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Group Number: 00575422

# Klein Independent School District

DHMO

Here you'll find information about your following employee benefit(s). Be sure to review the enclosed - it provides everything you need to sign up for your Guardian benefits.

## PLAN HIGHLIGHTS

- Dental

### **Questions? Concerns?**

Helpline (888) 600-1600

Call weekdays, 8:00 AM to 8:30 PM, EST.

And refer to your plan number: 00575422

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**Dental Benefit Summary**

**Group Number:** 00575422

**A Dental insurance plan through Guardian:**

- Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy
- Helps offset potentially expensive dental procedures, such as crowns and fillings
- Gives you access to one of the nation’s largest dental networks so care is convenient to you
- Makes it easy to find a high quality certified network dentist by accessing guardiananytime.com or Guardian’s find a provider mobile app
- Fast and easy claim payments

**About Your Benefits:**

**Managed Dental Care** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

<b>Your Dental Plan</b>	<b>Managed Dental Care</b>
<b>Your Network is</b>	Managed DentalGuard
<b>Your Monthly premium</b>	<b>\$11.38</b>
You and Spouse	\$20.20
You and Child(ren)	\$23.72
You, Spouse and Child(ren)	\$34.68
<b>Plan year deductible</b>	
Individual	No deductible
Family limit	
Waived for	
<b>Charges covered for you (co-insurance)</b>	<i>Network only</i>
Preventive Care	You pay a copay for each covered procedure. See “Plan Details”, for more information.
Basic Care	
Major Care	
Orthodontia	
<b>Annual Maximum Benefit</b>	
<b>Office visit copay</b>	\$5
<b>Dependent Age Limits</b>	26

## A Sample of Services Covered by Your Plan:

	<b>Managed Dental Care</b>
	<i>You Pay</i>
Anesthesia*	Network only \$98
Bleaching—Cosmetic Care	\$165
Bridges and Dentures	\$310-430
Cleaning (prophylaxis)	\$0
Frequency	2 in 12 months
Dental Implants	N/A
Fillings	\$0-25
Fluoride Treatments	\$0
Limits	Under Age 18
Inlays, Onlays, Veneers	\$235-300
Oral Exams	\$0
Orthodontia	\$1895-2195
Limits	Adults & Child(ren)
Perio Surgery	\$85-250
Periodontal Maintenance	\$25
Frequency	Once every 3 to 6 months (Standard)
Repair & Maintenance of Crowns, Bridges & Dentures	\$12-120
Root Canal	\$95-170
Scaling & Root Planing (per quadrant)	\$25-40
Sealants (per tooth)	\$6
Simple Extractions	\$10
Single Crowns	\$260
Surgical Extractions	\$35-100
X-rays	\$0

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. \*General Anesthesia – restrictions apply.

***This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.***

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

### Find A Dentist:

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com)  
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

### Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00575422

**Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.**

## EXCLUSIONS AND LIMITATIONS

■ This policy provides dental coverage only. This policy provides managed care dental benefits through a network of participating general dentists and specialty care dentists. Except for limited emergency services, benefits will be provided for services provided by the primary care dentist selected by the member. The member must pay the primary care dentist a patient charge/copayment for most covered services. No benefits will be paid for treatment by a specialist unless the patient is referred by his or her primary care dentist and the referral is approved under the policy. Only those services listed in the policy's schedule of benefits are covered. Certain services are subject to frequency or other periodic limitations. Where orthodontic benefits are specifically included, the policy provides for one course of comprehensive treatment per member. Unless specifically included, the Managed Dental Care policy does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed Dental Care policy. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The applicable Managed Dental Care documents are the final arbiter of coverage. See your Certificate for complete specifics of all Exclusions and

Limitations. All products, unless otherwise noted, are underwritten by The Guardian Life Insurance Company of America ("Guardian") or one of the following wholly-owned Guardian subsidiaries: Managed Dental Care (CA); First Commonwealth Insurance Company (IL); First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health Services Corporation of Michigan (MI); First Commonwealth of Missouri, Inc. (MO) and Managed DentalGuard, Inc. (NJ, OH and TX). Any reference to a specific product type, including but not limited to "DHMO" or "Prepaid" is not intended to refer to a specific state license designation, but rather is merely intended to refer to a general product design. Such DHMO, or prepaid products, are licensed in the applicable jurisdiction. In addition, certain products are underwritten by Dominion Dental Services, Inc. (DC, DE, MD, PA and VA) and LIBERTY Dental Plan of Nevada, Inc. (NV). Please see the applicable policy forms for details. In the event of conflict between this brochure and the policy forms, the policy forms shall control.

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# MANAGED DENTAL CARE

## TX

### LIMITATIONS/EXCLUSIONS

#### (WHAT IS NOT COVERED AND PRE-EXISTING CONDITIONS)

For MDC PLANS N100, N200, N300, N400, N500, N500I, N600, N600I, N700, N700I

#### BENEFIT LIMITATIONS

This section lists the dental benefits and procedures Members are allowed to obtain through the Policy when the procedures are necessary for their dental health, consistent with professionally recognized standards of practice, subject to the Benefit Limitations, Additional Conditions and Limitations/Exclusions listed below.

##### General

- Emergency Dental Services when more than fifty (50) miles from the PCD office: Limited to a \$50.00 reimbursement per incident.
- Emergency Dental Services when provided by a Dentist other than the Member's assigned PCD, and without referral by the PCD or authorization by Us: Limited to the benefit for palliative treatment (D9110) only.

##### Diagnostic

- Office visit Patient Charges that are the Member's responsibility after the group Policy has been in effect for three full years, will be paid to the PCD by Us.
- One intraoral complete series of radiographic images and one panoramic radiographic image: Limited to 1 each in 36 months.
- Bitewing radiographic images: Limited to 2 sets in 12 months.
- 2D oral/facial photographic image: Limited to 1 in 12 months.
- Caries susceptibility tests: Limited to 1 in 24 months.
- Adjunctive pre-diagnostic test that aids in the detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures: Limited to 1 in 24 months for persons age 40 or older.
- Accession of tissue is covered only when performed in conjunction with a tooth-related biopsy, when performed by a Contracted Dentist.
- One cone beam CT (D0364, D0365, D0366 or D0367): Limited to 1 in 12 months. Covered only when performed in conjunction with a covered surgical placement of an implant and when performed in the office of a Contracted Dentist.

