

Guardian DHMO plans allow you to choose to receive care from any participating dentist in the network, and pay set co-pays for your office visit and services. **Under this plan, you must be assigned to a primary care dentist of your choice from our network of contracted providers. All care must be provided or arranged by your primary care dentist.**

Covered services include:

- Diagnostic and preventive benefits such as oral examinations, x-rays, topical fluoride, and dental sealants
- Restorative services such as fillings and crowns
- Oral surgery
- Orthodontics

This plan also includes the pediatric dental Essential Health Benefit (EHB) as mandated by the Affordable Care Act (ACA), which is a comprehensive set of dental services for children under age 19.

SAMPLE COSTS

A complete list of covered procedures and copays can be found on the Schedule of Benefits. The copays are only valid for covered services provided by a network dentist. Services provided or arranged by your primary care dentist are covered without waiting periods and annual or lifetime limits.

| Procedure | Your In Network Copay | Out of Network |
|--|-----------------------|----------------|
| Diagnosis & Preventive Care *Exams, cleaning, x-rays, topical fluoride | \$0 | No Coverage |
| Restorative Services *Fillings (Amalgam-One Surface; primary or permanent) *Simple tooth extractions (Extraction, erupted tooth or exposed root removal) *Crowns (porcelain/ceramic substrate) | \$28 \$35 \$450 | No Coverage |
| Standard Orthodontic Coverage *Comprehensive Orthodontic Treatment of the Adolescent ¹ The actual copayment in schedule may be higher, but is capped by the out of pocket maximum. | \$350 ¹ | No Coverage |
| Standard Orthodontic Coverage *Comprehensive Orthodontic Treatment of the Adult | \$2,800 | No Coverage |
| Office Visit | \$15 | No Coverage |
| Out of Pocket Maximum (Individual / Family) (Applies to the pediatric essential health benefits only) | \$350/\$700 | No Coverage |

Find a dentist at: mydental.guardianlife.com

This plan may not be available in all Counties. Please visit the See Plans and Prices section at mydental.guardianlife.com to confirm availability in your area.

*Current Dental Terminology (c) 2013 American Dental Association (ADA). All rights reserved. Note: Procedures listed above are for sample purposes only and do not encompass all covered services. Actual patient charges will vary based on the procedure and are listed on the full co-payment schedule. Limitations and exclusions apply. **Please see your policy contract for details. Plan documents are the final arbiter of coverage.** Underwritten by: Managed Dental Care, a wholly owned subsidiary of The Guardian Life Insurance Co. of America.



Covered Dental Services and Copayments – U10NJI03 PLAN

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 or coordinated by the assigned PCD.

The Member must pay the listed Copayment. The benefits We provide are subject to all of the terms of this Plan, including the Limitations on Benefits for Specific Covered Services, Plan Provisions, Exclusions and Limitations, and Exclusions.

There is a limit on the total amount of Copayments 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 this Plan waives Copayments 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, this Plan waives the Copayments for such benefits for all other such Members for the rest of the calendar year. The Member will only be responsible up to the \$350.00 maximum or \$700.00 for two or more Members and MDG will be responsible for any amount above the limit.

Procedure codes for Covered Services labeled “#####” are limited to Members under age 19.

The Copayments listed 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 New Jersey except Emergency Dental Services.

| CDT Code ++ | Covered Services and Copayments U10NJI03 Plan Current Dental Terminology (CDT) © American Dental Association (ADA) | Copayment |
|----------------|---|-----------|
| D0100- | | |
| D0999 | I. DIAGNOSTIC | |
| D0120 | Periodic oral examination - established patient | \$0 |
| D0140 | Limited oral evaluation - problem focused | 0 |
| | Oral evaluation for a patient under three years of age and counseling with | |
| D0145 | primary caregiver | 0 |
| D0150 | Comprehensive oral evaluation - new or established patient | 0 |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report##### | 0 |
| | Re-evaluation - limited problem focused (established patient, not post- | |
| D0170 | 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 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 |
| D0340 | Cephalometric radiographic image##### | 0 |
| D0350 | Oral/facial photographic image obtained intraorally or extraorally##### | 0 |
| | Cone beam CT capture and interpretation for TMJ series including two or | |
| D0368 | more exposures##### | 0 |
| D0369 | Maxillofacial MRI capture and interpretation##### | 0 |
| D0370 | Maxillofacial ultrasound capture and interpretation##### | 0 |
| | Cone beam CT image capture with limited field of view - less than one | |
| D0380 | whole jaw##### | 0 |
| D0381 | Cone beam CT image capture with field of view of one full dental arch - | 0 |

| | | |
|---------------|---|-----|
| | mandible#### | |
| 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 |
| 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 more 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 |
| 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 | Recement inlay, onlay, or partial coverage restoration | 18 |
| D2915 | Recement cast or prefabricated post and core | 18 |
| D2920 | Recement 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 |
| | Additional procedures to construct new crown under existing partial denture framework | 125 |
| D2971 | framework | 125 |
| D2975 | Coping#### | 312 |
| D2980 | Crown repair necessitated by restorative material failure#### | 144 |
| D2990 | Resin infiltration of incipient smooth surface lesions | 5 |

