SECTION XX

STANDARD INDIVIDUAL ADULT DENTAL SCHEDULE OF BENEFITS

The Guardian Life Insurance Company of America
A Mutual Company – Incorporated 1860 by the State of New York
10 Hudson Yards, New York, New York 10001

COST-SHARING **PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT**	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Deductible			
• One (1) Member under Age 19	$50.00	$100.00	
• Two (2) or More Members under Age 19	$100.00	$200.00	
Out-of-Pocket Limit			
• One (1) Member under Age 19	$450.00	None	
• Two or More Members under Age 19	$900.00	None	
Annual and Lifetime Limits	None	None	

PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT & CARE	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost-Sharing**	**Limits**
Pediatric Dental Care			
• Emergency Dental Care	0% Coinsurance after Deductible	0% Coinsurance after Deductible	One Dental Exam & Cleaning Per 6-Month Period
• Preventive Dental Care	0% Coinsurance after Deductible	0% Coinsurance after Deductible	Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at 6 month intervals
• Routine Dental Care	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Endodontics	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Periodontics	50% Coinsurance after Deductible	50% Coinsurance after Deductible	

• Prosthodontics	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Oral Surgery	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Orthodontics	50% Coinsurance after Deductible – see Limits	50% Coinsurance after Deductible – see Limits	

STANDARD ADULT DENTAL CARE	**Participating Provider Member Responsibility for Cost-Sharing**	**Non-Participating Provider Member Responsibility for Cost- Sharing**	
Adult Deductible			
• Individual • Family	$50 $150	$50 $150	
Adult Dental Annual Benefit Maximum			
• Per Individual	$1,500	$1,500 See the Cost-Sharing Expenses and Allowed Amount section of this Policy for a description of how We calculate the Allowed Amount. Any charges of a Non-Participating Provider that are in excess of the Allowed Amount do not apply towards the Deductible. You must pay the amount of the Non-Participating Provider's charge that exceeds Our Allowed Amount.	

**Deductibles, Coinsurance and Adult Dental Annual Benefit Maximums accumulate on a calendar year ending on December 31 of each year.*

STANDARD ADULT DENTAL CARE

D0120–D1999 DIAGNOSTIC				
CDT code	Description of Service	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
D0120	Periodic oral evaluation - established patient	0% coinsurance after deductible	0% coinsurance after deductible	Twice per Plan Year
D0140	Limited oral evaluation - problem focused	0% coinsurance after deductible	0% coinsurance after deductible	twice per Plan Year
D0150	Comprehensive oral evaluation- new or established patient	0% coinsurance after deductible	0% coinsurance after deductible	once per lifetime
D0160	Detailed and extensive oral evaluation- problem focused, by report	0% coinsurance after deductible	0% coinsurance after deductible	three times per Plan Year
D0210	Intraoral-complete/comprehensive series of radiographic images	0% coinsurance after deductible	0% coinsurance after deductible	once per 3 Plan Years
D0220	Intraoral-periapical first radiographic image	0% coinsurance after deductible	0% coinsurance after deductible	3 times per 6 months
D0230	Intraoral-periapical each additional radiographic image	0% coinsurance after deductible	0% coinsurance after deductible	3 times per 6 months
D0240	Intraoral-occlusal radiographic image	0% coinsurance after deductible	0% coinsurance after deductible	once per 3 Plan Years
D0251	Extra-oral posterior dental radiographic image	0% Coinsurance after deductible	0% coinsurance after deductible	2 times per 1 week
D0270	Bitewing-single radiographic image	0% coinsurance after deductible	0% coinsurance after deductible	2 times per Plan Year
D0272	Bitewings-two radiographic images	0% coinsurance after deductible	0% coinsurance after deductible	2 times per Plan Year
D0273	Bitewings-three radiographic images	0% coinsurance after deductible	0% coinsurance after deductible	2 times per Plan Year