##### Preventive

- Prophylaxis (D1110 or D1120) or periodontal maintenance (D4910): Limited to 2 in 12 months. One of the covered periodontal maintenance may be performed by a periodontist Contracted Specialist if done within 3 to 6 months following completion of approved periodontal scaling and root planing or osseous surgery by a periodontist Contracted Specialist. Members are eligible to

receive 2 additional prophylaxes or periodontal maintenance in the same 12 months at the Patient Charge of D1999 (for prophylaxes) or D4999 (for periodontal maintenance).

One additional prophylaxis will be covered at no charge for Members in any 12 month period who: (a) are pregnant in their 2nd or 3rd trimester; or (b) have clinically demonstrable xerostomia (dry mouth) due to chemotherapy or radiation therapy for the treatment of cancer; or (c) are on dialysis. Verification of the condition must be provided by the Member with a doctor's note to the PCD.

- Fluoride treatment: Limited to 2 in 12 months. Members are eligible to receive 2 additional fluoride treatments in the same 12 months at the Patient Charge of D2999.
- Sealants or preventive resin restoration: Limited to permanent teeth that are free from occlusal restorations, up to age 16, once per tooth in 36 months.
- Sealant Repair: Limited to 1 per tooth in 12 months.

### **Crowns & Fixed Partial Dentures (Bridges)**

- Crowns, fixed partial dentures (bridges), inlays, onlays & veneers: Covered when recommended by the PCD. The replacement of a crown, fixed partial denture (bridge), inlay, onlay or veneer is limited to once in 5 years based on the original placement date while covered under the Policy.
- Multiple crown and fixed partial denture (bridge) unit treatment plan: When a Member's treatment plan includes 6 or more covered units of crown and/or fixed partial denture (bridge) to restore teeth or replace missing teeth, the Member will be responsible for the Patient Charge for each unit of crown or fixed partial denture (bridge), plus an additional charge per unit (D6999), as shown in the Covered Dental Procedures and Patient Charges section.
- Porcelain crowns and/or porcelain fused to metal crowns: Covered on all permanent adult teeth when recommended by the PCD.
- The Policy provides for the use of noble metal for crowns, fixed partial dentures (bridges), inlays and onlays. When high noble metal (including gold) is used, the Member will be responsible for the listed Patient Charge for the crowns, fixed partial dentures (bridges), inlays and onlays, plus an additional charge for the actual cost of the high noble metal.
- In the event a covered indirect restoration (inlays, onlays, crowns and fixed partial dentures - bridges) is recommended and the Member elects to have a porcelain/ceramic substrate indirect restoration made using a CAD/CAM machine in one appointment, in lieu of a laboratory processed porcelain/ceramic substrate indirect restoration (more than one appointment), the Member will be responsible for a fee of \$500 in addition to the listed Patient Charge for such porcelain/ceramic substrate indirect restoration. Please note that the one-appointment porcelain/ceramic substrate indirect restoration may not be available at all Contracted General Dentist locations.

### **Endodontics**

- Root amputation, per root: Limited to once per tooth.
- Hemisection: Limited to once per tooth.

### **Periodontics**

- Gingival flap procedure or osseous surgery: Limited to 1 procedure per quadrant in 36 months.
- Tissue grafts: Limited to 1 procedure per tooth/site in 36 months.
- Periodontal scaling and root planing: Limited to once per quadrant in 12 months.
- Bone replacement grafts: Limited to once per site in 10 years when the tooth is present.
- Guided tissue regeneration: Limited to once per site in 10 years when the tooth is present or when done in conjunction with a covered surgical implant placement and simultaneous bone graft associated with the implant placement site.



## Prosthodontics

- Reline and rebase of a complete or partial denture: Limited to once per denture in 12 months.
- The benefit for dentures includes all post-delivery care including adjustments for 6 months after insertion. The benefit for immediate dentures includes follow-up care for 6 months but does not include rebasing or relining procedures or a complete new denture.
- Replacement of dentures: Covered when recommended by the PCD and only if the existing denture cannot be made satisfactory by reline, rebase or repair. The replacement of a denture is limited to once in 5 years based on the original placement date while covered under the Policy.
- Immediate dentures are not subject to the 5-year replacement limitation.

## Implants and Implant/Abutment Supported Prosthetics

- Implants: Covered when recommended by the PCD. Patient Charge includes treatment plan, local anesthetic and post-surgical care. Limited to no more than once for the same tooth position in 10 years. The number of implants is limited to 2 per 12 months, per arch, after 12 months of coverage.
- Bone replacement graft for ridge preservation, per site or bone graft at time of implant placement: Covered when done in conjunction with a covered surgical placement of an implant in the same site, limited to a total of one per tooth/site, per lifetime.
- Radiographic/surgical implant index, by report: Limited to once per arch in 12 months.
- Debridement, osseous contouring of a peri-implant defect and bone graft for repair of peri-implant defect associated with the treatment of defects surrounding a single implant: Limited to no more than once per implant, per lifetime.
- Implant/abutment supported crowns and fixed partial denture retainers (bridges): Covered when recommended by the PCD and when done in conjunction with a covered surgical placement of an implant.

The replacement of an implant/abutment supported crown and fixed partial denture retainer (bridge) is not covered within 10 years of the original placement date under the Policy.

The Policy provides for the use of noble metal. When high noble metal (including gold) is used, the Member will be responsible for the Patient Charge of the implant/abutment supported crown and fixed partial denture retainer (bridge) plus an additional charge for the actual cost of the high noble metal per implant/abutment.

