THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
10 Hudson Yards
New York, New York 10001

Covered Dental Services and Patient Charges – Florida Individual Schedule - U10FLI06

The services covered by this Plan are named in this list. If a procedure is not on this list, it is not covered. All services must be provided by the assigned PCD.

The Member must pay the listed Patient Charge. The benefits We provide are subject to all of the terms of this Plan, including the Limitations and Exclusions and Additional Conditions on Covered Services as described in the Individual Dental Benefits Plan.

There is a limit on the total amount of Patient Charges a Member who is under age 19 must pay each calendar year for Pediatric Essential Health Benefits as determined by Florida. The Maximum Out Of Pocket limit is $450.00 for each Member under age 19. Once this limit is reached this Plan waives Patient Charges for benefits for the rest of the calendar year for the Member. But if two or more Members under age 19 meet the Maximum Out Of Pocket limit of $900.00 in a calendar year, this Plan waives the Patient Charges for benefits for all other Members under age 19 for the rest of the calendar year. The dental services identified with the asterisk symbol (*) reflect the Pediatric Essential Health Benefits.

We cover the pediatric dental care services for Members through the end of the year in which the Members turn 19 years of age.

There is no Maximum Out Of Pocket for Members age 19 and over. Members age 19 and over are responsible for the Patient Charge listed.

A dental service received through the use of audio-visual communication, sometimes called teledentistry, will be considered for benefits just like an in-person service. Teledentistry is provided to a Member at a different physical location than the Dentist, or health professional acting under the delegation and supervision of a Dentist, using telecommunications or information technology.

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

CDT Code	Covered Dental Services and Patient Charges - Current Dental Terminology (CDT) © American Dental Association (ADA)	Patient Charge
D0100-D0999	**I. DIAGNOSTIC**	
D0120	Periodic oral evaluation - established patient *	$0
D0140	Limited oral evaluation - problem focused *	$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver *	$0
D0150	Comprehensive oral evaluation - new or established patient *	$0
D0170	Re-evaluation–limited, problem focused (established patient; not post-operative visit) *	$0
D0171	Re-evaluation – post-operative office visit *	$0
D0180	Comprehensive periodontal evaluation - new or established patient *	$0
D0210	Intraoral - comprehensive series of radiographic images *	$0
D0220	Intraoral - periapical first radiographic image *	$0
D0230	Intraoral - periapical each radiographic image *	$0
D0240	Intraoral - occlusal radiographic image *	$0
D0270	Bitewing - single radiographic image *	$0
D0272	Bitewings - two radiographic images *	$0
D0273	Bitewings - three radiographic images *	$0

D0274	Bitewings - four radiographic images *	$0
D0277	Vertical bitewings - 7 to 8 radiographic images *	$0
D0330	Panoramic radiographic image *	$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
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum *	$0
D0999	Office visit during regular hours, general dentist only *	$20

D1000-D1999 **II. PREVENTIVE**

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, for each additional service in same 12-month period *	$60

The Patient Charges for codes D1110, D1120, D1206, D1208, and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999, and D4999 for the applicable Patient Charge.

Routine prophylaxis or periodontal maintenance procedure - a total of four services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within three to six months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a participating periodontal Specialist. Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery.

D1206	Topical application of fluoride varnish *	$12
D1208	Topical application of fluoride – excluding varnish *	$0
D2999	Topical fluoride (adult or child), each additional service in the same 12-month period *	$20

The Patient Charges for codes D1110, D1120, D1206, D1208, and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999, and D4999 for the applicable Patient Charge.

Fluoride Treatment – a total of four services in any 12-month period.

D1310	Nutritional counseling for control of dental disease	$0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use *	$0
D1330	Oral hygiene instructions	$0
D1351	Sealant – per tooth * Molars	$14
D9999	Sealant - per tooth (non-molars) *	$35
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth *	$14

Sealants are limited to permanent teeth up to the 16th birthday.

D1510	Space maintainer - fixed – unilateral – per quadrant *	$75
D1516	Space maintainer - fixed – bilateral, maxillary *	$110
D1517	Space maintainer – fixed – bilateral, mandibular *	$110
D1520	Space maintainer - removable – unilateral *	$75
D1526	Space maintainer - removable – bilateral, maxillary *	$110
D1527	Space maintainer – removable – bilateral, mandibular *	$110
D1551	Re-cement or re-bond bilateral space maintainer – maxillary *	$13

D1552	Re-cement or re-bond bilateral space maintainer – mandibular *	$13
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant *	$7
D1556	Removal of fixed unilateral space maintainer – per quadrant *	$20
D1557	Removal of fixed bilateral space maintainer – maxillary *	$20
D1558	Removal of fixed bilateral space maintainer – mandibular *	$20
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant *	$75

D2000-D2999 **III. RESTORATIVE**

The Patient Charge for these services is per unit.

