

GUARDIAN® DENTAL COVERAGE FOR INDIVIDUALS AND FAMILIES ON THE HEALTH INSURANCE EXCHANGE FOR NEW JERSEY

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Guardian's DHMO Plan

The Guardian DentalGuard DHMO plans allow you to choose to receive care from any participating licensed dentist in the network, and pay a set co-pay for your office visit. Under this plan, you must choose a primary care dentist. All of your dental care will be provided by, or arranged by, your primary care dentist

Under the Affordable Care Act (ACA), insurers must provide coverage for 10 essential health benefits (EHBs). This plan includes the pediatric essential health benefit, which is a comprehensive set of dental services for children under 19. These services are covered without annual or lifetime limits as long as you receive care-in-network. Also included is coverage for medically necessary orthodontics.

Managed DentalGuard Family Plan—For Plan Years Beginning in 2016		
	In-Network	Out-of-Network
You Pay (Average cost is illustrated below. Refer to detailed list on the following pages.)		
Diagnosis & Preventive Care -Members age 19 and older -Members under age 19 *Exams, cleaning, x-rays	\$0 \$2	Not Covered
Basic Services -Members age 19 and older -Members under age 19 *Fillings, simple tooth extractions	\$70 \$70	Not Covered
Major Services -Members age 19 and older -Members under age 19 *Crowns, inlays, onlays, and cast restorations	\$346 \$250	Not Covered
Standard Orthodontic Coverage (without verification of medical necessity) D8080 *Comprehensive Orthodontic Treatment of the Adolescent	\$2,500	Not Covered
Standard Orthodontic Coverage (without verification of medical necessity) D8090 *Comprehensive Orthodontic Treatment of the Adult	\$2,800	Not Covered
Office Visit	\$15	Not Covered
Out of Pocket Maximum (Individual / Family) – Applies to child essential health benefits only	\$350 / \$700	Not Covered
Annual Maximum	None	N/A

*Current Dental Terminology © 2013 American Dental Association (ADA). All rights reserved. Note: Procedures listed above under Preventive, Basic, Major and Orthodontics are for sample purposes only and do not encompass all covered services. For a list of co-payments for all covered services, please see the Covered Dental Services And Patient Charges on the following pages, and your policy contract for details. Limitations and exclusions apply. Plan documents are the final arbiter of coverage. GP-I-MDG-FP-NJ-15

Plan designs are not available in the following counties: Atlantic, Burlington, Cape May, Cumberland, Gloucester, Hunterdon, Salem, Sussex, Warren



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Covered Dental Services and Patient Charges – U10NJ01

The services covered by this Policy are named in this list. If a service, treatment or procedure is not on this list, it is not a covered service. All services must be provided by the assigned Primary Care Dentist.

The Member must pay the listed Patient Charge. The benefits We provide are subject to all of the terms of this Policy, including the Limitations and Conditions on Covered Dental Services and Exclusions.

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 New Jersey. The limit is \$350.00 for each such Member. Once this limit is reached the plan waives Patient Charges for such benefits for the rest of the calendar year for such Member. But if two or more such Members meet the limit of \$700.00 in a calendar year, the plan waives the Patient Charges for such benefits for all other such Members for the rest of the calendar year.

The Patient Charges listed this section are only valid for covered services that are: (1) started and completed under this Policy, and (2)

Covered Services and Copayments		Plan Schedules - Copayments
CDT Codes++		
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
D0160	Detailed and extensive oral evaluation - problem focused, by report#####	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
D0250	Extraoral - first radiographic image#####	0
D0260	Extraoral - each additional radiographic image#####	0
D0270	Bitewing - single radiograph 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
D0340	Cephalometric radiographic image#####	0
D0350	Oral/facial photographic image obtained intraorally or extraorally#####	0
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures#####	0
D0369	Maxillofacial MRI capture and interpretation#####	0
D0370	Maxillofacial ultrasound capture and interpretation#####	0
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw#####	0
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible#####	0
D0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium#####	0
D0383	Cone beam CT image capture with field of view of both jaws, with or with cranium#####	0
D0384	Cone beam CT image capture for TMJ series including two or more exposures#####	0
D0415	Collection of microorganisms for culture and sensitivity#####	0
D0416	Viral culture#####	0
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing#####	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
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report#####	0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report#####	0
D0502	Other oral pathology procedures, by report#####	0
D0999	Office visit during regular hours, general dentist only	15