- Multiple implant/abutment supported crown and fixed partial denture retainers (bridge) unit treatment plan: When a Member's treatment plan includes 6 or more covered units of implant/abutment supported crown and fixed partial denture retainers (bridges) to restore or replace missing teeth, the Member will be responsible for the Patient Charge for each unit of implant/abutment supported crown and fixed partial denture retainers (bridges), plus an additional charge per unit as shown in the Covered Dental Procedures and Patient Charges section (D6999).
- Implant/Abutment supported fixed and removable dentures: Covered when recommended by the PCD and when done in conjunction with a covered surgical placement of an implant.
- In the event a covered implant supported indirect restoration (crowns and fixed partial dentures - bridges) is recommended and the Member elects to have an implant supported porcelain/ceramic substrate indirect restoration made using a CAD/CAM machine in one appointment, in lieu of a laboratory processed porcelain/ceramic substrate indirect restoration (more than one appointment), the Member will be responsible for a fee of \$500 in addition to the listed Patient Charge for such porcelain/ceramic substrate indirect restoration. Please note that the one-appointment porcelain/ceramic substrate indirect restoration may not be available at all Contracted General Dentist locations.
- The replacement of an implant/abutment supported fixed or removable denture is not covered within 10 years of the original placement under the Policy.
- Implant placement on Members who are less than 19 years old will be reviewed on an individual case basis, in order to determine if the treatment is appropriate. Medical proof (i.e. Carpal Index) of skeletal growth cessation should be included in any predetermination for these procedures.

## **Oral and Maxillofacial Surgery**

- Routine post-operative office visits and care: Included in the surgical procedure.

## **Orthodontics**

- The Policy covers orthodontic procedures as listed under Covered Dental Procedures and Patient Charges. Coverage is limited to one course of comprehensive treatment per Member. Treatment must be preauthorized and be performed by an orthodontist Contracted Specialist.
- The listed Patient Charge for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. If treatment is necessary beyond 24 months, the Member will be responsible for each additional month of treatment, based upon the orthodontist Contracted Specialist's contract.
- Orthodontic procedures are not covered if comprehensive treatment begins before the Member is eligible for benefits under the Policy except as described under the Treatment in Progress — Takeover Benefit for Orthodontic Treatment Provision.
- If a Member's coverage terminates after the fixed banding appliances are inserted, the Member is responsible for any additional charges incurred for the remaining orthodontic treatment. The orthodontist Contracted Specialist may prorate his or her usual fee over the remaining months of treatment. The Member is responsible for all payments to the orthodontist Contracted Specialist for procedures after the termination date.
- Retention procedures are covered at the Patient Charge shown in the Covered Dental Procedures and Patient Charges section. They are covered only if following a course of comprehensive orthodontic treatment started and completed under the Policy.
- If a Member transfers to another orthodontist Contracted Specialist after authorized comprehensive orthodontic treatment has started under the Policy, the Member will be responsible for any additional costs associated with the change in orthodontist Contracted Specialist and subsequent treatment.
- The benefit for the treatment plan and records includes initial records and any interim and final records. The benefit for comprehensive orthodontic treatment covers the fixed banding appliances and related visits only. Additional fixed or removable appliances will be the Member's responsibility.
- The benefit for orthodontic retention is limited to 12 months and covers any and all necessary fixed and removable appliances and related visits. Retention procedures are covered only following a course of comprehensive orthodontic treatment covered under the Policy.
- The Policy does not cover any incremental charges for non-standard orthodontic appliances or those made with clear, ceramic, white or other optional material or lingual brackets. Any additional costs for the use of optional materials will be the Member's responsibility.
- If a Member has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the Policy provides the standard orthodontic benefit. The Member will be responsible for additional charges related to the orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the orthodontist Contracted Specialist's usual fee.

## **Adjunctive General Services**

- Deep sedation/general anesthesia, IV sedation, nitrous oxide, non-intravenous conscious sedation: Limited to procedures provided by an oral surgeon Contracted Specialist. Not all oral surgeon Contracted Specialists offer these procedures. The Member is responsible for identifying and receiving procedures from an oral surgeon Contracted Specialist who is willing to provide deep sedation/general anesthesia, IV sedation, nitrous oxide or non-intravenous conscious sedation. The Member's Patient Charge is shown in the Covered Dental Procedures and Patient Charges section.
- Occlusal guard: Limited to 1 in 5 years. Covered only if performed by the PCD.

- Repair and/or reline of occlusal guard: Limited to 1 in 24 months if performed more than 24 months after initial fabrication and delivery.
- Occlusal adjustment - limited: Limited to a total of 2 visits, per lifetime.

## **OFFICE VISIT CHARGES**

Office visit Patient Charges that are the Member's responsibility after the group plan has been in effect for three full years, will be paid to the PCD by Us.

## **ADDITIONAL CONDITIONS**

### **Alternative Procedure Policy**

There may be a number of accepted methods of treating a specific dental condition. In all cases where there is more than one course of treatment (procedure) available, a full disclosure of all the treatment options must be given to the Member before treatment is initiated. This PCD-presented document should include a written treatment plan, as well as the cost of each treatment option, in order to minimize the potential for confusion over what the Member should pay, and to fully document the informed consent of the treatment recommended.

When a Member selects an Alternative Procedure over the procedure recommended by the PCD, the Member must pay the difference between the PCD's usual charges for the recommended procedure and the Alternative Procedure chosen by the Member. The Member will also have to pay the applicable Patient Charge for the recommended procedure.

If any of the Alternative Procedures that are selected by the Member are not covered under the Policy, the Member must pay the PCD's usual fee for the Alternative Procedure.

If any treatment is specifically not recommended by the PCD (i.e., the PCD determines it is not an appropriate procedure for the condition being treated), the PCD is not obliged to provide that treatment even if it is a covered procedure under the Policy.

Members can request and receive a second opinion by contacting Our Member Services department in the event they have questions regarding the recommendations of the PCD or Contracted Specialist.

### **Exceptions to Alternative Procedure Policy**

When the Member selects a posterior composite restoration as an Alternative Procedure to a recommended amalgam restoration, the Alternative Procedure policy does not apply.

When the Member selects an extraction, the Alternative Procedure policy does not apply.

When the PCD recommends a crown, the Alternative Procedure policy does not apply, regardless of the type of crown placed. The type of crown includes, but is not limited to: (a) a full metal crown; (b) a porcelain fused to metal crown; or (c) a porcelain crown. The Member must pay the applicable Patient Charge for the crown actually placed.