D0274	Bitewings-four radiographic images	0% coinsurance after deductible	0% coinsurance after deductible	2 times per Plan Year
D0330	Panoramic radiographic image	0% coinsurance after deductible	0% coinsurance after deductible	once per 3 Plan Years
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0% coinsurance after deductible	0% coinsurance after deductible	
D0485	Consultation, including preparation of slides from biopsy - material supplied by referring source	0% coinsurance after deductible	0% coinsurance after deductible	
D0502	Other oral pathology procedures, by report	0% coinsurance after deductible	0% coinsurance after deductible	
D0999	Unspecified diagnostic procedure, by report	0% coinsurance after deductible	0% coinsurance after deductible	
D1110-D1999 PREVENTIVE				
CDT code	Description of Service	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
D1110	Prophylaxis-adult	0% coinsurance after deductible	0% coinsurance after deductible	2 times per Plan Year
D1206	Topical application of fluoride varnish	0% coinsurance after deductible	0% coinsurance after deductible	2 times per Plan Year
D1320	Tobacco counseling for the control and prevention of oral disease	0% coinsurance after deductible	0% coinsurance after deductible	No limit
D1330	Oral hygiene instructions	0% coinsurance after deductible	0% coinsurance after deductible	
D1354	Application of caries arresting medicament - per tooth	0% coinsurance after deductible	0% coinsurance after deductible	2 times per 12 month period to a maximum of 4 times per lifetime
D1999	unspecified preventive procedure, by report	0% coinsurance after deductible	0% coinsurance after deductible	

D2140-D2999 RESTORATIVE				
CDT code	Description of Service	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
D2140	Amalgam - one surface, primary or permanent	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2150	Amalgam - two surfaces, primary or permanent	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2160	Amalgam - three surfaces, primary or permanent	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2161	Amalgam - four or more surfaces, primary or permanent	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2330	Resin-based composite - one surface, anterior	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2331	Resin-based composite - two surfaces, anterior	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2332	Resin-based composite - three surfaces, anterior	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2390	Resin-based composite crown, anterior	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2391	Resin-based composite - one surface, posterior	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2392	Resin-based composite - two surfaces, posterior	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2393	Resin-based composite - three surfaces, posterior	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years

D2394	Resin-based composite - four or more surfaces, posterior	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D2710	Crown - resin-based composite (indirect)	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2720	Crown – resin with high noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2721	Crown - resin with predominantly base metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2722	Crown - resin with noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2740	Crown - porcelain/ceramic substrate	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2750	Crown - porcelain fused to high noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2751	Crown - porcelain fused to predominantly base metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2752	Crown - porcelain fused to noble metal	50% coinsurance after deductible	50% coinsurance after deductible	Once per 5 Plan Years
D2753	Crown - porcelain fused to titanium and titanium alloys	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2780	Crown - 3/4 cast high noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2781	Crown - 3/4 cast predominantly base metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2782	Crown - 3/4 cast noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years

D2790	Crown - full cast high noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2791	Crown - full cast predominantly base metal	50% coinsurance after deductible	50% coinsurance after deductible	Once per 5 Plan Years
D2792	Crown - full cast noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2794	Crown - titanium and titanium alloys	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2920	Re-cement or re-bond crown	50% coinsurance after deductible	50% coinsurance after deductible	once per 2 Plan Years
D2931	Prefabricated stainless steel crown - permanent tooth	50 % coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2932	Prefabricated resin crown	50% coinsurance after deductible	50% coinsurance after deductible	once per 2 Plan Years
D2933	Prefabricated stainless steel crown with resin window	50% coinsurance after deductible	50% coinsurance after deductible	once per 2 Plan Years
D2951	Pin retention - per tooth, in addition to restoration	50% coinsurance after deductible	50% coinsurance after deductible	twice per Plan Year
D2952	Post and core in addition to crown, indirectly fabricated	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2954	Prefabricated post and core in addition to crown	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2955	Post removal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D2980	Crown Repair	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years

D2999	Unspecified restorative procedure, by report	20% coinsurance after deductible 50% coinsurance after deductible	30% coinsurance after deductible 50% coinsurance after deductible	
D3220-D3999 ENDODONTICS				
CDT code	Description of Service	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime
D3330	Endodontic therapy, molar tooth (excluding final restoration)	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime
D3346	Retreatment of previous root canal therapy - anterior	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime
D3347	Retreatment of previous root canal therapy - bicuspid	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime
D3348	Retreatment of previous root canal therapy - molar	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime
D3410	Apicoectomy - anterior	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime
D3421	Apicoectomy - bicuspid (first root)	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime
D3425	Apicoectomy - molar (first root)	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime
D3426	Apicoectomy (each additional root)	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime

D3430	Retrograde filling - per root	20% coinsurance after deductible	20% coinsurance after deductible	once per lifetime
D3999	Unspecified endodontic procedure, by report	20% coinsurance after deductible	20% coinsurance after deductible	
D4210-D4999 PERIODONTICS				
CDT code	Description of Service	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	20% coinsurance after deductible	20% coinsurance after deductible	once per Plan Year
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	20% coinsurance after deductible	20% coinsurance after deductible	once per Plan Year
D4341	Periodontal scaling and root planning - four or more teeth per quadrant	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D4342	Periodontal scaling and root planning - one to three teeth per quadrant	20% coinsurance after deductible	20% coinsurance after deductible	once per 2 Plan Years
D4910	Periodontal maintenance	20% coinsurance after deductible	20% coinsurance after deductible	once per 6 months
D4999	Unspecified periodontal procedure, by report	20% coinsurance after deductible	20% coinsurance after deductible	
D5110-D5986 PROSTHODONTICS				
CDT code	Description of Service	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
D5110	Complete denture - maxillary	50% coinsurance after deductible	50% coinsurance after deductible	once per 8 Plan Years
D5120	Complete denture - mandibular	50% coinsurance after deductible	50% coinsurance after deductible	once per 8 Plan Years
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	50% coinsurance after deductible	50% coinsurance after deductible	once per 8 Plan Years

D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	50% coinsurance after deductible	50% coinsurance after deductible	once per 8 Plan Years
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	50% coinsurance after deductible	50% coinsurance after deductible	once per 8 Plan Years
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps rests and teeth)	50% coinsurance after deductible	50% coinsurance after deductible	once per 8 Plan Years
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	50% coinsurance after deductible	50% coinsurance after deductible	once per 8 Plan Years
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	50% coinsurance after deductible	50% coinsurance after deductible	once per 8 Plan Years
D5410	Adjust complete denture - maxillary	50% coinsurance after deductible	50% coinsurance after deductible	4 times per Plan Year
D5411	Adjust complete denture - mandibular	50% coinsurance after deductible	50% coinsurance after deductible	4 times per Plan Year
D5421	Adjust partial denture - maxillary	50% coinsurance after deductible	50% coinsurance after deductible	4 times per Plan Year
D5422	Adjust partial denture - mandibular	50% coinsurance after deductible	50% coinsurance after deductible	4 times per Plan Year
D5511	Repair broken complete denture base, mandibular	50% coinsurance after deductible	50% coinsurance after deductible	2 times per Plan Year
D5512	Repair broken complete denture base, maxillary	50% coinsurance after deductible	50% coinsurance after deductible	2 times per Plan Year
D5520	Replace missing or broken teeth - complete denture (each tooth)	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year
D5611	Repair resin partial denture base, mandibular	50% coinsurance after deductible	50% coinsurance after deductible	2 times per Plan Year

D5612	Repair resin partial denture base, maxillary	50% coinsurance after deductible	50% coinsurance after deductible	2 times per Plan Year
D5621	Repair cast partial framework, mandibular	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year
D5622	Repair cast partial framework, maxillary	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year
D5630	Repair or replace broken retentive clasping materials - per tooth	50% coinsurance after deductible	50% coinsurance after deductible	2 times per Plan Year
D5640	Replace broken teeth - per tooth	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year
D5650	Add tooth to existing partial denture	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year
D5660	Add clasp to existing partial denture - per tooth	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year
D5710	Rebase complete maxillary denture	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D5711	Rebase complete mandibular denture	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D5720	Rebase maxillary partial denture	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D5721	Rebase mandibular partial denture	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D5730	Reline complete maxillary denture (direct)	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year
D5731	Reline complete mandibular denture (direct)	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year
D5740	Reline maxillary partial denture (direct)	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year

D5741	Reline mandibular partial denture (direct)	50% coinsurance after deductible	50% coinsurance after deductible	once Per Plan Year
D5750	Reline complete maxillary denture (indirect)	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D5751	Reline complete mandibular denture (indirect)	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D5760	Reline maxillary partial denture (indirect)	50% coinsurance after deductible	50% coinsurance after deductible	once per two Plan Years
D5761	Reline mandibular partial denture (indirect)	50% coinsurance after deductible	50% coinsurance after deductible	once per 2 Plan Years
D5850	Tissue conditioning, maxillary	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D5851	Tissue conditioning, mandibular	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D5899	Unspecified removable prosthodontic procedure, by report	50% coinsurance after deductible	50% coinsurance after deductible	
D5986	Fluoride gel carrier	50% coinsurance after deductible	50% coinsurance after deductible	2 times per Plan Year
D6210-D6999 PROSTHODONTICS, fixed				
CDT code	Description of Service	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
D6210	Pontic - cast high noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6211	Pontic - cast predominantly base metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6212	Pontic - cast noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years