Covered Services and Copayments

CDT Codes++		Plan Schedules - Copayments
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
D1203	Topical application of fluoride (prophylaxis not included) - child, for the first two services in any 12-month period+=	0
D1204	Topical application of fluoride (prophylaxis not included) - adult, for the first two services in any 12-month period+=	0
D1206	Topical application of fluoride varnish, for the first two services in any 12-month period+=	12
D1208	Topical application of fluoride+=	0
D2999	Topical fluoride (adult or child), each additional service in the same 12-month period+=	20
D1310	Nutritional counseling for control of dental diseases	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
D1510	Space maintainer - fixed - unilateral	75
D1515	Space maintainer - fixed - bilateral	110
D1525	Space maintainer - removable - bilateral	110
D1550	Re-cementation of space maintainer	13
D1555	Removal of fixed space maintainer	20
D2000-D2999	III. RESTORATIVE	
	Crowns - Single Restorations Only###	
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
D2410	Gold foil - one surface#####	311
D2420	Gold foil - two surfaces#####	277
D2430	Gold foil - three surfaces#####	350
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 surfaces**===	420
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
D2720	Crown - resin with high noble metal#####	350
D2721	Crown - resin with predominantly base metal#####	350
D2722	Crown - resin with noble metal#####	350
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



Covered Services and Copayments

CDT Codes++		Plan Schedules - Copayments
D2000-D2999	III. RESTORATIVE – cont.	
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
D2910	Recent inlay, onlay, or partial coverage restoration	18
D2915	Recent cast or prefabricated post and core	18
D2920	Recent crown	18
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	135
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	145
D2940	Protective restoration	30
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
D2955	Post removal#####	144
D2957	Each additional prefabricated post - same tooth	29
D2960	Labial veneer (resin laminate) - chairside	250
D2970	Temporary crown (fractured tooth)	100
D2971	Additional procedures to construct new crown under existing partial denture framework	125
D2975	Coping#####	312
D2980	Crown repair necessitated by restorative material failure#####	144
D2990	Resin infiltration of incipient smooth surface lesions	5
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 - bicuspid 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 - bicuspid ===	370
D3348	Retreatment of previous root canal therapy - molar ===	445
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)#####	78
D3352	Apexification/recalcification - interim medication replacement#####	52
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)#####	182
D3354	Pulpal regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration#####	52
D3410	Apicoectomy - anterior	265
D3421	Apicoectomy - bicuspid (first root)	300
D3425	Apicoectomy - molar (first root)	350
D3426	Apicoectomy - (each additional root)	110



Covered Services and Copayments

CDT Codes++		Plan Schedules - Copayments
D3000-D3999	IV. ENDODONTICS – cont.	
D3430	Retrograde filling - per root	\$90
D3450	Root amputation - per root#####	309
D3910	Surgical procedure for isolation of tooth with rubber dam#####	121
D3920	Hemisection (including any root removal), not including root canal therapy#####	263
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
D4245	Apically positioned flap#####	350
D4249	Clinical crown lengthening - hard tissue	285
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant ===	410
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	350
D4263	Bone replacement graft - first site in quadrant####	249
D4264	Bone replacement graft - each additional site in quadrant#####	191
D4265	Biologic materials to aid in soft and osseous tissue regeneration#####	321
D4266	Guided tissue regeneration - resorbable barrier, per site#####	304
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)#####	350
D4268	Surgical revision procedure, per tooth	0
D4270	Pedicle soft tissue graft procedure	295
D4271	Free soft tissue graft procedure (including donor site surgery)	298
D4273	Subepithelial connective tissue graft procedures, per tooth	328
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)#####	191
D4275	Soft tissue allograft#####	350
D4276	Combined connective tissue and double pedicle graft, per tooth#####	350
D4277	Free soft tissue graft procedure (including donor site surgery) first tooth or edentulous tooth position in a graft	298
D4278	Free soft tissue graft procedure (including donor site surgery) each additional contiguous tooth or edentulous tooth position in a graft	179
D4320	Provisional splinting - intracoronal#####	275
D4321	Provisional splinting - extracoronal#####	275
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
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	35
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth#####	65
D4910	Periodontal maintenance, for the first two services in any 12-month period+#	32
D4920	Unscheduled dressing change (by someone other than treating dentist)	25
D4999	Periodontal maintenance, each additional service in same 12-month period+#	60
D5000-D5999	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 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
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)#####	350
D5410	Adjust complete denture - maxillary	27
D5411	Adjust complete denture - mandibular	27
D5421	Adjust partial denture - maxillary	27
D5422	Adjust partial denture - mandibular	27
D5510	Repair broken complete denture base	69