## **Second Opinion Consultation**

A Member may wish to consult another Dentist for a second opinion regarding procedures recommended or performed by the Member's PCD or Contracted Specialist through a referral. To have a second opinion consultation covered by Us, the Member must call or write Our Member Services department for prior authorization. We only cover a second opinion consultation when the recommended procedures are covered under the Policy.

A Member Services associate will help identify a Contracted Specialist to perform the second opinion consultation. The second opinion consultation will include the applicable Patient Charge for code D9310.

The Policy's benefit for a second opinion consultation is limited to \$50.00. If a Contracted Specialist is the consulting Dentist, the Member is responsible for the applicable Patient Charge for code D9310. If a Non-Contracted Dentist is the consulting Dentist, the Member must pay the applicable Patient Charge for code D9310 and any portion of the Dentist's fee over \$50.00.

The Member Services associate will arrange for any available records or radiographs and the necessary second opinion form to be sent to the consulting Dentist.

## **Third Opinion Consultation**

Third opinions are not covered unless requested by Us. If a third opinion is requested by the Member, the Member is responsible for the payment. Exceptions will be considered on an individual basis, and must be approved, in writing, by Us.

## **Treatment in Progress - Takeover Benefit for Orthodontic Treatment Provision**

This provision provides a Member who qualifies, as explained below, a benefit to continue comprehensive orthodontic treatment that was started under another Dental HMO plan with the current/original treating orthodontist, after the Policy becomes effective. A Member may be eligible for this provision if all of these conditions are met:

- The Member was covered by another dental HMO plan just prior to the Effective Date of the Policy and had started comprehensive orthodontic treatment (D8070, D8080 or D8090) with the current/original treating orthodontist under the prior dental plan. This benefit applies to Members who are eligible for coverage on the Effective Date of the Policy and enroll for such coverage within 30 days. It does not apply to persons who become newly eligible for coverage after the Effective Date of the Policy.
- The Member has such orthodontic treatment in progress at the time the Policy becomes effective.
- The Member continues such orthodontic treatment with the current/original treating orthodontist.
- A "Treatment in Progress - Takeover Benefit for Orthodontic Treatment" form, completed in its entirety by the treating orthodontist, is submitted to Us within 6 months of the Effective Date of the Policy.

The benefit amount will be calculated based on the prior dental HMO carrier's pro-rated remaining benefit balance; up to a maximum benefit of \$1,200 per Member. The Member is responsible for the Dentist's original comprehensive treatment fee and Patient Charges under the original contract and financial agreement made between the Member and the Dentist. The Member is responsible for any increase in fee as a result of the takeover process. Additionally, the Policy will only cover up to a total of 24 months of comprehensive orthodontic treatment.

## EXCLUSIONS

### We will not pay benefits for:

- Treatment needed due to an on-the-job or job-related injury or a condition for which benefits are payable by Worker's Compensation, occupational disease law or similar laws, whether or not the Member claims his or her rights to such benefits.
- Dental procedures performed in a hospital, surgical center, or related hospital fees.
- Any treatment of congenital and/or developmental malformations. This exclusion will not apply to an otherwise covered procedure involving (a) congenitally missing or (b) supernumerary teeth.
- Removal of tumors, cysts, neoplasms or foreign bodies that are not of tooth origin.
- Any oral surgery requiring the setting of a fracture or dislocation.
- Dispensing of drugs not normally supplied in a dental office for treatment of dental diseases.
- Any treatments or appliances requested, recommended or performed: (a) which in the opinion of the Contracted Specialist or Contracted General Dentist are not necessary for maintaining or improving the Member's dental health, or (b) which are solely for cosmetic purposes, except for bleaching.
- Any procedure or treatment method which does not meet professionally recognized standards of dental practice or is considered by the American Dental Association (ADA) to be experimental in nature.
- Replacement of lost, missing, or stolen appliances or prosthesis, or the fabrication of a spare appliance or prosthesis.
- Replacement or repair of prosthetic appliances damaged due to the neglect of the Member.
- Any Member request for specialist procedures or treatment which can be routinely provided by the PCD, or by a specialist without a direct referral from the PCD or a pre-authorization by Us.
- Treatment provided by any public program, or paid for or sponsored by any government body, unless We are legally required to provide benefits for such treatment.
- Any restoration, procedure, appliance or prosthetic device used solely to: (1) alter vertical dimension; (2) restore or maintain occlusion; (3) treat a condition necessitated by attrition or abrasion; (4) splint or stabilize teeth for periodontal reasons; or (5) improve cosmetic appearance, except for bleaching.
- Any procedure, appliance, device or modality intended to treat disturbances of the temporomandibular joint (TMJ).
- Dental procedures, other than covered Emergency Dental Services, which were performed by any Dentist other than the Member's selected and assigned PCD, unless previous written authorization was provided by the Us.
- 2D cephalometric radiographic images except when performed as part of an orthodontic treatment plan and records for a covered course of orthodontic treatment.
- Treatment which requires the procedures of a prosthodontist.
- Treatment or Procedures which requires the services of a pediatric dentist Contracted Specialist, after the Member's 9<sup>th</sup> (ninth) birthday.
- Consultations for non-covered procedures.
- Any procedure or treatment not specifically listed in the Covered Dental Procedures and Patient Charges section.
- Any procedure associated with the placement or removal, prosthodontic restoration or maintenance of a dental implant and any incremental charges to other covered procedures as a result of the presence of a dental implant.
- Any covered procedure, regardless of specialty, that was started, but not completed, prior to the Member's eligibility to receive benefits under the Policy except as described under Treatment in Progress – Takeover Benefit for Orthodontic Treatment Provision.
- Extractions performed solely to facilitate orthodontic treatment.
- Extractions of impacted teeth with no radiographic evidence of pathology. The removal of impacted teeth is not covered if performed for prophylactic reasons.
- Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
- Clinical crown lengthening performed in the presence of periodontal disease on the same tooth.