D3000- IV. ENDODONTICS

| | | |
|---------------|--|-----|
| D3999 | | |
| D3110 | Pulp cap - direct (excluding final restoration) | 15 |
| D3120 | Pulp cap - indirect (excluding final restoration) | 15 |
| | Therapeutic pulpotomy (excluding final restoration) - removal of pulp | |
| D3220 | coronal to the dentinocemental junction and application of medicament | 50 |
| D3221 | Pulpal debridement, primary and permanent teeth | 50 |
| | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root | |
| D3222 | development | 50 |
| | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final | |
| D3230 | restoration) | 88 |
| | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final | |
| D3240 | 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 |
| | Apexification/recalcification - initial visit (apical closure/calcific repair of | |
| D3351 | perforations, root resorption, pulp space disinfection, etc.) ##### | 78 |
| D3352 | Apexification/recalcification - interim medication replacement##### | 52 |
| | Apexification/recalcification - final visit (includes completed root canal | |
| | therapy - apical closure/calcific repair of perforations, root resorption, etc.) | |
| D3353 | ##### | 182 |
| | Pulpal regeneration - (completion of regenerative treatment in an immature | |
| | permanent tooth with a necrotic pulp); does not include final | |
| D3354 | restoration##### | 52 |
| D3410 | Apicoectomy - anterior | 265 |
| D3421 | Apicoectomy - bicuspid (first root) | 300 |
| D3425 | Apicoectomy - molar (first root) | 350 |
| D3426 | Apicoectomy - (each additional root) | 110 |
| D3430 | Retrograde filling - per root | 90 |
| D3450 | Root amputation - per root##### | 309 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam##### | 121 |
| | Hemisection (including any root removal), not including root canal | |
| D3920 | therapy##### | 263 |
| D3950 | Canal preparation and fitting of preformed dowel or post | 20 |
| D4000- | | |
| D4999 | V. PERIODONTICS | |
| | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth | |
| D4210 | bounded spaces per quadrant | 188 |
| | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth | |
| D4211 | bounded spaces per quadrant | 85 |
| | Gingivectomy or gingivoplasty to allow access for restorative procedure, per | |
| D4212 | tooth | 60 |
| | Gingival flap procedure, including root planing - four or more contiguous | |
| D4240 | teeth or tooth bounded spaces per quadrant | 275 |
| | Gingival flap procedure, including root planing - one to three contiguous | |
| D4241 | teeth or tooth bounded spaces per quadrant | 165 |
| D4245 | Apically positioned flap##### | 350 |
| D4249 | Clinical crown lengthening - hard tissue | 285 |
| | Osseous surgery (including flap entry and closure) - four or more | |
| D4260 | contiguous teeth or tooth bounded spaces per quadrant === | 410 |
| | Osseous surgery (including flap entry and closure) - one to three | |
| D4261 | 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 |

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|---------------|---|-----|
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration#### | 321 |
| D4266 | Guided tissue regeneration - resorbable barrier, per site#### | 304 |
| | Guided tissue regeneration - non-resorbable barrier, per site (includes | |
| D4267 | 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 |
| | Distal or proximal wedge procedure (when not performed in conjunction | |
| D4274 | 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 |
| | Free soft tissue graft procedure (including donor site surgery) first tooth or | |
| D4277 | edentulous tooth position in a graft | 298 |
| | Free soft tissue graft procedure (including donor site surgery) each | |
| D4278 | 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 planning, four or more teeth per quadrant | 50 |
| D4342 | Periodontal scaling and root planning, one to three teeth per quadrant | 30 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | 35 |
| | Localized delivery of antimicrobial agents via a controlled release vehicle into | |
| D4381 | diseased crevicular tissue, per tooth#### | 65 |
| | Periodontal maintenance, for the first two services in any 12-month | |
| D4910 | period+# | 32 |
| D4920 | Unscheduled dressing change (by someone other than treating dentist) | 25 |
| | Periodontal maintenance, each additional service in same 12-month | |
| D4999 | 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 |
| | Maxillary partial denture - resin base (including any conventional clasps, | |
| D5211 | rests and teeth) === | 580 |
| | Mandibular partial denture - resin base (including any conventional clasps, | |
| D5212 | rests and teeth) === | 580 |
| | Maxillary partial denture - cast metal framework with resin denture bases | |
| D5213 | (including any conventional clasps, rests and teeth) === | 620 |
| | Mandibular partial denture - cast metal framework with resin denture bases | |
| D5214 | (including any conventional clasps, rests and teeth) === | 620 |
| | Maxillary partial denture - flexible base (including any clasps, rests and | |
| D5225 | teeth) === | 675 |
| | Mandibular partial denture - flexible base (including any clasps, rests and | |
| D5226 | teeth) === | 675 |
| | Removable unilateral partial denture - one piece cast metal (including clasps and | |
| D5281 | 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 |
| 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 |