Covered Services and Copayments

CDT Codes++		Plan Schedules - Copayments
D5000-D5999	VI. PROSTHODONTICS (removable) – cont.	
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 complete mandibular 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
D5850	Tissue conditioning, maxillary	60
D5851	Tissue conditioning, mandibular	60
D5860	Overdenture - complete, by report#####	350
D5861	Overdenture - partial, by report#####	350
D5862	Precision attachment, by report#####	350
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS	
D5911	Facial moulage (sectional)#####	\$213
D5912	Facial moulage (complete)#####	213
D5913	Nasal prosthesis#####	350
D5914	Auricular prosthesis#####	350
D5915	Orbital prosthesis#####	350
D5916	Ocular prosthesis#####	350
D5919	Facial prosthesis#####	52
D5922	Nasal septal prosthesis#####	25
D5924	Cranial prosthesis#####	350
D5931	Obturator prosthesis, surgical#####	350
D5932	Obturator prosthesis, definitive#####	350
D5933	Obturator prosthesis, modification#####	245
D5934	Mandibular resection prosthesis with guide flange#####	350
D5935	Mandibular resection prosthesis without guide flange#####	350
D5936	Obturator prosthesis, interim#####	350
D5951	Feeding aid#####	350
D5952	Speech aid prosthesis, pediatric#####	350
D5954	Palatal augmentation prosthesis#####	350
D5955	Palatal lift prosthesis, definitive#####	350
D5958	Palatal lift prosthesis, interim#####	350
D5959	Palatal lift prosthesis, modification#####	100
D5982	Surgical stent#####	235
D5983	Radiation carrier#####	700
D5986	Fluoride gel carrier#####	130
D5987	Commissure splint#####	336
D5988	Surgical splint#####	330
D5991	Topical medicament carrier#####	224



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Covered Services and Copayments