- Procedures performed to facilitate non-covered procedures, including, but not limited to, root canal therapy to facilitate overdentures.
- Procedures, appliances or devices to guide minor tooth movement, except as covered under limited, interceptive or comprehensive orthodontic treatment or correct or control harmful habits.
- Any procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor prognosis.
- Retreatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.
- Replacement or repair of orthodontic appliances lost or damaged.
- Accident injury. An accident injury is defined as damage to the hard and/or soft tissue of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) functions will be covered at the amount as shown in the Covered Dental Procedures and Patient Charges section.

CDT Codes ++	Covered Dental Services	Patient Charges
<b>D0100-D0999</b>	<b>I. Diagnostic</b>	
D0999	Office visit during regular hours, general dentist only*	\$5
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
D0160	Detailed and extensive oral evaluation - problem focused, by report	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0
D0171	Re-evaluation - post-operative office visit	0
D0180	Comprehensive periodontal evaluation - new or established patient	0
D0190	Screening of a patient	0
D0191	Assessment of a patient	0
D0210	Intraoral - 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
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	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
D0330	Panoramic radiographic image	0
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	Not Cov.
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	Not Cov.
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	Not Cov.
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	Not Cov.
D0415	Collection of microorganisms for culture and sensitivity	0
D0425	Caries susceptibility tests	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
D0472	Accession of tissue, gross examination, preparation and transmission of written report	0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	0
D0502	Other oral pathology procedures, by report	0
<b>D1000-D1999</b>	<b>II. Preventive</b>	
D1110	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, each additional service in the same 12-month period (maximum of 2 additional in the same 12 month period)	35
M1110	Prophylaxis - One additional prophylaxis will be covered at no charge for members who: (a) are pregnant in their 2nd or 3rd trimester; (b) have clinically demonstrable xerostomia (dry mouth) due to chemotherapy or radiation therapy for the treatment of cancer; or (c) are on dialysis.	0
D1206	Topical application of fluoride varnish, for the first two services in any 12-month period	0
D1208	Topical application of fluoride - excluding varnish, for the first two services in any 12-month period	0
D2999	Topical fluoride (adult or child) each additional service in same 12-month period	20
D1310	Nutritional counseling for control of dental disease	0
D1320	Tobacco counseling for the control and prevention of oral disease	0
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth - molars	6
D9999	Sealant - per tooth - non-molars	35
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	6
D1353	Sealant repair - per tooth	0
D1510	Space maintainer - fixed - unilateral	60
D1515	Space maintainer - fixed - bilateral	75
D1520	Space maintainer - removable - unilateral	60
D1525	Space maintainer - removable - bilateral	75
D1550	Re-cement or re-bond space maintainer	8
D1555	Removal of fixed space maintainer	20
<b>D2000-D2999</b>	<b>III. Restorative</b>	
D2140	Amalgam - one surface, primary or permanent	0
D2150	Amalgam - two surfaces, primary or permanent	0
D2160	Amalgam - three surfaces, primary or permanent	10
D2161	Amalgam - four or more surfaces, primary or permanent	10
D2330	Resin-based composite - one surface, anterior	15
D2331	Resin-based composite - two surfaces, anterior	20
D2332	Resin based composite - three surfaces, anterior	25
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	40
D2390	Resin-based composite crown, anterior	55
D2391	Resin-based composite - one surface, posterior	25
D2392	Resin-based composite - two surfaces, posterior	30
D2393	Resin-based composite - three surfaces, posterior	35
D2394	Resin-based composite - four or more surfaces, posterior	50
D2510	Inlay - metallic - one surface	200
D2520	Inlay - metallic - two surfaces	275
D2530	Inlay - metallic -three or more surfaces	325



CDT Codes ++	Covered Dental Services	Patient Charges
<b>D2000-D2999</b>	<b>III. Restorative (Continued)</b>	
D2542	Onlay - metallic - two surfaces	265
D2543	Onlay - metallic - three surfaces	275
D2544	Onlay - metallic - four or more surfaces	300
D2610	Inlay - porcelain/ceramic - one surface	200
D2620	Inlay - porcelain/ceramic - two surfaces	275
D2630	Inlay - porcelain/ceramic - three or more surfaces	285
D2642	Onlay - porcelain/ceramic - two surfaces	265
D2643	Onlay - porcelain/ceramic - three surfaces	275
D2644	Onlay - porcelain/ceramic - four or more surfaces	285
D2650	Inlay - resin-based composite - one surface	201
D2651	Inlay - resin-based composite - two surfaces	225
D2652	Inlay - resin-based composite - three or more surfaces	250
D2662	Onlay - resin-based composite - two surfaces	250
D2663	Onlay - resin-based composite - three surfaces	300
D2664	Onlay - resin-based composite - four or more surfaces	325
D2710	Crown - resin-based composite (indirect)	200
D2712	Crown - 3/4 resin-based composite (indirect)	200
D2720	Crown - resin with high noble metal	200
D2721	Crown - resin with predominantly base metal	200
D2722	Crown - resin with noble metal	200
D2740	Crown - porcelain/ceramic substrate	285
D2750	Crown - porcelain fused to high noble metal	260
D2751	Crown - porcelain fused to predominantly base metal	260
D2752	Crown - porcelain fused to noble metal	260
D2780	Crown - 3/4 cast high noble metal	250
D2781	Crown - 3/4 cast predominantly base metal	250
D2782	Crown - 3/4 cast noble metal	250
D2783	Crown - 3/4 porcelain/ceramic	250
D2790	Crown - full cast high noble metal	260
D2791	Crown - full cast predominantly base metal	260
D2792	Crown - full cast noble metal	260
D2794	Crown - titanium	260
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	12
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	12
D2920	Re-cement or re-bond crown	12
D2929	Prefabricated porcelain/ceramic crown - primary tooth	95
D2930	Prefabricated stainless steel crown - primary tooth	60
D2931	Prefabricated stainless steel crown - permanent tooth	60
D2932	Prefabricated resin crown	90
D2933	Prefabricated stainless steel crown with resin window	90
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	100
D2940	Protective restoration	15
D2941	Interim therapeutic restoration - primary dentition	10
D2949	Restorative foundation for an indirect restoration	0
D2950	Core buildup, including any pins when required	60
D2951	Pin retention - per tooth, in addition to restoration	15
D2952	Post and core in addition to crown, indirectly fabricated	95
D2953	Each additional indirectly fabricated post - same tooth	30
D2954	Prefabricated post and core in addition to crown	90
D2955	Post removal	55
D2957	Each additional prefabricated post - same tooth	20
D2960	Labial veneer (resin laminate) - chairside	235
D2961	Labial veneer (resin laminate) - laboratory	250
D2962	Labial veneer (porcelain laminate) - laboratory	325
D2971	Additional procedures to construct new crown under existing partial denture framework	125
D2980	Crown repair necessitated by restorative material failure	50
D2981	Inlay repair necessitated by restorative material failure	80
D2982	Onlay repair necessitated by restorative material failure	85
D2983	Veneer repair necessitated by restorative material failure	80
D2990	Resin infiltration of incipient smooth surface lesions	25
<b>D3000-D3999</b>	<b>IV. Endodontics</b>	
D3110	Pulp cap - direct (excluding final restoration)	8
D3120	Pulp cap - indirect (excluding final restoration)	8
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	35
D3221	Pulpal debridement, primary and permanent teeth	35
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	35
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	41
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	40
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	95
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	135
D3330	Endodontic therapy, molar (excluding final restoration)	170
D3331	Treatment of root canal obstruction; non-surgical access	50
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	100
D3333	Internal root repair of perforation defects	80
D3346	Retreatment of previous root canal therapy - anterior	300
D3347	Retreatment of previous root canal therapy - bicuspid	285
D3348	Retreatment of previous root canal therapy - molar	360
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.)	35
D3352	Apexification/recalcification - interim medication replacement	25