D6214	Pontic - titanium and titanium alloys	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6240	Pontic - porcelain fused to high noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6241	Pontic - porcelain fused to predominantly base metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6242	Pontic - porcelain fused to noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6243	Pontic - porcelain fused to titanium and titanium alloys	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6245	Pontic - porcelain/ceramic	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6250	Pontic - resin with high noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6251	Pontic - resin with predominantly base metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6252	Pontic - resin with noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6545	Retainer - cast metal for resin bonded fixed prosthesis	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6720	Retainer Crown - resin with high noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6721	Retainer crown - resin with predominantly base metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6722	Retainer crown - resin with noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6740	Retainer crown - porcelain/ceramic	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years

D6750	Retainer crown - porcelain fused to high noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6751	Retainer crown - porcelain fused to predominantly base metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6752	Retainer crown - porcelain fused to noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6780	Retainer crown - 3/4 cast high noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6781	Retainer crown - 3/4 cast predominantly base metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6782	Retainer crown - 3/4 cast noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6783	Retainer crown - 3/4 porcelain/ceramic	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6784	Retainer crown - 3/4 titanium and titanium alloys	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6790	Retainer crown - full cast high noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6791	Retainer crown - full cast predominantly base metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6792	Retainer crown - full cast noble metal	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6794	Retainer crown - titanium and titanium alloys	50% coinsurance after deductible	50% coinsurance after deductible	once per 5 Plan Years
D6930	Re-cement or re-bond fixed partial denture	50% coinsurance after deductible	50% coinsurance after deductible	once per 2 Plan Years

D6999	Unspecified, fixed prosthodontic procedure, by report	50% coinsurance after deductible	50% coinsurance after deductible	
Implant Services- NOT COVERED				
D7111-D7999 ORAL SURGERY				
CDT code	Description of Service	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
D7111	Extraction, coronal remnants - Deciduous tooth	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7220	Removal of impacted tooth - soft tissue	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7230	Removal of impacted tooth - partially bony	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7240	Removal of impacted tooth - completely bony	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7250	Removal of residual tooth roots (cutting procedure)	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7260	Oroantral fistula closure	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
07261	Primary closure of a sinus perforation	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime

D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7272	Tooth Transplantation (included re-implantation from one site to another and splinting and/or stabilization)	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year
D7286	Incisional biopsy of oral tissue-soft	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7340	Per arch - uncomplicated	50% coinsurance after deductible	50% coinsurance after deductible	twice per 5 Plan Years
D7350	Per arch - complicated - including ridge extension, soft tissue grafts, and management of hypertrophied and hyperplastic tissue	50% coinsurance after deductible	50% coinsurance after deductible	twice per 5 Plan Years
D7410	Excision of benign lesion up to 1.25 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7411	Excision of benign lesion greater than 1.25 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7412	Excision of benign lesion, complicated	50% coinsurance after deductible	50% coinsurance after deductible	

D7413	Excision of malignant lesion up to 1.25 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7414	Excision of malignant lesion greater than 1.25 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7415	Excision of malignant lesion, complicated	50% coinsurance after deductible	50% coinsurance after deductible	
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7441	Excision of malignant tumor - lesion diameter over 1.25 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7465	Destruction of lesions by physical methods (By report)	50% coinsurance after deductible	50% coinsurance after deductible	
D7471	Removal of lateral exostosis (maxilla or mandible)	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7472	Removal of torus palatinus	50% coinsurance after deductible	50% coinsurance after deductible	
D7473	Removal of torus mandibularis	50% coinsurance after deductible	50% coinsurance after deductible	
D7485	Reduction of osseous tuberosity	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime

D7490	Radical resection of maxilla or mandible	50% coinsurance after deductible	50% coinsurance after deductible	
D7510	Incision and drainage of abscess - intraoral soft tissue	50% coinsurance after deductible	50% coinsurance after deductible	
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	50% coinsurance after deductible	50% coinsurance after deductible	
D7520	Incision and drainage of abscess - extraoral soft tissue	50% coinsurance after deductible	50% coinsurance after deductible	
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	50% coinsurance after deductible	50% coinsurance after deductible	
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	50% coinsurance after deductible	50% coinsurance after deductible	
D7540	Removal of foreign-musculoskeletal system	50% coinsurance after deductible	50% coinsurance after deductible	
D7550	Partial ostectomy / sequestrectomy for removal of non-vital bone	50% coinsurance after deductible	50% coinsurance after deductible	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	50% coinsurance after deductible	50% coinsurance after deductible	
D7610	Maxilla - open reduction, teeth immobilized (if present)	50% coinsurance after deductible	50% coinsurance after deductible	
D7620	Maxilla - closed reduction, teeth immobilized (if present)	50% coinsurance after deductible	50% coinsurance after deductible	
D7630	Mandible - open reduction, teeth immobilized (if present)	50% coinsurance after deductible	50% coinsurance after deductible	
D7640	Mandible - closed reduction, teeth immobilized (if present)	50% coinsurance after deductible	50% coinsurance after deductible	