CDT Codes++		Plan Schedules - Copayments
D6000-D6199	VIII. IMPLANT SERVICES	
D6010	Surgical placement of implant body: endosteal implant#####	\$350
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant#####	350
D6058	Abutment supported porcelain/ceramic crown#####	350
D6059	Abutment supported porcelain fused to metal crown (high noble metal)#####	350
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)#####	350
D6061	Abutment supported porcelain fused to metal crown (noble metal)#####	350
D6062	Abutment supported cast metal crown (high noble metal)#####	350
D6063	Abutment supported cast metal crown (predominantly base metal)#####	350
D6064	Abutment supported cast metal crown (noble metal)#####	350
D6065	Implant supported porcelain/ceramic crown#####	350
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) #####	350
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)#####	350
D6094	Abutment supported crown (titanium)#####	350
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit of fixed partial denture [bridge])###	
D6210	Pontic - cast high noble metal**===	\$400
D6211	Pontic - cast predominately base metal ===	400
D6212	Pontic - cast noble metal ===	400
D6214	Pontic - titanium ===	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
D6245	Pontic - porcelain/ceramic ===	410
D6600	Inlay - porcelain/ceramic - two surfaces ===	368
D6601	Inlay - porcelain/ceramic - three or more surfaces ===	383
D6602	Inlay - cast high noble metal, two surfaces**===	368
D6603	Inlay - cast high noble metal, three or more surfaces**===	383
D6604	Inlay - cast predominately base metal, two surfaces ===	368
D6605	Inlay - cast predominately base metal, three or more surfaces ===	383
D6606	Inlay - cast noble metal, two surfaces ===	368
D6607	Inlay - cast noble metal, three or more surfaces ===	383
D6608	Onlay - porcelain/ceramic - two surfaces ===	383
D6609	Onlay - porcelain/ceramic - three or more surfaces ===	400
D6610	Onlay - cast high noble metal, two surfaces**===	383
D6611	Onlay - cast high noble metal, three or more surfaces**===	400
D6612	Onlay - cast predominately base metal, two surfaces ===	383
D6613	Onlay - cast predominately base metal, three or more surfaces ===	400
D6614	Onlay - cast noble metal, two surfaces ===	383
D6615	Inlay - cast noble metal, three or more surfaces ===	400
D6624	Inlay - titanium ===	368
D6634	Onlay - titanium ===	383
D6740	Crown - porcelain/ceramic ===	450
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
D6780	Crown - 3/4 cast high noble metal**===	430
D6781	Crown - 3/4 cast predominately base metal ===	430
D6782	Crown - 3/4 cast noble metal ===	430
D6783	Crown - 3/4 porcelain/ceramic ===	430
D6790	Crown - full cast high noble metal**===	430
D6791	Crown - full cast predominately base metal ===	430
D6792	Crown - full cast noble metal ===	430
D6794	Crown - titanium ===	430
D6930	Recement fixed partial denture	26
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	160
D6972	Prefabricated post and core in addition to fixed partial denture retainer	130
D6973	Core build up for retainer, including any pins	113
D6975	Coping#####	350



Covered Services and Copayments

CDT Codes++		Plan Schedules - Copayments
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit of fixed partial denture [bridge])#### - cont.	
D6976	Each additional cast post - same tooth	\$50
D6977	Each additional prefabricated post - same tooth	29
D6980	Fixed partial denture repair necessitated by restorative material failure#####	153
D6985	Pediatric partial denture, fixed#####	335
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 - 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
D7260	Oroantral fistula closure#####	250
D7261	Primary closure of a sinus perforation	250
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth#####	145
D7280	Surgical access of an unerupted tooth	250
D7282	Mobilization of erupted or malpositioned tooth to aid eruption#####	145
D7283	Placement of device to facilitate eruption of impacted tooth	35
D7285	Biopsy of oral tissue - hard (bone, tooth)	125
D7286	Biopsy of oral tissue - soft	85
D7287	Exfoliative cytological sample collection#####	181
D7288	Brush biopsy - transepithelial sample collection	65
D7290	Surgical repositioning of teeth#####	116
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report#####	75
D7292	Surgical placement: temporary anchorage device (screw retained plate) requiring flap#####	116
D7293	Surgical placement: temporary anchorage device requiring surgical flap#####	65
D7294	Surgical placement: temporary anchorage device without surgical flap#####	35
D7295	Harvest of bone for use in autogenous grafting procedure#####	350
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, per quadrant	92
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	65
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)#####	350
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)#####	350
D7410	Excision of benign lesion up to 1.25 cm#####	210
D7411	Excision of benign lesion greater than 1.25 cm#####	305
D7412	Excision of benign lesion, complicated#####	336
D7413	Excision of malignant lesion up to 1.25 cm#####	210
D7414	Excision of malignant lesion greater than 1.25 cm#####	305
D7415	Excision of malignant lesion, complicated#####	336
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm#####	264
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm#####	278
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
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm#####	223
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than .25cm#####	350
D7465	Destruction of lesion(s) by physical or chemical method, by report#####	105
D7471	Removal of lateral exostosis (maxilla or mandible)	215
D7472	Removal of torus palatinus	215
D7473	Removal of torus mandibularis	215
D7485	Surgical reduction of osseous tuberosity#####	334
D7490	Radical resection of maxilla or mandible#####	335