CDT Codes ++	Covered Dental Services	Patient Charges
<b>D3000-D3999</b>	<b>IV. Endodontics (Continued)</b>	
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calciific repair of perforations, root resorption, etc.)	75
D3410	Apicoectomy - anterior	180
D3421	Apicoectomy - bicuspid (first root)	165
D3425	Apicoectomy - molar (first root)	185
D3426	Apicoectomy (each additional root)	90
D3427	Periradicular surgery without apicoectomy	145
D3430	Retrograde filling - per root	40
D3450	Root amputation - per root	85
D3920	Hemisection (including any root removal), not including root canal therapy	90
D3950	Canal preparation and fitting of preformed dowel or post	20
<b>D4000-D4999</b>	<b>V. Periodontics</b>	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	85
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	50
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	35
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	180
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	130
D4245	Apically positioned flap	140
D4249	Clinical crown lengthening - hard tissue	175
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	250
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	150
D4263	Bone replacement graft - first site in quadrant	145
D4264	Bone replacement graft - each additional site in quadrant	95
D4266	Guided tissue regeneration - resorbable barrier, per site	130
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	130
D4268	Surgical revision procedure, per tooth	0
D4270	Pedicle soft tissue graft procedure	200
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	255
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	115
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	260
D4276	Combined connective tissue and double pedicle graft, per tooth	240
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	230
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	145
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	150
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	160
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	40
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	25
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	30
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	45
D4910	Periodontal maintenance	25
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	25
D4921	Gingival irrigation - per quadrant	35
D4999	Periodontal maintenance, each additional service in same 12-month period (maximum of 2 additional in the same 12 month period)	60
<b>D5000-D5899</b>	<b>VI. Prosthodontics (Removable)</b>	
D5110	Complete denture - maxillary	345
D5120	Complete denture - mandibular	345
D5130	Immediate denture - maxillary	345
D5140	Immediate denture - mandibular	345
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	310
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	310
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	335
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	335
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	326
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	326
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	352
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	352
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	430
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	430
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	130
D5410	Adjust complete denture - maxillary	20
D5411	Adjust complete denture - mandibular	20
D5421	Adjust partial denture - maxillary	20
D5422	Adjust partial denture - mandibular	20
D5510	Repair broken complete denture base	45
D5520	Replace missing or broken teeth - complete denture (each tooth)	35
D5610	Repair resin denture base	45
D5620	Repair cast framework	85
D5630	Repair or replace broken clasp - per tooth	60
D5640	Replace broken teeth - per tooth	32
D5650	Add tooth to existing partial denture	45
D5660	Add clasp to existing partial denture - per tooth	45
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	165
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	165
D5710	Rebase complete maxillary denture	125
D5711	Rebase complete mandibular denture	125
D5720	Rebase maxillary partial denture	125