D2140	Amalgam – one surface, primary or permanent *	$28
D2150	Amalgam – two surfaces, primary or permanent *	$39
D2160	Amalgam – three surfaces, primary or permanent *	$46
D2161	Amalgam – four or more surfaces, primary or permanent *	$57
D2330	Resin-based composite – one surface, anterior *	$36
D2331	Resin-based composite – two surfaces, anterior *	$44
D2332	Resin-based composite – three surfaces, anterior *	$58
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior) *	$66
D2390	Resin-based composite crown, anterior *	$95
D2391	Resin-based composite – one surface, posterior *	$56
D2392	Resin-based composite – two surfaces, posterior *	$75
D2393	Resin-based composite – three surfaces, posterior *	$90
D2394	Resin-based composite – four or more surfaces, posterior *	$95
D2510	Inlay – metallic – one surface *	$326
D2520	Inlay – metallic – two surfaces *	$368
D2530	Inlay – metallic – three or more surfaces *	$383
D2542	Onlay – metallic – two surfaces *	$383
D2543	Onlay – metallic – three surfaces *	$400
D2544	Onlay – metallic – four or more surfaces *	$420
	Metallic Inlays and Onlays – If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	
D2610	Inlay – porcelain/ceramic – one surface *	$326
D2620	Inlay – porcelain/ceramic – two surfaces *	$368
D2630	Inlay – porcelain/ceramic – three or more surfaces *	$383
D2642	Onlay – porcelain/ceramic – two surfaces *	$383
D2643	Onlay – porcelain/ceramic – three surfaces *	$400
D2644	Onlay – porcelain/ceramic – four or more surfaces *	$420
D2740	Crown – porcelain/ceramic *	$450
D2750	Crown – porcelain fused to high noble metal *	$430
	If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	
D2751	Crown – porcelain fused to predominately base metal *	$430
D2752	Crown – porcelain fused to noble metal *	$430
D2753	Crown – porcelain fused to titanium and titanium alloys *	$430
D2780	Crown - 3/4 cast high noble metal *	$420
	If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	
D2781	Crown - 3/4 cast predominately base metal *	$420
D2782	Crown - 3/4 cast noble metal *	$420
D2783	Crown - 3/4 porcelain/ceramic *	$420
D2790	Crown - full cast high noble metal *	$430
	If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	
D2791	Crown - full cast predominately base metal *	$430

D2792	Crown - full cast noble metal *	$430
D2794	Crown – titanium and titanium alloys *	$430
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration *	$18
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core *	$18
D2920	Re-cement crown *	$18
D2928	Prefabricated porcelain/ceramic – permanent tooth *	$135
D2929	Prefabricated porcelain/ceramic crown - primary tooth *	$135
D2930	Prefabricated stainless steel crown - primary tooth *	$110
D2931	Prefabricated stainless steel crown - permanent tooth *	$125
D2932	Prefabricated resin crown - anterior primary tooth *	$135
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth *	$135
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth *	$145
D2940	Protective restoration *	$30
D2941	Interim therapeutic restoration – primary dentition *	$21
D2949	Restorative foundation for an indirect restoration *	$0
D2950	Core buildup, including any pins when required *	$113
D2951	Pin retention - per tooth, in addition to restoration *	$24
D2952	Post and core, in addition to crown, indirectly fabricated *	$160
D2953	Each additional indirectly fabricated post - same tooth *	$50
D2954	Prefabricated post and core in addition to crown *	$130
D2957	Each additional prefabricated post - same tooth *	$29
D2960	Labial veneer (resin laminate) - direct *	$250
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework *	$125
D3000-D3999	**IV. ENDODONTICS**	
D3110	Pulp cap - direct (excluding final restoration) *	$15
D3120	Pulp cap - indirect (excluding final restoration) *	$15
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament *	$50
D3221	Pulpal debridement, primary and permanent teeth *	$50
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development *	$50
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) *	$88
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) *	$90
D3310	Endodontic therapy, anterior tooth (excluding final restoration) *	$260
D3320	Endodontic therapy, premolar tooth (excluding final restoration) *	$300
D3330	Endodontic therapy, molar (excluding final restoration) *	$400
D3331	Treatment of root canal obstruction, non-surgical access *	$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth *	$150
D3333	Internal root repair of perforation defects *	$120
D3346	Retreatment of previous root canal therapy - anterior *	$315
D3347	Retreatment of previous root canal therapy – premolar *	$370
D3348	Retreatment of previous root canal therapy - molar *	$445
D3410	Apicoectomy - anterior *	$265
D3421	Apicoectomy - premolar (first root) *	$300
D3425	Apicoectomy - molar (first root) *	$350
D3426	Apicoectomy - (each additional root) *	$110
D3430	Retrograde filling - per root *	$90
D3471	Surgical repair of root resorption – anterior *	$300
D3472	Surgical repair of root resorption – premolar *	$300
D3473	Surgical repair of root resorption – molar *	$300
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior *	$300