Covered Services and Copayments

CDT Codes++		Plan Schedules - Copayments
D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY – cont.	
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
D7520	Incision and drainage of abscess - extraoral soft tissue#####	53
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)#####	53
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue#####	236
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone#####	337
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body#####	350
D7610	Maxilla - open reduction (teeth immobilized, if present)#####	350
D7620	Maxilla - closed reduction (teeth immobilized, if present)#####	350
D7630	Mandible - open reduction (teeth immobilized, if present)#####	350
D7640	Mandible - closed reduction (teeth immobilized, if present)#####	350
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches#####	350
D7710	Maxilla - open reduction#####	250
D7720	Maxilla - closed reduction #####	350
D7730	Mandible - open reduction#####	350
D7740	Mandible - closed reduction #####	350
D7810	Open reduction of dislocation#####	350
D7820	Closed reduction of dislocation#####	350
D7830	Manipulation under anesthesia#####	350
D7840	Condylectomy#####	350
D7850	Surgical disectomy, with/without implant#####	19
D7854	Synovectomy#####	350
D7858	Joint reconstruction###	350
D7860	Arthrotomy#####	350
D7865	Arthroplasty#####	350
D7870	Arthrocentesis#####	350
D7871	Non-artroscopic lysis and lavage#####	350
D7872	Arthroscopy - diagnosis, with or without biopsy#####	350
D7873	Arthroscopy - surgical: lavage and lysis of adhesions#####	350
D7874	Arthroscopy - surgical: disc repositioning and stabilization#####	350
D7875	Arthroscopy - surgical: synovectomy#####	350
D7876	Arthroscopy - surgical: disectomy#####	350
D7877	Arthroscopy - surgical: debridement#####	350
D7880	Occlusal orthotic device, by report#####	350
D7910	Suture of recent small wounds up to 5 cm#####	130
D7911	Complicated suture - up to 5 cm#####	156
D7912	Complicated suture - greater than 5 cm#####	350
D7920	Skin graft (identify defect covered, location and type of graft)#####	350
D7921	Collection and application of autologous blood concentrate product#####	290
D7940	Osteoplasty - for orthognathic deformities#####	350
D7941	Osteotomy - mandibular rami#####	350
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft#####	350
D7944	Osteotomy - segmented or subapical#####	350
D7945	Osteotomy - body of mandible#####	350
D7946	LeFort I (maxilla - total)#####	350
D7947	LeFort I (maxilla - segmented)#####	350
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft#####	350
D7949	LeFort II or LeFort III - with bone graft#####	350
D7950	Osseous, oseoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report#####	350
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach#####	350
D7952	Sinus augmentation via a vertical approach#####	350
D7955	Repair of maxillofacial soft and/or hard tissue defect#####	350
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	100
D7963	Frenuloplasty	168
D7970	Excision of hyperplastic tissue per arch#####	210
D7971	Excision of pericoronal gingiva#####	119
D7980	Sialolithotomy#####	290
D7981	Excision of salivary gland, by report#####	210



Covered Services and Copayments

CDT Codes++		Plan Schedules - Copayments
D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY – cont.	
D7982	Sialodochoplasty#####	\$350
D7983	Closure of salivary fistula#####	350
D7990	Emergency tracheotomy#####	350
D7991	Coronoidectomy#####	350
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report#####	350
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar, by report#####	350
D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$25
D9120	Fixed partial denture sectioning	30
D9210	Local anesthesia not in conjunction with operative or surgical procedures#####	0
D9211	Regional block anesthesia#####	0
D9212	Trigeminal divisional block anesthesia#####	0
D9215	Local anesthesia in conjunction with operative or surgical procedures	0
D9220	Deep sedation/general anesthesia - first 30 minutes+++	195
D9221	Deep sedation/general anesthesia - each additional 15 minutes+++	75
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis#####	27
D9241	Intravenous conscious sedation/analgesia - first 30 minutes+++	195
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes+++	75
D9248	Non-intravenous conscious sedation#####+++	185
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	34
D9410	House/extended care facility call#####	350
D9420	Hospital or ambulatory surgical call center#####	350
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
D9610	Therapeutic parenteral drug, single administration#####	33
D9612	Therapeutic parental drugs, two or more administrations, different medications#####	50
D9630	Other drugs and/or medicaments, by report#####	0
D9910	Application of desensitizing medicament#####	50
D9920	Behavior management, by report#####	50
D9940	Occlusal guard, by report#####	85
D9941	Fabrication of athletic mouthguard#####	75
D9951	Occlusal adjustment - limited	23
D9952	Occlusal adjustment - complete#####	71
D9971	Odontoplasty - 1 to 2 teeth; includes removal of enamel projections	23
D9972	External bleaching - per arch - performed in office	165
D9974	Internal bleaching - per tooth#####	99
D9975	External bleaching for home application, per arch; includes material and fabrication of custom trays	99
	Broken appointment	25