CDT Codes ++	Covered Dental Services	Patient Charges
<b>D5000-D5899</b>	<b>VI. Prosthodontics (Removable) (Continued)</b>	
D5721	Rebase mandibular partial denture	125
D5730	Reline complete maxillary denture (chairside)	65
D5731	Reline complete mandibular denture (chairside)	65
D5740	Reline maxillary partial denture (chairside)	65
D5741	Reline mandibular partial denture (chairside)	65
D5750	Reline complete maxillary denture (laboratory)	120
D5751	Reline complete mandibular denture (laboratory)	120
D5760	Reline maxillary partial denture (laboratory)	120
D5761	Reline mandibular partial denture (laboratory)	120
D5810	Interim complete denture (maxillary)	293
D5811	Interim complete denture (mandibular)	293
D5820	Interim partial denture (maxillary)	135
D5821	Interim partial denture (mandibular)	135
D5850	Tissue conditioning, maxillary	32
D5851	Tissue conditioning, mandibular	32
<b>D6000-D6199</b>	<b>VIII. Implants</b>	
D6010	Surgical placement of implant body: endosteal implant	Not Cov.
D6011	Second stage implant surgery	Not Cov.
D6055	Connecting bar - implant supported or abutment supported	Not Cov.
D6056	Prefabricated abutment - includes modification and placement	Not Cov.
D6057	Custom fabricated abutment - includes placement	Not Cov.
D6058	Abutment supported porcelain/ceramic crown	Not Cov.
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Not Cov.
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Not Cov.
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Not Cov.
D6062	Abutment supported cast metal crown (high noble metal)	Not Cov.
D6063	Abutment supported cast metal crown (predominantly base metal)	Not Cov.
D6064	Abutment supported cast metal crown (noble metal)	Not Cov.
D6065	Implant supported porcelain/ceramic crown	Not Cov.
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	Not Cov.
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	Not Cov.
D6068	Abutment supported retainer for porcelain/ceramic FPD	Not Cov.
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Not Cov.
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Not Cov.
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Not Cov.
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Not Cov.
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	Not Cov.
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Not Cov.
D6075	Implant supported retainer for ceramic FPD	Not Cov.
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	Not Cov.
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	Not Cov.
D6092	Re-cement or re-bond implant/abutment supported crown	Not Cov.
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Not Cov.
D6094	Abutment supported crown (titanium)	Not Cov.
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Not Cov.
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	Not Cov.
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	Not Cov.
D6104	Bone graft at time of implant placement	Not Cov.
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	Not Cov.
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	Not Cov.
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	Not Cov.
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	Not Cov.
D6114	Implant/abutment supported fixed denture for edentulous arch-maxillary	Not Cov.
D6115	Implant/abutment supported fixed denture for edentulous arch-mandibular	Not Cov.
D6116	Implant/abutment supported fixed denture for partially edentulous arch-maxillary	Not Cov.
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	Not Cov.
D6190	Radiographic/surgical implant index, by report	Not Cov.
D6194	Abutment supported retainer crown for FPD (titanium)	Not Cov.
<b>D6200-D6999</b>	<b>IX. Prosthodontics (Fixed)</b>	
D6205	Pontic - indirect resin based composite	85
D6210	Pontic - cast high noble metal	260
D6211	Pontic - cast predominantly base metal	260
D6212	Pontic - cast noble metal	260
D6214	Pontic - titanium	260
D6240	Pontic - porcelain fused to high noble metal	260
D6241	Pontic - porcelain fused to predominantly base metal	260
D6242	Pontic - porcelain fused to noble metal	260
D6245	Pontic - porcelain/ceramic	285
D6250	Pontic - resin with high noble metal	200
D6251	Pontic - resin with predominantly base metal	200
D6252	Pontic - resin with noble metal	200
D6545	Retainer - cast metal for resin bonded fixed prosthesis	235
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	250
D6600	Retainer inlay - porcelain/ceramic, two surfaces	300
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	300
D6602	Retainer inlay - cast high noble metal, two surfaces	285
D6603	Retainer inlay - cast high noble metal, three or more surfaces	300
D6604	Retainer inlay - cast predominantly base metal, two surfaces	285

CDT Codes ++	Covered Dental Services	Patient Charges
<b>D6200-D6999</b>	<b>IX. Prosthodontics (Fixed) (Continued)</b>	
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	300
D6606	Retainer inlay - cast noble metal, two surfaces	285
D6607	Retainer inlay - cast noble metal, three or more surfaces	300
D6608	Retainer inlay - porcelain/ceramic, two surfaces	275
D6609	Retainer inlay - porcelain/ceramic, three or more surfaces	375
D6610	Retainer inlay - cast high noble metal, two surfaces	275
D6611	Retainer inlay - cast high noble metal, three or more surfaces	300
D6612	Retainer inlay - cast predominantly base metal, two surfaces	275
D6613	Retainer inlay - cast predominantly base metal, three or more surfaces	300
D6614	Retainer inlay - cast noble metal, two surfaces	275
D6615	Retainer inlay - cast noble metal, three or more surfaces	300
D6624	Retainer inlay - titanium	285
D6634	Retainer inlay - titanium	300
D6710	Retainer crown - indirect resin based composite	200
D6720	Retainer crown - resin with high noble metal	200
D6721	Retainer crown - resin with predominantly base metal	200
D6722	Retainer crown - resin with noble metal	200
D6740	Retainer crown - porcelain/ceramic	285
D6750	Retainer crown - porcelain fused to high noble metal	260
D6751	Retainer crown - porcelain fused to predominantly base metal	260
D6752	Retainer crown - porcelain fused to noble metal	260
D6780	Retainer crown - 3/4 cast high noble metal	250
D6781	Retainer crown - 3/4 cast predominantly base metal	250
D6782	Retainer crown - 3/4 cast noble metal	250
D6783	Retainer crown - 3/4 porcelain/ceramic	250
D6790	Retainer crown - full cast high noble metal	260
D6791	Retainer crown - full cast predominantly base metal	260
D6792	Retainer crown - full cast noble metal	260
D6794	Retainer crown - titanium	260
D6930	Re-cement or re-bond fixed partial denture	12
D6940	Stress breaker	75
D6980	Fixed partial denture repair necessitated by restorative material failure	70
D6999	Multiple crown and fixed partial denture (bridge) treatment plan - per unit, six or more	125
<b>D7000-D7999</b>	<b>X. Oral and Maxillofacial Surgery</b>	
D7111	Extraction, coronal remnants - deciduous tooth	8
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	10
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	35
D7220	Removal of impacted tooth - soft tissue	60
D7230	Removal of impacted tooth - partially bony	70
D7240	Removal of impacted tooth - completely bony	90
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	100
D7250	Surgical removal of residual tooth roots (cutting procedure)	35
D7251	Coronectomy - intentional partial tooth removal	75
D7260	Oroantral fistula closure	120
D7261	Primary closure of a sinus perforation	250
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	140
D7280	Surgical access of an unerupted tooth	130
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	130
D7283	Placement of device to facilitate eruption of impacted tooth	45
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	85
D7286	Incisional biopsy of oral tissue - soft	65
D7287	Exfoliative cytological sample collection	50
D7288	Brush biopsy - transepithelial sample collection	65
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	35
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	60
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	35
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	75
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	60
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	85
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	175
D7471	Removal of lateral exostosis (maxilla or mandible)	130
D7472	Removal of torus palatinus	130
D7473	Removal of torus mandibularis	130
D7485	Surgical reduction of osseous tuberosity	130
D7510	Incision and drainage of abscess - intraoral soft tissue	30
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	45
D7520	Incision and drainage of abscess - extraoral soft tissue	50
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	55
D7953	Bone replacement graft for ridge preservation - per site	130
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	100
D7963	Frenuloplasty	160
D7970	Excision of hyperplastic tissue - per arch	65
D7971	Excision of pericoronal gingiva	50
D7972	Surgical reduction of fibrous tuberosity	75
<b>D9000-D9999</b>	<b>XII. Adjunctive General Services</b>	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	15
D9120	Fixed partial denture sectioning	15
D9210	Local anesthesia not in conjunction with operative or surgical procedures	0
D9211	Regional block anesthesia	0
D9212	Trigeminal division block anesthesia	0