D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar *	$300
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar *	$300
D3911	Intraorifice barrier *	$0
D3950	Canal preparation and fitting of preformed dowel or post	$20
D4000-D4999	**V. PERIODONTICS**	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant *	$188
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant *	$85
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth *	$60
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant *	$275
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant *	$165
D4249	Clinical crown lengthening - hard tissue *	$285
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant *	$410
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant *	$350
D4268	Surgical revision procedure, per tooth *	$0
D4270	Pedicle soft tissue graft procedure *	$295
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft *	$328
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in a graft *	$298
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in graft *	$179
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in the same graft site *	$197
D4341	Periodontal scaling and root planing - four or more teeth per quadrant *	$50
D4342	Periodontal scaling and root planing - one to three teeth per quadrant *	$30
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation *	$0
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit *	$35
D4910	Periodontal maintenance *	$32
	For the first two services in any 12-month period.	
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff) *	$25
D4921	Gingival irrigation with a medicinal agent – per quadrant *	$35
D4999	Periodontal maintenance, each additional service in same 12-month period *	$60

The Patient Charges for codes D1110, D1120, D1206, D1208, and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999, and D4999 for the applicable Patient Charge.

Routine prophylaxis or periodontal maintenance procedure - a total of four services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within three to six months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a participating periodontal Specialist.

Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery.

D5000-D5899	**VI. PROSTHODONTICS, removable**	
D5110	Complete denture - maxillary *	$580
D5120	Complete denture - mandibular *	$580
D5130	Immediate denture - maxillary *	$620
D5140	Immediate denture - mandibular *	$620
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) *	$580
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) *	$580
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth) *	$620
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth) *	$620
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth) *	$609
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth) *	$609
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth) *	$651
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth) *	$651
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) *	$675
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) *	$675
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth) *	$775
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth) *	$775
D5410	Adjust complete denture - maxillary *	$27
D5411	Adjust complete denture - mandibular *	$27
D5421	Adjust partial denture - maxillary *	$27
D5422	Adjust partial denture - mandibular *	$27
D5511	Repair broken complete denture base, mandibular *	$69
D5512	Repair broken complete denture base, maxillary *	$69
D5520	Replace missing or broken teeth - complete denture (each tooth) *	$66
D5611	Repair resin partial denture base, mandibular *	$80
D5612	Repair resin partial denture base, maxillary *	$80
D5621	Repair cast partial framework, mandibular *	$80
D5622	Repair cast partial framework, maxillary *	$80
D5630	Repair or replace broken retentive/clasping materials – per tooth *	$96
D5640	Replace broken teeth - per tooth *	$62
D5650	Add tooth to existing partial denture *	$81
D5660	Add clasp to existing partial denture – per tooth *	$102
D5670	Replace all teeth and acrylic on cast metal framework (maxillary) *	$223
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) *	$223
D5710	Rebase complete maxillary denture *	$230
D5711	Rebase complete mandibular denture *	$230
D5720	Rebase maxillary partial denture*	$230
D5721	Rebase mandibular partial denture *	$230
D5730	Reline complete maxillary denture (direct) *	$130

D5731	Reline complete mandibular denture (direct) *	$130
D5740	Reline maxillary partial denture (direct) *	$125
D5741	Reline mandibular partial denture (direct) *	$125
D5750	Reline complete maxillary denture (indirect) *	$186
D5751	Reline complete mandibular denture (indirect) *	$186
D5760	Reline maxillary partial denture (indirect) *	$186
D5761	Reline mandibular partial denture (indirect) *	$186
D5765	Soft liner for complete or partial removable denture – indirect *	$60
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary *	$190
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular *	$190
D5850	Tissue conditioning, maxillary *	$60
D5851	Tissue conditioning, mandibular *	$60

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS – Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed

The Patient Charge for these services is per unit.

