

Managed DentalGuard DHMO Rates

| | Four Tier |
|---------------------|-----------|
| Employee | \$17.85 |
| Employee/Spouse | \$35.07 |
| Employee/Child(ren) | \$36.22 |
| Family | \$53.32 |

Guardian Managed DentalGuard DHMO (*In-Network ONLY*)

- \$5.00 copay for each primary care office visit - 1st visit includes cleaning, checkup & x-ray; 2nd visit includes cleaning only
- No annual maximum on the plan
- Most diagnostic and preventive services are provided at no additional cost
- Reasonable and fixed patient charges apply for basic and major services
- Orthodontia benefits are included at no additional premium cost
- No deductible
- Unlimited ability to change dentists monthly

Affordable Care

With the Guardian Managed DentalGuard DHMO pre-paid plan, each member selects a primary dental facility from the directory of participating general dentists. All covered family members may choose different primary care dentists, or the same dentist based on personal preference. The primary care dentist will preform all dental services and coordinate referrals to network specialists when necessary. This process ensures continuity of care and helps keep the plan cost-effective.

About the Plan

With Guardian Managed DentalGuard DHMO, you and your family can count on accessible, concerned care. All covered services are based on a list of fixed patient charges, so you'll always know exactly what your out-of-pocket costs will be. Plus, there are never any claim forms to complete! If you should need a dental specialist, the Managed DentalGuard DHMO network includes oral surgeons, periodontists, endodontists, orthodontists and pediatric dental specialist. Your primary care dental office can obtain a specialist referral. If you use a dentist who does not participate with the Managed DentalGuard DHMO network or do not obtain a specialist referral, your procedures will not be covered.

The following billing and administrative fees apply to the Guardian DentalGuard DHMO: EE \$1.50, EE/Spouse \$2.25, EE+Child(ren) \$2.25, Family \$3.00 Rates are subject to final verification at the time of enrollment. Domestic Partner coverage is included with all carriers.

Rates for Domestic Partners will be the same as rates for Employee/Spouse and Family.

This is a summary of plan information. Please refer to the Eligibility Guidelines for further information.

**Managed DentalGuard
Patient Charges**

| MDG Codes ++ | Covered Services | 3NYM Ortho 1 |
|--|--|--------------|
| Appointments and Diagnostic Services | | |
| D0101 | Office visit during regular hours, general dentist only | \$ 5.00 |
| D0102 | Broken appointment | \$ 20.00 |
| D0120/D0140/D0150 | Oral evaluation | No Charge |
| D0460 | Pulp vitality tests | No Charge |
| D0470 | Diagnostic casts | No Charge |
| D9310 | Consultation (by dentist other than practitioner providing treatment) | \$ 30.00 |
| D9430 | Office visit for observation - regularly hours - no other services performed | No Charge |
| D9440 | Emergency office visit - after regularly scheduled office hours | \$ 20.00 |
| Radiographs | | |
| D0210 | Intraoral - complete series (including bitewings) | No Charge |
| D0220/D0230/D0240 | Intraoral - periapical or occlusal - single film | No Charge |
| D0270/D0272/D0274 | Bitewings | No Charge |
| D0330 | Panoramic film | No Charge |
| Preventive and Space Maintenance | | |
| D1110 | Prophylaxis - adult (two services in any 12-month period)++ | No Charge |
| D1120 | Prophylaxis - child (two services in any 12-month period)++ | No Charge |
| D1201/D1203 | Topical application of fluoride (may include prophylaxis) - child | No Charge |
| D1310 | Nutritional counseling for control of dental disease | No Charge |
| D1330 | Oral hygiene instructions | No Charge |
| D1351 | Sealant - per tooth | \$ 8.00 |
| D1510 | Space maintainer - fixed - unilateral | \$ 54.00 |
| D1515 | Space maintainer - fixed - bilateral | \$ 72.00 |
| D1550 | Re-cementation of space maintainer | \$ 12.00 |
| Restorative | | |
| D2110 | Amalgam - one surface - primary | \$ 15.00 |
| D2120 | Amalgam - two surfaces - primary | \$ 19.00 |
| D2130 | Amalgam - three surfaces - primary | \$ 23.00 |
| D2131 | Amalgam - four or more surfaces - primary | \$ 28.00 |
| D2140 | Amalgam - one surface - permanent | \$ 17.00 |
| D2150 | Amalgam - two surfaces - permanent | \$ 22.00 |
| D2160 | Amalgam - three surfaces - permanent | \$ 26.00 |
| D2161 | Amalgam - four or more surfaces - permanent | \$ 32.00 |
| D2210 | Silicate cement - per restoration | \$ 15.00 |
| D2330 | Resin/composite - one surface, anterior | \$ 20.00 |
| D2331 | Resin/composite - two surfaces, anterior | \$ 26.00 |
| D2332 | Resin/composite - three surfaces, anterior | \$ 32.00 |
| D2335 | Resin/composite - four or more surfaces or incisal angle, anterior | \$ 38.00 |
| D2336 | Composite resin crown, anterior - primary | \$ 95.00 |
| D2380 | Resin/composite - one surface, posterior - primary | \$ 55.00 |
| D2381 | Resin/composite - two surfaces, posterior - primary | \$ 65.00 |
| D2382 | Resin/composite - three surfaces, posterior - primary | \$ 80.00 |
| D2385 | Resin/composite - one surface, posterior - permanent | \$ 56.00 |
| D2386 | Resin/composite - two surfaces, posterior - permanent | \$ 75.00 |
| D2387 | Resin/composite - three or more surfaces, posterior - permanent | \$ 95.00 |
| Crown, Bridge and Other Cast Restorations | | |
| D2510 | Inlay - metallic - one surface♦ | \$ 280.00 |
| D2520/D6520 | Inlay - metallic - two surfaces♦ | \$ 320.00 |
| D2530/D6530 | Inlay - metallic - three surfaces♦ | \$ 370.00 |
| D2543/D6543 | Onlay - metallic - three surfaces♦ | \$ 380.00 |
| D2544/D6544 | Onlay - metallic - four or more surfaces♦ | \$ 395.00 |
| D2702 | Crown supporting existing partial denture, in addition to crown | \$ 125.00 |
| D2703 | Multiple crown and bridge unit treatment plan - per unit | \$ 125.00 |
| D2740 | Crown - porcelain/ceramic substrate | \$ 395.00 |
| D2750-D2752 | Crown - porcelain fused to metal♦ | \$ 395.00 |
| D2790-D2792 | Crown - full cast metal♦ | \$ 395.00 |
| D2810/D6780 | Crown - 3/4 cast metallic♦ | \$ 395.00 |
| D6210-D6212 | Pontic - cast metal♦ | \$ 385.00 |