CDT Codes ++	Covered Dental Services	Patient Charges
<b>D9000-D9999</b>	<b>XII. Adjunctive General Services (Continued)</b>	
D9215	Local anesthesia in conjunction with operative or surgical procedures	0
D9219	Evaluation for deep sedation or general anesthesia	55
D9223	Deep sedation/general anesthesia - each 15 minute increment	98
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	25
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	40
D9248	Non-intravenous conscious sedation	75
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	30
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	0
D9440	Office visit - after regularly scheduled hours	50
D9450	Case presentation, detailed and extensive treatment planning	0
D9610	Therapeutic parenteral drug, single administration	10
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	15
D9630	Other drugs and/or medicaments by report	15
D9910	Application of desensitizing medicament	15
D9940	Occlusal guard, by report	45
D9942	Repair and/or reline occlusal guard	7
D9951	Occlusal adjustment - limited	15
D9952	Occlusal adjustment - complete	90
D9971	Odontoplasty 1 - 2 teeth; includes removal of enamel projections	14
D9972	External bleaching - per arch - performed in office	165
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	99
D9986	Missed appointment	25
D9987	Cancelled appointment	25

*Current Dental Terminology (CDT) © American Dental Association (ADA)*

- \* The Member will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the Eligibility Report is an "M". The Plan will be responsible for the Office Visit Fee when the Plan Schedule Suffix listed on the Eligibility Report is a "G".

# MANAGED DENTAL CARE ORTHODONTIC BENEFITS

## Managed Dental Care Orthodontic Plan Schedule - Option A2

CDT Codes	Covered Services and Patient Charges ++	Patient Charges
	<b>Orthodontics</b>	
D8010	Limited orthodontic treatment of the primary dentition	\$700
D8020	Limited orthodontic treatment of the transitional dentition	700
D8030	Limited orthodontic treatment of the adolescent dentition	700
D8040	Limited orthodontic treatment of the adult dentition	700
D8050	Interceptive orthodontic treatment of the primary dentition	900
D8060	Interceptive orthodontic treatment of the transitional dentition	900
D8070	Comprehensive orthodontic treatment of the transitional dentition **	
D8080	Comprehensive orthodontic treatment of the adolescent dentition **	Child: 1,895
D8090	Comprehensive orthodontic treatment of the adult dentition **	Adult: 2,195
D8660	Pre-orthodontic treatment examination to monitor growth and development (includes treatment plan, records, evaluation and consultation)	250
D8670	Periodic orthodontic treatment visit	0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers(s))	400
D8681	Removable orthodontic retainer adjustment	0

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

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\*\* Child orthodontics is limited to dependent children under age 19; adult orthodontics is limited to dependent children age 19 and above and employee or spouse. A member's age is determined on the date of banding.

++ Covered Services are subject to exclusions, limitations and Plan provisions as described in Member's Plan Booklet and the Manual.

### The Policy Covers:

- Orthodontic Procedures as listed under Covered Dental Procedures and Patient Charges, limited to one course of comprehensive treatment per Member. Treatment must be preauthorized and performed by an orthodontist Contracted Specialist.
- Patient Charge for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment.
- Treatment plan and records, including initial records and any interim and final records.
- Comprehensive orthodontic treatment covers the fixed banding appliances and related visits only. Additional fixed or removable appliances will be the Member's responsibility.
- Retention services following a course of comprehensive orthodontic treatment that was covered under this Policy.
- Orthodontic retention, including any and all necessary fixed and removable appliances and related visits.
- If a Member has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the Policy provides the standard orthodontic benefit. The Member will be responsible for additional charges related to the orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the orthodontic Contracted Specialist's usual fee.

### The Policy Does Not Cover:

- Any procedure listed as an exclusion, in excess of Policy limitations, or as not covered under MDC.
- Orthodontic treatment performed by any dentist other than an orthodontist Contracted Specialist.
- Treatment beyond 24 months. The Member will be responsible for each additional month of treatment, based upon the orthodontist Contracted Specialist's contract.
- Except as describe under the Treatment in progress – Takeover Benefit for Orthodontic Treatment Provision, orthodontic procedures are not covered if comprehensive treatment begins before the Member is eligible for benefits under the Policy.
- If the Member's coverage terminates after the fixed banding appliances are inserted, the Member is responsible for any additional charges incurred for the remaining orthodontic treatment. The orthodontist Contracted Specialist may prorate his or her usual fee over the remaining months of treatment. The Member is responsible for all payments to the orthodontist Contracted Specialist for procedures after the termination date.
- Any incremental charges for non-standard orthodontic appliances or those made with clear, ceramic, white or other optional material or lingual brackets. Any additional costs for the use of optional materials will be the Member's responsibility.
- Procedures, appliances or devices to guide minor tooth movement, except as covered under limited, interceptive or comprehensive orthodontic treatment or correct or control harmful habits.
- Retreatment of orthodontic cases, or charges in orthodontic treatment necessitated by any kind of accident.
- Replacement or repair of orthodontic appliances lost or damaged.
- Extractions performed solely to facilitate orthodontic treatment.
- Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
- If a Member transfers to another orthodontist Contracted Specialist after authorized comprehensive orthodontic treatment has started under the Policy, the Member will be responsible for any additional costs associated with the change in orthodontist Contracted Specialist and subsequent treatment.

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- Guardian Dental participants receive a bonus after year four.
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<p>Register@  <b>www.Guardian.CollegeTuitionBenefit.com</b></p> <p><b>User ID:</b> Is Your Guardian Group Plan Number that can be found on your benefit booklet  <b>Password:</b> Guardian</p>		