D6210	Pontic - cast high noble metal * If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$400
D6211	Pontic - cast predominately base metal *	$400
D6212	Pontic - cast noble metal *	$400
D6214	Pontic – titanium and titanium alloys *	$400
D6240	Pontic - porcelain fused to high noble metal * If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$400
D6241	Pontic - porcelain fused to predominately base metal *	$400
D6242	Pontic - porcelain fused to noble metal *	$400
D6243	Pontic – porcelain fused to titanium and titanium alloys *	$400
D6245	Pontic – porcelain/ceramic *	$410
D6600	Retainer inlay – porcelain/ceramic, two surfaces *	$368
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces *	$383
D6602	Retainer inlay – cast high noble metal, two surfaces * If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$368
D6603	Retainer inlay – cast high noble metal, three or more surfaces * If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$383
D6604	Retainer inlay - cast predominantly base metal, two surfaces *	$368
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces *	$383
D6606	Retainer inlay - cast noble metal, two surfaces *	$368
D6607	Retainer inlay - cast noble metal, three or more surfaces *	$383
D6608	Retainer onlay – porcelain/ceramic, two surfaces *	$383
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces *	$400
D6610	Retainer onlay - cast high noble metal, two surfaces * If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	$383

D6611	Retainer onlay - cast high noble metal, three or more surfaces *	$400
	If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	
D6612	Retainer onlay – cast predominantly base metal, two surfaces *	$383
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces *	$400
D6614	Retainer onlay - cast noble metal, two surfaces *	$383
D6615	Retainer onlay - cast noble metal, three or more surfaces *	$400
D6624	Retainer inlay – titanium *	$368
D6634	Retainer onlay – titanium *	$383
D6740	Retainer crown - porcelain/ceramic *	$450
D6750	Retainer crown - porcelain fused to high noble metal *	$430
	If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	
D6751	Retainer crown - porcelain fused to predominately base metal *	$430
D6752	Retainer crown - porcelain fused to noble metal *	$430
D6753	Retainer crown – porcelain fused to titanium and titanium alloys *	$430
D6780	Retainer crown - 3/4 cast high noble metal *	$430
	If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	
D6781	Retainer crown - 3/4 cast predominately base metal *	$430
D6782	Retainer crown - 3/4 cast noble metal *	$430
D6783	Retainer crown - 3/4 porcelain/ceramic *	$430
D6784	Retainer crown - 3/4 titanium and titanium alloys *	$430
D6790	Retainer crown - full cast high noble metal *	$430
	If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal.	
D6791	Retainer crown - full cast predominately base metal *	$430
D6792	Retainer crown - full cast noble metal *	$430
D6794	Retainer crown – titanium and titanium alloys *	$430
D6930	Re-cement or re-bond fixed partial denture *	$26
D6999	Multiple crown and bridge unit treatment plan - per unit, six or more units per treatment plan *	$125
D7000-D7999	**X. ORAL AND MAXILLOFACIAL SURGERY**	
D7111	Extraction, coronal remnants - primary tooth *	$20
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) *	$35
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated *	$110
D7220	Removal of impacted tooth - soft tissue *	$145
D7230	Removal of impacted tooth - partially bony *	$180
D7240	Removal of impacted tooth - completely bony *	$215
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications *	$240
D7250	Removal of residual tooth roots (cutting procedure) *	$110
D7261	Primary closure of a sinus perforation	$250
D7280	Exposure of an unerupted tooth *	$250
D7283	Placement of device to facilitate eruption of impacted tooth	$35
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	$125
D7286	Incisional biopsy of oral tissue - soft	$85
D7288	Brush biopsy - transepithelial sample collection	$65
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant *	$53
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant *	$26
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces,	$92

	per quadrant *	
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant *	$65
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	$200
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	$260
D7471	Removal of lateral exostosis (maxilla or mandible) *	$215
D7472	Removal of torus palatinus	$215
D7473	Removal of torus mandibularis	$215
D7509	Marsupialization of odontogenic cyst	$44
D7510	Incision and drainage of abscess - intraoral soft tissue *	$44
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) *	$48
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site *	$25
D7961	Buccal / labial frenectomy (frenulectomy) *	$100
D7962	Lingual frenectomy (frenulectomy) *	$100
D7963	Frenuloplasty *	$168

