reine complete maxillary denture (chariside)         130           D5740         Reine complete maxillary denture (chariside)         125           D5751         Reine complete maxillary denture (chariside)         125           D5760         Reine complete maxillary denture (chariside)         125           D5761         Reine complete maxillary denture (chariside)         125           D5761         Reine complete maxillary denture (chariside)         125           D5761         Reine complete maxillary denture (chariside)         190           D5810         Interim p			
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D6608         Onlay - porcelain/ceramic, two surfaces         383			
D6609 Onlay - porcelain/ceramic, three or more surfaces 400			



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	Schedule of Benefits	
CDT Codes		Plan Schedules - Copayments
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit of fixed partial denture [bridge]) – cont.	
D6610	Onlay - cast high noble metal, two surfaces	383
D6611	Onlay - cast high noble metal, three or more surfaces	400
D6612	Onlay - cast predominantly base metal, two surfaces	383
D6613	Onlay - cast predominantly base metal, three or more surfaces	400
D6614	Onlay - cast noble metal, two surfaces	383
D6615	Inlay - cast noble metal, three or more surfaces	400
D6624	Inlay – titanium	368
D6634	Onlay – titanium	383
D6740	Crown - porcelain/ceramic	450
D6750	Crown - porcelain fused to high noble metal	430
D6751	Crown - porcelain fused to predominately base metal Crown - porcelain fused to noble metal	430
D6752		430
D6780 D6781	Crown - 3/4 cast high noble metal Crown - 3/4 cast predominately base metal	430
D6781	Crown - 3/4 cast predominately base metal Crown - 3/4 cast noble metal	430
D6782	Crown - 3/4 cast noble metal Crown - 3/4 porcelain/ceramic	430
D6783	Crown - full cast high noble metal	430
D6791	Crown - full cast predominately base metal	430
D6792	Crown - full cast noble metal	430
D6794	Crown - titanium	430
D6930	Recement fixed partial denture	26
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	160
D6972	Prefabricated post and core in addition to fixed partial denture retainer	130
D6973	Core build up for retainer, including any pins	113
D6976	Each additional cast post - same tooth	50
D6977	Each additional prefabricated post - same tooth	29
D6999	Multiple crown and bridge unit treatment plan - per unit, six or more units per treatment plan	125
D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY	
D7111	Extraction, coronal remnants - deciduous tooth	\$20
D7140	Extraction, erupted tooth or exposed root (elevation and/or forcepts removal)	35
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	110
D7220	Removal of impacted tooth - soft tissue	145
D7230	Removal of impacted tooth - partially bony	180
D7240	Removal of impacted tooth - completely bony	215
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	240
D7250	Surgical removal of residual tooth roots (cutting procedure)	110
D7261	Primary closure of a sinus perforation	250
D7280	Surgical access of an unerupted tooth	250
D7283	Placement of device to facilitate eruption of impacted tooth	35
D7285	Biopsy of oral tissue - hard (bone, tooth)	125
D7286	Biopsy of oral tissue - soft	85
D7288	Brush biopsy - transepithelial sample collection	65
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	53
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	26
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	92
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	65
D7450 D7451	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	200 260
D7451 D7471	Removal of lateral exostosis (maxilla or mandible)	260
D7471	Removal of torus palatines	215
D7472	Removal of torus mandibularis	215
01413	Incision and drainage of abscess - intraoral soft tissue	44
D7510		177
D7510		۵۷
D7510 D7511 D7610	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) Maxilla - open reduction (teeth immobilized, if present)	48 1,500



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	Schedule of Benefits	
CDT Codes		Plan Schedules - Copayments
D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY – cont.	
D7630	Mandible - open reduction (teeth immobilized, if present)	\$5,000
D7640	Mandible - closed reduction (teeth immobilized, if present)	2,200
D7810	Open reduction of dislocation	1,800
D7820	Closed reduction of dislocation	1,600
D7830	Manipulation under anesthesia	1,600
D7955	Repair of maxillofaciial soft and/or hard tissue defect	1,500
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	100
D7963	Frenuloplasty	168
D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$25
D9120	Fixed partial denture sectioning	30
D9215	Local anesthesia in conjunction with operative or surgical procedures	0
D9220	Deep sedation/general anesthesia - first 30 minutes	195
D9221	Deep sedation/general anesthesia - each additional 15 minutes	75
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	195
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	75
D9248	Non-intravenous conscious sedation	125
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	34
D9420	Hospital or ambulatory surgical center call	250
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	10
D9440	Office visit - after regularly scheduled hours	50
D9450	Case presentation, detailed and extensive treatment planning	0
D9940	Occlusal guard, by report	85
D9951	Occlusal adjustment – limited	23
D9971	Odontoplasty - I - 2 teeth; includes removal of enamel projections	23
D9972	External bleaching - per arch - performed in office	165
D9975	External bleaching for home application, per arch; includes material and fabrication of custom trays.	99
	Broken appointment	25

Current Dental Terminology (CDT) @ American Dental Association (ADA)

Routine cleaning (prophylaxis: D1110, D1120, D19999) or periodontal maintenance procedure (D4910, D4999) - a total of four (4) services in any twelve (12) month period. One (1) of the covered periodontal maintenance procedures may be performed by a Participating Periodontal Specialty Care Dentist if done within three (3) to six (6) months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a Participating Periodontal Specialty Care Dentist. Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery.