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

- + The Copayments for codes D1110, D1120, D1203, D1204, 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 Copayment.
 - ++ Covered Services are subject to Plan Provisions, Exclusions and Limitations as described in Member's Plan booklet (Certificate of Coverage), (including the Quality Management retrospective review). Other codes may be used to describe Covered Services.
 - # 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.
 - = Fluoride Treatment - a total of four services in any 12-month period.
 - ## Sealants are limited to permanent teeth up to the 16th birthday.
 - ** If high noble metal is used, there will be an additional Copayment for the actual cost of the high noble metal.
 - ### The Copayment for these services is per unit.
 - #### Procedure codes D9220, D9221, D9230, D9241, D9242 and D9248 are limited to a Participating Oral Surgery Specialist. Additionally, these services are only covered in conjunction with other surgical services.
 - ##### Procedure code limited to Members under age 19.
 - ==== The Copayment limit for a Member under age 19 is \$350. There is no limit for Members age 19 and over and the Member is responsible for the Copayment listed.
 - ===== The listed Covered Services is not a pediatric essential health benefit as determined by the State of New Jersey. All Members, regardless of age, are subject to the Copayment shown.
- Plan Schedule only valid for Covered Services rendered by Participating Dentists in the State of New Jersey.

Underwritten by: First Commonwealth Insurance Company - (IL), First Commonwealth of Missouri - (MO), First Commonwealth Limited Health Services Corporation - (IN), First Commonwealth Limited Health Services Corporation of Michigan - (MI), Managed Dental Care - (CA), Managed DentalGuard, Inc. - (NJ, OH, TX), The Guardian Life Insurance Company of America - (CO, FL, NY and all PPO and Indemnity plans). All referenced companies are wholly owned subsidiaries of The Guardian Life Insurance Company of America, New York, NY.



Covered Services and Patient Charges		
CDT Codes++		Plan Schedules - Patient Charges
D8000-D8999	XI. ORTHODONTICS	
D8010	Limited orthodontic treatment of the primary dentition ** ##### ==	\$1,000
D8020	Limited orthodontic treatment of the transitional dentition ** ##### ==	1,000
D8040	Limited orthodontic treatment of the adult dentition ** ##### ==	1,450
D8050	Interceptive orthodontic treatment of the primary dentition ** ##### ==	1,450
D8060	Interceptive orthodontic treatment of the transitional dentition ** ##### ==	1,450
D8070	Comprehensive orthodontic treatment of the transitional dentition** ==	2,500
D8080	Comprehensive orthodontic treatment of the adolescent dentition** ==	Child - 2,500
D8090	Comprehensive orthodontic treatment of the adult dentition**	Adult - 2500
D8210	Removable appliance therapy #####	180
D8220	Fixed appliance therapy #####	180
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
D8691	Repair of orthodontic appliances #####	0
D8692	Replacement of lost or broken retainer #####	80
D8999	Rebonding or recementing of brackets and/or bands #####	0
	Broken appointment	\$25

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

- ** Child orthodontics is limited to Members children under age 19; adult orthodontics is limited to Members age 19 and above. 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.
- ##### Procedure code limited to Members under a
- == The Copayment limit per Member under age 19 is \$350 per calendar year.



The Policy Covers:

- 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 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 Participating Orthodontic Specialist Dentist's usual fee.

This Policy Does Not Cover:

- Any Procedure listed as an exclusion, in excess of Policy limitations, or as not covered under First Commonwealth.
- Orthodontic treatment performed by any dentist other than a Participating Orthodontic Specialty Dentist.
- 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 Specialists 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 Policy. 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)
- If a Member transfers to another Participating Orthodontic Specialist 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 Specialist Dentist and subsequent treatment.