D8000-D8999 **XI. ORTHODONTICS**

D8070	Comprehensive orthodontic treatment of the transitional dentition *	$2,500
D8080	Comprehensive orthodontic treatment of the adolescent dentition *	$2,500
D8090	Comprehensive orthodontic treatment of the adult dentition *	$2,800

Child orthodontics applies to Members under age 19; adult orthodontics applies to a Member age 19 and above. A Member's age is determined on the date of banding.

For Members under age 19, orthodontic services are covered only when needed due to a severe, dysfunctional, or handicapping malocclusion.

D8660	Pre-orthodontic treatment examination to monitor growth and development *	$250
D8670	Periodic orthodontic treatment visit *	$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))*	$400

The Plan covers the following for Orthodontic Services:

- Orthodontic services as listed under Covered Dental Services and Patient Charges, limited to one (1) course of treatment per Member. We must preauthorize treatment, and it must be performed by a Participating Orthodontic Specialist Dentist.
- Up to twenty-four (24) months of comprehensive treatment.
- Treatment plan and records, including initial records and any interim and final records.
- Comprehensive orthodontic treatment, including the fixed banding appliances and related visits only.
- Retention services following a course of comprehensive orthodontic treatment that was covered under this Plan.
- 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 Plan provides the standard orthodontic benefit. The Member will be responsible for additional charges related to orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the Participating Orthodontic Specialist Dentist's usual fee.

The Plan does not cover the following for Orthodontic Services:

- Any Procedure listed as an exclusion, in excess of Plan limitations, or as not covered under MDG.
- Orthodontic treatment performed by any dentist other than a Participating Orthodontic Specialist Dentist.
- Limited orthodontic treatment and Interceptive (Phase 1) treatment.
- Treatment beyond twenty-four (24) months. (The Member will be responsible for an additional charge for each additional month of treatment, based upon the participating Orthodontic Specialist Dentist's contracted fee.
- Except as described under treatment in progress - orthodontic treatment, orthodontic services are not covered if comprehensive treatment begins before the Member is eligible for benefits under the Plan. If a Member's coverage terminates after the fixed banding appliances are inserted, the Participating Orthodontist Specialty Care Dentist may prorate his or her usual fee over the remaining months of treatment.
- Orthodontic services after a Member's coverage terminates.
- Any incremental charges for non-standard orthodontic appliances or those made with clear, ceramic, white or other optional material or lingual brackets.
- Procedures, appliances or devices to (a) guide minor tooth movement or (b) to correct or control harmful habits.
- Re-treatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.
- Replacement or repair of orthodontic appliances damaged due to the neglect of the Member.
- 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 Participating Orthodontic Specialty Care Dentist after authorized comprehensive orthodontic treatment has started under this Plan, the Member will be responsible for any additional costs associated with the change in Orthodontic Specialty Care Dentist and subsequent treatment.

D9000-D9999	**XII. ADJUNCTIVE GENERAL SERVICES**	
D9110	Palliative treatment of dental pain - per visit *	$25
D9120	Fixed partial denture sectioning *	$30
D9215	Local anesthesia in conjunction with operative or surgical procedures	$0
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia *	$55
D9222	Deep sedation/general anesthesia - first 15 minutes *	$98
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment *	$98
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	$28
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes *	$98
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment *	$98
D9248	Non-intravenous conscious sedation	$125
	Procedure codes D9222, D9223, D9239, D9243 and D9248 are limited to a participating oral surgery Specialist. Additionally, these services are only covered in conjunction with other surgical services.	
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician *	$34
D9311	Consultation with a medical health care professional *	$0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed *	$10
D9440	Office visit - after regularly scheduled hours *	$50

D9450	Case presentation, subsequent to detailed and extensive treatment planning	$0
D9951	Occlusal adjustment - limited	$23
D9971	Odontoplasty – per tooth	$23
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	Broken appointment	$25
D9991	Dental case management – addressing appointment compliance barriers	$0
D9992	Dental case management – care coordination	$0
D9993	Dental case management – motivational interviewing	$0
D9994	Dental case management – patient education to improve oral health literacy	$0
D9997	Dental case management – patients with special health care needs	$0