D7650	Malar and/or zygomatic arch - open reduction	50% coinsurance after deductible	50% coinsurance after deductible	
D7660	Malar and/or zygomatic arch - closed reduction	50% coinsurance after deductible	50% coinsurance after deductible	
D7670	Alveolus - closed reduction	50% coinsurance after deductible	50% coinsurance after deductible	
D7671	Alveolus - open reduction, may include stabilization of teeth	50% coinsurance after deductible	50% coinsurance after deductible	
D7680	Facial bones - complicated reduction w/fixation and multiple surgical approaches	50% coinsurance after deductible	50% coinsurance after deductible	
D7710	Maxilla - open reduction	50% coinsurance after deductible	50% coinsurance after deductible	
D7720	Maxilla - closed reduction	50% coinsurance after deductible	50% coinsurance after deductible	
D7730	Mandible - open reduction	50% coinsurance after deductible	50% coinsurance after deductible	
D7740	Mandible - closed reduction	50% coinsurance after deductible	50% coinsurance after deductible	
D7750	Malar and/or zygomatic arch - open reduction	50% coinsurance after deductible	50% coinsurance after deductible	
D7760	Malar and/or zygomatic arch - closed reduction	50% coinsurance after deductible	50% coinsurance after deductible	
D7770	Alveolus - open reduction	50% coinsurance after deductible	50% coinsurance after deductible	
D7771	Alveolus - closed reduction stabilization of teeth	50% coinsurance after deductible	50% coinsurance after deductible	
D7780	Facial bones - complicated reduction w/fixation and multiple surgical approaches	50% coinsurance after deductible	50% coinsurance after deductible	

D7810	Open reduction of dislocation	50% coinsurance after deductible	50% coinsurance after deductible	
D7820	Closed reduction of dislocation	50% coinsurance after deductible	50% coinsurance after deductible	
D7830	Manipulation under anesthesia	50% coinsurance after deductible	50% coinsurance after deductible	
D7840	Condylectomy (By report)	50% coinsurance after deductible	50% coinsurance after deductible	
D7850	Meniscectomy (By report)	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7852	Disc repair	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7854	Synovectomy	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7856	Myotomy	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7858	Joint reconstruction	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7860	Arthrotomy	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7865	Arthroplasty	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7870	Arthrocentesis	50% coinsurance after deductible	50% coinsurance after deductible	once per 6 months
D7872	Arthroscopy-diagnosis, with or without biopsy	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7873	Arthroscopy-surgical; lavage and lysis of adhesions	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime

D7874	Arthroscopy-surgical; disc repositioning and stabilization	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7875	Arthroscopy-surgical; synovectomy	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7876	Arthroscopy-surgical; discectomy	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7877	Arthroscopy-surgical; debridement	50% coinsurance after deductible	50% coinsurance after deductible	twice per lifetime
D7880	Occlusal orthotic device (By report)	50% coinsurance after deductible	50% coinsurance after deductible	once per Plan Year
D7899	Unspecified TMD therapy by report	50% coinsurance after deductible	50% coinsurance after deductible	
D7910	Suture of recent small wounds up to 5 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7911	Suture of complex wounds up to 5 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7912	Suture of complex wounds over 5 cm	50% coinsurance after deductible	50% coinsurance after deductible	
D7941	Osteotomy-ramus, closed	50% coinsurance after deductible	50% coinsurance after deductible	
D7943	Osteotomy-ramus, open with bone graft	50% coinsurance after deductible	50% coinsurance after deductible	
D7944	Segmented or subapical- per sextant or quadrant	50% coinsurance after deductible	50% coinsurance after deductible	
D7945	Osteotomy-body of mandible	50% coinsurance after deductible	50% coinsurance after deductible	
D7946	Lefort I (maxilla-total)	50% coinsurance after deductible	50% coinsurance after deductible	

