

**SECTION XVIII**

**MANAGED DENTALGUARD SCHEDULE OF BENEFITS**

<b>COST-SHARING</b>		<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	
<b>PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT</b>				
<b>Deductible</b>				
<ul style="list-style-type: none"> <li>• One (1) Member under Age 19</li> </ul>		None	None	
<ul style="list-style-type: none"> <li>• Two (2) or More Members under Age 19</li> </ul>		None	None	
<b>Out-of-Pocket Limit</b>				
<ul style="list-style-type: none"> <li>• One (1) Member under Age 19</li> </ul>		\$ 350.00	None	
<ul style="list-style-type: none"> <li>• Two or More Members under Age 19</li> </ul>		\$700.00	None	
			See the Cost- Sharing Expenses and Allowed Amount section of this Policy for a description of how We calculate the Allowed Amount.	

<b>PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT &amp; CARE</b>				<b>Limits</b>
<b>Pediatric Dental Care</b> <ul style="list-style-type: none"> <li>• Emergency Dental Care</li> <li>• Preventive Dental Care</li> <li>• Routine Dental Care</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics</li> </ul>	<p>Specialist dental care from a Participating Provider requires a Referral.</p> <p>Specialist dental care from a Participating Provider requires a Referral.</p> <p>Specialist dental care from a Participating Provider requires a Referral.</p>	<p>Coinsurance: None Copayments: \$25</p> <p>Coinsurance: None Copayments: \$0 - \$5</p> <p>Coinsurance: None Copayments: \$0 - \$110</p> <p>Coinsurance: None Copayments: \$50 - \$445</p> <p>Coinsurance: None Copayments: \$32 - \$188</p> <p>Coinsurance: None Copayments: \$62 - \$675</p>	<p>Non-Participating Provider Services Are Not Covered and You Pay the Full Cost</p> <p>Non-Participating Provider Services Are Not Covered and You Pay the Full Cost</p> <p>Non-Participating Provider Services Are Not Covered and You Pay the Full Cost</p> <p>Non-Participating Provider Services Are Not Covered and You Pay the Full Cost</p> <p>Non-Participating Provider Services Are Not Covered and You Pay the Full Cost</p> <p>Non-Participating Provider Services Are Not Covered and You Pay the Full Cost</p> <p>Non-Participating Provider Services Are Not Covered and You Pay the Full Cost</p>	<p>One Dental Exam &amp; Cleaning per 6 month period.</p> <p>Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at 6 month intervals.</p>

<ul style="list-style-type: none"> <li>• Oral Surgery</li> </ul>	Specialist dental care from a Participating Provider requires a Referral.	Coinsurance: None Copayments: \$20 - \$5,000  Coinsurance: None Copayments: \$0-\$2800	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
<ul style="list-style-type: none"> <li>• Orthodontics</li> </ul>	Specialist dental care from a Participating Provider requires a Referral.			

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not Covered under the Certificate, You will be responsible for the full cost of the services.

CDT Codes	Covered Services and Patient Copayments	Patient Copayments
		Plan ENYI04
<b>D0100- D0999</b>	<b>I. DIAGNOSTIC</b>	
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0
D0150	Comprehensive oral evaluation - new or established patient	0
D0170	Re-evaluation - limited problem focused (established patient; not post-operative visit)	0
D0180	Comprehensive periodontal evaluation - new or established patient	0
D0210	Intraoral - complete series of radiographic images	0
D0220	Intraoral - periapical first radiographic image	0
D0230	Intraoral - periapical each additional radiographic image	0
D0240	Intraoral - occlusal radiographic image	0
D0270	Bitewing - single radiographic image	0
D0272	Bitewings - two radiographic images	0
D0273	Bitewings - three radiographic images	0
D0274	Bitewings - four radiographic images	0
D0277	Vertical bitewings - 7 to 8 radiographic images	0
D0320	Temporomandibular joint arthrogram, including injection	0
D0321	Other temporomandibular joint radiographic images, by report	0
D0322	Tomographic survey	0
D0330	Panoramic radiographic image	0
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	0
D0384	Cone beam CT image capture for TMJ series including two or more exposures	0
D0460	Pulp vitality tests	0
D0999	Office visit during regular hours, general dentist only	18
<b>D1000- D1999</b>	<b>II. PREVENTIVE</b>	
D1110	Prophylaxis - adult	0
D1120	Prophylaxis - child	0
D1203	Topical application of fluoride (prophylaxis not included) - child	0
D1204	Topical application of fluoride (prophylaxis not included) - adult	0

D1206	Topical application of fluoride varnish	12
D1208	Topical application of fluoride	0
D1351	Sealant - per tooth	14
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	14
D1510	Space maintainer - fixed - unilateral	75
D1515	Space maintainer - fixed - bilateral	110
D1525	Space maintainer - removable - bilateral	110
<b>D2000- D2999</b>	<b>III. RESTORATIVE</b>	
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
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
D2740	Crown - porcelain/ceramic substrate	450
D2750	Crown - porcelain fused to high noble metal	430
D2751	Crown - porcelain fused to predominately base metal	430
D2752	Crown - porcelain fused to noble metal	430
D2780	Crown - 3/4 cast high noble metal	420
D2781	Crown - 3/4 cast predominately base metal	420
D2782	Crown - 3/4 cast noble metal	420
D2783	Crown - 3/4 porcelain/ceramic	420
D2790	Crown - full cast high noble metal	430
D2791	Crown - full cast predominately base metal	430
D2792	Crown - full cast noble metal	430
D2794	Crown - titanium	430
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	135