Full mouth x-rays or panoramic x-rays at 36 month intervals and bitewing x-rays at 6 to 12 month intervals Fluoride treatment (D1203, D1204, D1206 D1208 and D2999) - four (4) in any twelve (12) month period.

Sealants - limited to permanent teeth, up to the 19th birthday - one (1) per tooth in any three (3) year period.

Plan Schedule is only valid for Covered Services rendered by Participating Dentists in the State of New York.

Underwritten by: First Commonwealth Insurance Company - (IL), First Commonwealth of Missouri - (MO), First Commonwealth Limited Health Services Corporation - (IN), First Commonwealth Limited Health Services Corporation of Michigan - (MI), Managed Dental Care - (CA), Managed DentalGuard, Inc. - (NJ, OH, TX), The Guardian Life Insurance Company of America - (CO, FL, NY and all PPO and Indemnity plans). All referenced companies are wholly owned subsidiaries of The Guardian Life Insurance Company of America, New York, NY.



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	Covered Services and Patient Charges		
CDT Codes++		Plan Schedules - Patient Charges	
D8000-D8999	XI. ORTHODONTICS		
D8050	Interceptive orthodontic treatment of the primary dentition	\$1,000	
D8060	Interceptive orthodontic treatment of the transitional dentition	I,000	
D8070	Comprehensive orthodontic treatment of the transitional dentition	2,500	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2,500	
D8090	Comprehensive orthodontic treatment of the adult dentition	2,800	
D8210	Removable appliance therapy	252	
D8660	Pre-orthodontic treatment visit (includes treatment plan, records, evaluation and consultation)	250	
D8670	Periodic orthodontic treatment visit	0	
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	400	

Current Dental Terminology (CDT) @ American Dental Association (ADA)

Child orthodontics is limited to dependent children under age 19.

Plan schedule NYOE is only valid for Covered Services rendered by Participating Dentists in the State of New York.

#### The Plan Covers:

We cover orthodontics used to help restore oral structures to health and function and to treat serious medical conditions such as; cleft palate and cleft lip; maxillary/mandibular micrognathia (underdeveloped upper or lower jaw); extreme mandibular prognathism; severe asymmetry (craniofacial anomalies); ankylosis of the temporomandibular joint; and other significant skeletal dysplasias.

Procedures include but are not limited to:

Rapid Palatal Expansion (RPE)

Placement of component parts (e.g. brackets, bands);

Interceptive orthodontic treatment;

Comprehensive orthodontic treatment (during which orthodontic appliances are placed for active treatment and periodically adjusted);

Removable appliance therapy; and

Orthodontic retention (removal of appliances, construction and placement of retainers)

#### This Plan Does Not Cover:

Medically Necessary: In general, We will not cover any health care service, procedure, treatment, or device that We determine is not Medically Necessary. If an external Appeal Agent certified by the State overturns Our denial, however, We will Cover the procedure, treatment, or service, for which Coverage has been denied, to the extent that such procedure, treatment or service, is other wise Covered under the terms of the Certificate.



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#### **Exclusions and Limitations**

No coverage is available under this Certificate for the following:

- **A.** Aviation. We do not Cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
- B. Convalescent and Custodial Care. We do not Cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.
- **C. Cosmetic Services.** We do not Cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeals sections of this Certificate unless medical information is submitted.
- D. Coverage Outside of the United States, Canada or Mexico. We do not Cover care or treatment provided outside of the United States, its possessions, Canada or Mexico except for Emergency Dental Care as described in the Pediatric Dental Care section of this Certificate.
- **E. Experimental or Investigational Treatment.** We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Certificate for non-investigational treatments. See the Utilization Review and External Appeal sections of this Certificate for a further explanation of Your Appeal rights.
- F. Felony Participation. We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection.
- **G.** Foot Care. We do not Cover foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.
- H. Government Facility. We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.
- I. Medical Services. We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges.
- J. Medically Necessary. In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device, is otherwise Covered under the terms of this Certificate.
- K. Medicare or Other Governmental Program. We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).
- L. Military Service. We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.
- M. No-Fault Automobile Insurance. We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.
- N. Pre-Existing Conditions. For a period of 12 months from the enrollment date, We do not Cover any conditions for which medical advice was given, treatment was recommended by or received from a physician within six (6) months before the effective date of Your coverage. We will not treat genetic information as a pre-existing condition in the absence of a diagnosis of the condition related to such information. The pre-existing condition exclusion does not apply to the pediatric dental essential health benefit.
- O. Services Not Listed. We do not Cover services that are not listed in this Certificate as being Covered.
- **P. Services Provided by a Family Member. -** We do not Cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister, or brother of You or Your Spouse.
- **Q.** Services Separately Billed by Hospital Employees. We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.
- R. Services with No Charge. We do not Cover services for which no charge is normally made.
- S. Vision Services. We do not Cover the examination or fitting of eyeglasses or contact lenses.
- T. War. We do not Cover an illness, treatment or medical condition due to war, declared or undeclared.
- **U. Workers' Compensation.** We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.



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