D7947	Lefort I (maxilla-segmented)	50% coinsurance after deductible	50% coinsurance after deductible	
D7948	Lefort II or Lefort III (osteoplasty of facial bone for midface hypoplasia or retrustion), without bone graft	50% coinsurance after deductible	50% coinsurance after deductible	
D7949	Lefort II or Lefort III, with bone graft	50% coinsurance after deductible	50% coinsurance after deductible	
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	50% coinsurance after deductible	50% coinsurance after deductible	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	50% coinsurance after deductible	50% coinsurance after deductible	
D7952	Sinus augmentation via a vertical approach	50% coinsurance after deductible	50% coinsurance after deductible	
D7953	Bone replacement graft for ridge preservation - per site	50% coinsurance after deductible	50% coinsurance after deductible	
D7970	Excision of hyperplastic tissue - per arch	50% coinsurance after deductible	50% coinsurance after deductible	
D7971	Excision of pericoronal gingiva	50% coinsurance after deductible	50% coinsurance after deductible	
D7972	Surgical reduction of fibrous tuberosity	50% coinsurance after deductible	50% coinsurance after deductible	
D7980	Sialolithotomy	50% coinsurance after deductible	50% coinsurance after deductible	
D7981	Excision of salivary gland	50% coinsurance after deductible	50% coinsurance after deductible	
D7982	Sialodochoplasty	50% coinsurance after deductible	50% coinsurance after deductible	
D7983	Closure of salivary fistula	50% coinsurance after deductible	50% coinsurance after deductible	

D7990	Emergency tracheotomy	50% coinsurance after deductible	50% coinsurance after deductible	
D7991	Coronoidectomy	50% coinsurance after deductible	50% coinsurance after deductible	once per lifetime
D7997	Appliance removal (not by dentist who placed appliance)	50% coinsurance after deductible	50% coinsurance after deductible	
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	50% coinsurance after deductible	50% coinsurance after deductible	
D7999	Unspecified oral surgery procedure, by report	50% coinsurance after deductible	50% coinsurance after deductible	
ORTHODONTICS SERVICES- NOT COVERED				
D9110-D9996 ADJUNCTIVE SERVICES				
CDT code	Description of Service	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
D9110	Palliative (emergency) treatment of dental pain - minor procedure	20% coinsurance after deductible	20% coinsurance after deductible	twice per Plan Year
D9120	Fixed partial denture sectioning	20% coinsurance after deductible	20% coinsurance after deductible	
D9222	Deep sedation/general anesthesia – first 15 minutes	20% coinsurance after deductible	20% coinsurance after deductible	twice per 1 week
D9223	Deep sedation/general anesthesia – each 15 minute increment	20% coinsurance after deductible	20% coinsurance after deductible	twice per 1 week
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	20% coinsurance after deductible	20% coinsurance after deductible	twice per 1 week
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	20% coinsurance after deductible	20% coinsurance after deductible	twice per 1 week
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increments	20% coinsurance after deductible	20% coinsurance after deductible	twice per 1 week

D9248	Non-intravenous (conscious) sedation	20% coinsurance after deductible	20% coinsurance after deductible	
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20% coinsurance after deductible	20% coinsurance after deductible	once per 6 months
D9410	House/Extended Care Facility Call	20% coinsurance after deductible	20% coinsurance after deductible	once a day
D9420	Hospital or Amubulatory Surgical Center Call	20% coinsurance after deductible	20% coinsurance after deductible	3 times per 1 week
D9430	Office visit for observation (during regularly scheduled hours) - no Adjunctive Services performed	20% coinsurance after deductible	20% coinsurance after deductible	4 times per Plan Year
D9440	Office visit - after regularly scheduled hours	20% coinsurance after deductible	20% coinsurance after deductible	once a day
D9610	Therapeutic parenteral drug, single administration	20% coinsurance after deductible	20% coinsurance after deductible	
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	20% coinsurance after deductible	20% coinsurance after deductible	
D9944	Occlusal guard – hard appliance, full arch	20% coinsurance after deductible	20% coinsurance after deductible	once per Plan Year
D9945	Occlusal guard – soft appliance, full arch	20% coinsurance after deductible	20% coinsurance after deductible	once per Plan Year
D9946	Occlusal guard – hard appliance, partial arch	20% coinsurance after deductible	20% coinsurance after deductible	once per Plan Year
D9990	Certified translation or sign-language services - per visit*	20% coinsurance after deductible	20% coinsurance after deductible	twice per day
D9999	Unspecified adjunctive procedure, by report	20% coinsurance after deductible	20% coinsurance after deductible	
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	20% coinsurance after deductible	20% coinsurance after deductible	