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|-----------------------------------|--|--------------|
| D6240-D6242 | Pontic - porcelain fused to metal* | \$ 385.00 |
| D6750-D6752 | Crown - abutment - porcelain fused to metal* | \$ 395.00 |
| D6790-D6792 | Crown - abutment - full cast metal* | \$ 395.00 |
| Other Restorative Services | | |
| D2910/D2920 | Recement inlay, crown, bridge | \$ 18.00 |
| D2930/D2931 | Prefabricated stainless steel crown | \$ 110.00 |
| D2932 | Prefabricated resin crown | \$ 135.00 |
| D2940 | Sedative filling | \$ 17.00 |
| D2950/6973 | Core buildup, including any pins | \$ 100.00 |
| D2951 | Pin retention - per tooth, in addition to restoration | \$ 22.00 |
| D2952/D6970 | Cast post and core | \$ 155.00 |
| D2954/D6972 | Prefabricated post and core | \$ 125.00 |
| D2960 | Labial veneer (lamine) - chairside | \$ 295.00 |
| Endodontics | | |
| D3110/D3120 | Pulp cap (excluding final restoration) | \$ 10.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) | \$ 25.00 |
| D3310 | Root canal, anterior (excluding final restoration) | \$ 120.00 |
| D3320 | Root canal, bicuspid (excluding final restoration) | \$ 145.00 |
| D3330 | Root canal, molar (excluding final restoration) | \$ 370.00 |
| D3346 | Root canal - retreatment - anterior | \$ 315.00 |
| D3347 | Root canal - retreatment - bicuspid | \$ 370.00 |
| D3348 | Root canal - retreatment - molar | \$ 445.00 |
| D3410 | Apicoectomy/periradicular surgery - anterior | \$ 265.00 |
| D3421 | Apicoectomy/periradicular surgery - bicuspid - first root | \$ 300.00 |
| D3425 | Apicoectomy/periradicular surgery - molar - first root | \$ 350.00 |
| D3426 | Apicoectomy/periradicular surgery - each additional root | \$ 110.00 |
| D3430 | Retrograde filling - per root | \$ 80.00 |
| Periodontics | | |
| D4210 | Gingivectomy or gingivoplasty - per quadrant | \$ 235.00 |
| D4211 | Gingivectomy or gingivoplasty - per tooth | \$ 60.00 |
| D4240 | Gingival flap procedure, including root planing - per quadrant | \$ 275.00 |
| D4249 | Crown lengthening - hard tissue | \$ 275.00 |
| D4260 | Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth | \$ 392.00 |
| D4261 | Osseous surgery - including flap entry, closure - per quadrant - one to four teeth | \$ 235.00 |
| D4270 | Pedicle soft tissue graft procedure | \$ 290.00 |
| D4271 | Free soft tissue graft procedure (including donor site surgery) | \$ 298.00 |
| D4341 | Periodontal scaling and root planing - per quadrant | \$ 40.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | \$ 24.00 |
| D4910 | Periodontal maintenance procedures (following active therapy) | \$ 22.00 |
| D4920 | Unscheduled dressing change (other than by treating dentist) | \$ 19.00 |
| D9951 | Occlusal adjustment - limited -per visit | \$ 20.00 |
| Prosthodontics (Removable) | | |
| D5110/D5120 | Complete denture (including routine post delivery care) | \$ 452.00 |
| D5130/D5140 | Immediate denture (including routine post delivery care) | \$ 492.00 |
| D5211 | Upper partial denture - resin base, including clasps, rests, teeth | \$ 381.00 |
| D5212 | Lower partial denture - resin base, including clasps, rests, teeth | \$ 443.00 |
| D5213/D5214 | Cast metal framework with resin base - including clasps, rests, teeth | \$ 500.00 |
| Repairs and Adjustments | | |
| D5410/11/21/22 | Denture adjustments | \$ 25.00 |
| D5510 | Repair broken base, complete denture | \$ 50.00 |
| D5520/D5640 | Replace missing or broken teeth - per tooth | \$ 45.00 |
| D5610 | Repair resin denture saddle or base | \$ 55.00 |
| D5630 | Repair or replace clasp | \$ 70.00 |
| D5650 | Add tooth to existing partial | \$ 65.00 |
| D5660 | Add clasp to existing partial | \$ 80.00 |
| D5710/11/20/21 | Rebase denture | \$ 200.00 |
| D5730/31/40/41 | Reline dentures (chairside) | \$ 110.00 |
| D5750/51/60/61 | Reline dentures (laboratory) | \$ 150.00 |