D2933	Prefabricated stainless steel crown with resin window	135
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	145
D2950	Core buildup, including any pins when required	113
<b>D3000- D3999</b>	<b>IV. ENDODONTICS</b>	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	50
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	50
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	260
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	300
D3330	Endodontic therapy, molar (excluding final restoration)	400
D3346	Retreatment of previous root canal therapy - anterior	315
D3347	Retreatment of previous root canal therapy - bicuspid	370
D3348	Retreatment of previous root canal therapy - molar	445
<b>D4000- D4999</b>	<b>V. PERIODONTICS</b>	
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
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
D4910	Periodontal maintenance	32
<b>D5000- D5999</b>	<b>VI. PROSTHODONTICS (removable)</b>	
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 any conventional clasps, rests and teeth)	580
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	580
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	620
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	620

D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	675
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	675
D5510	Repair broken complete denture base	69
D5520	Replace missing or broken teeth - complete denture (each tooth)	66
D5610	Repair resin denture base	80
D5620	Repair cast framework	80
D5630	Repair or replace broken clasp	96
D5640	Replace broken teeth - per tooth	62
D5650	Add tooth to existing partial denture	81
D5660	Add clasp to existing partial denture	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 (chairside)	130
D5731	Reline complete mandibular denture (chairside)	\$130
D5740	Reline maxillary partial denture (chairside)	125
D5741	Reline mandibular partial denture (chairside)	125
D5750	Reline complete maxillary denture (laboratory)	186
D5751	Reline mandibular complete denture (laboratory)	186
D5760	Reline maxillary partial denture (laboratory)	186
D5761	Reline mandibular partial denture (laboratory)	186
D5820	Interim partial denture (maxillary)	190
D5821	Interim partial denture (mandibular)	190
<b>D5900- D5999</b>	<b>VII. MAXILLOFACIAL PROSTHETICS - Not Covered</b>	
<b>D6000- D6199</b>	<b>VIII. IMPLANT SERVICES - Not Covered</b>	
<b>D6200- D6999</b>	<b>IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit of fixed partial denture bridge)</b>	
D6210	Pontic - cast high noble metal	400
D6211	Pontic - cast predominately base metal	400
D6212	Pontic - cast noble metal	400
D6240	Pontic - porcelain fused to high noble metal	400
D6241	Pontic - porcelain fused to predominately base metal	400
D6242	Pontic - porcelain fused to noble metal	400

D6750	Crown - porcelain fused to high noble metal	430
D6751	Crown - porcelain fused to predominately base metal	430
D6752	Crown - porcelain fused to noble metal	430
D6790	Crown - full cast high noble metal	430
D6791	Crown - full cast predominately base metal	430
D6792	Crown - full cast noble metal	430
<b>D7000- D7999</b>	<b>X. ORAL AND MAXILLOFACIAL SURGERY</b>	
D7111	Extraction, coronal remnants - deciduous tooth	20
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	35
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	110
D7220	Removal of impacted tooth - soft tissue	145
D7230	Removal of impacted tooth - partially bony	180
D7240	Removal of impacted tooth - completely bony	215
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	240
D7250	Surgical removal of residual tooth roots (cutting procedure)	110
D7285	Biopsy of oral tissue - hard (bone, tooth)	125
D7286	Biopsy of oral tissue - soft	85
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
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
D7610	Maxilla - open reduction (teeth immobilized, if present)	1,500
D7620	Maxilla - closed reduction (teeth immobilized, if present)	1,100
D7630	Mandible - open reduction (teeth immobilized, if present)	5,000
D7640	Mandible - closed reduction (teeth immobilized, if present)	2,200
D7810	Open reduction of dislocation	1,800
D7820	Closed reduction of dislocation	1,600
D7830	Manipulation under anesthesia	1,600
D7955	Repair of maxillofacial soft and/or hard tissue defect	1,500
<b>D9000- D9999</b>	<b>XII. ADJUNCTIVE GENERAL SERVICES</b>	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	25
D9220	Deep sedation/general anesthesia - first 30 minutes	195
D9221	Deep sedation/general anesthesia - each additional 15 minutes	75



D9241	Intravenous conscious sedation/analgesia - first 30 minutes	195
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	75
D9248	Non-intravenous conscious sedation	\$125
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	34
D9420	Hospital or ambulatory surgical center call	250
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	10
D9440	Office visit - after regularly scheduled hours	50
D9450	Case presentation, detailed and extensive treatment planning	0
D9940	Occlusal guard, by report	85

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

**MANAGED DENTALGUARD ORTHODONTIC BENEFITS - NEW YORK**

**Managed DentalGuard Orthodontic Plan Schedule - NYOE**

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

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

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