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| MDG Codes ++ | Covered Services | 3NYM Ortho 1 |
|-------------------------------|---|--------------|
| D5820/D5821 | Interim partial denture (stayplate) | \$ 175.00 |
| D5850/D5851 | Tissue conditioning | \$ 45.00 |
| Oral Surgery | | |
| D7110/D7120 | Extraction - single tooth | \$ 22.00 |
| D7130 | Root removal - exposed roots | \$ 30.00 |
| D7210 | Surgical removal of erupted tooth | \$ 90.00 |
| D7220 | Removal of impacted tooth - soft tissue | \$ 115.00 |
| D7230 | Removal of impacted tooth - partially bony | \$ 150.00 |
| D7240 | Removal of impacted tooth - completely bony | \$ 180.00 |
| D7241 | Removal of impacted tooth - completely bony with unusual surgical complications | \$ 225.00 |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | \$ 95.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed tooth | \$ 210.00 |
| D7280 | Surgical access of impacted or unerupted tooth for orthodontic reasons | \$ 230.00 |
| D7281 | Surgical exposure of impacted or unerupted tooth to aid eruption | \$ 195.00 |
| D7285 | Biopsy of oral tissue - hard | \$ 125.00 |
| D7286 | Biopsy of oral tissue - soft | \$ 85.00 |
| D7310 | Alveoplasty in conjunction with extractions - per quadrant | \$ 105.00 |
| D7320 | Alveoplasty not in conjunction with extractions - per quadrant | \$ 140.00 |
| D7450 | Removal of odontogenic cyst/tumor, up to 1.25cm | \$ 350.00 |
| D7451 | Removal of benign odontogenic cyst/tumor, over 1.25cm | \$ 540.00 |
| D7470 | Removal of exostosis - maxilla or mandible | \$ 450.00 |
| D7510 | Incision and drainage of intraoral abscess | \$ 105.00 |
| D7960 | Frenulectomy (separate procedure) | \$ 230.00 |
| Miscellaneous Services | | |
| D9110 | Palliative (emergency) treatment - per visit | \$ 20.00 |
| D9215 | Local anesthesia | No Charge |
| Orthodontics | | |
| D8601 | Orthodontic evaluation and consultation | \$ 100.00 |
| D8602 | Orthodontic treatment plan and records, including x-rays, study models and diagnostic photos | \$ 150.00 |
| D8070/D8080/D8090 | Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the member's age on the date of banding) | \$ 2,425.00 |
| D8070/D8080/D8090 | Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the member's age on the date of banding) | \$ 2,425.00 |
| D8670 | Periodic comprehensive orthodontic treatment visit | No Charge |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$ 425.00 |

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Covered services are subject to exclusions, limitations, and Plan provisions.

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If high noble metal/gold is used, there will be an additional Patient Charge for the actual cost of the high noble metal.