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|---------------|---|-----|
| 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 life 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 |
| D5992 | Adjust maxillofacial prosthetic appliance, by report#### | 87 |
| | Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) | |
| D5993 | other than required adjustments, by report#### | 55 |
| D6000- | | |
| D6199 | VIII. IMPLANT SERVICES | |
| D6010 | Surgical placement of implant body: endosteal implant#### | 350 |
| | Surgical placement of interim implant body for transitional prosthesis: | |
| D6012 | endosteal implant#### | 350 |
| D6058 | Abutment supported porcelain/ceramic crown#### | 350 |

| | | |
|---------------|--|-----|
| | Abutment supported porcelain fused to metal crown (high noble metal) ##### | 350 |
| D6059 | Abutment supported porcelain fused to metal crown (predominantly base metal) ##### | 350 |
| D6060 | Abutment supported porcelain fused to metal crown (noble metal) ##### | 350 |
| D6061 | Abutment supported cast metal crown (high noble metal) ##### | 350 |
| D6062 | Abutment supported cast metal crown (predominantly base metal) ##### | 350 |
| D6063 | Abutment supported cast metal crown (noble metal) ##### | 350 |
| D6064 | Implant supported porcelain/ceramic crown ##### | 350 |
| D6065 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) ##### | 350 |
| D6066 | Implant supported metal crown (titanium, titanium alloy, high noble metal) ##### | 350 |
| D6067 | Abutment supported crown (titanium) ##### | 350 |
| D6094 | | |
| D6200- | IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit of fixed partial denture [bridge])### | |
| D6999 | | |
| 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 |
| | Post and core in addition to fixed partial denture retainer, indirectly fabricated | 160 |
| D6970 | | |
| 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 |

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|-------------------------|--|-----|
| 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 epithellalization) #### | 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 | 200 |

| | | |
|-------|--|-----|
| | 1.25cm | |
| 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 1.25cm#### | 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 |
| 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 discectomy, with/without implant#### | 19 |
| D7854 | Synovectomy#### | 350 |
| D7858 | Joint reconstruction#### | 350 |
| D7860 | Arthrotomy#### | 350 |
| D7865 | Arthroplasty#### | 350 |
| D7870 | Arthrocentesis#### | 350 |
| D7871 | Non-arthroscopic 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: discectomy#### | 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 |

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| D7944 | Osteotomy - segmented or subapical#### | 350 |
| D7945 | Osteotomy - body of mandible#### | 350 |
| D7946 | LeFort I (maxilla - total) #### | 350 |
| D7947 | LeFort I (maxilla - segmented) #### | 350 |
| | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft#### | 350 |
| D7948 | | |
| D7949 | LeFort II or LeFort III - with bone graft#### | 350 |
| | Osseous, oseoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report#### | 350 |
| D7950 | Sinus augmentation with bone or bone substitutes via a lateral open approach#### | 350 |
| D7951 | | 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 |
| D7982 | Sialodochoplasty#### | 350 |
| D7983 | Closure of salivary fistula#### | 350 |
| D7990 | Emergency tracheotomy#### | 350 |
| D7991 | Coronoidectomy#### | 350 |
| | Implant - mandible for augmentation purposes (excluding alveolar ridge), by report#### | 350 |
| D7996 | Appliance removal (not by dentist who placed appliance), includes removal of archbar, by report#### | 350 |
| D7997 | | 350 |

D9000-

D9999

XII. ADJUNCTIVE GENERAL SERVICES

| | | |
|-------|---|------|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | \$25 |
| D9120 | Fixed partial denture sectioning | \$30 |
| | Local anesthesia not in conjunction with operative or surgical procedures#### | \$0 |
| D9210 | | \$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 |
| | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 34 |
| D9310 | | 34 |
| D9410 | House/extended care facility call#### | 350 |
| D9420 | Hospital or ambulatory surgical call center#### | 350 |
| | Office visit for observation (during regularly scheduled hours) - no other services performed | 10 |
| D9430 | | 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 |
| | Therapeutic parenteral drugs, two or more administrations, different medications#### | 50 |
| D9612 | | 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 |
| | External bleaching for home application, per arch; includes material and | |
| D9975 | 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 Individual Dental Benefits Plan Evidence 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. Members age 19 and over are subject to the Copayment shown.

==== The listed Covered Service is not a pediatric essential health benefit as determined by the State New Jersey. All Members, regardless of age, are subject to the Copayment shown.

Plan Schedule U10NJI03 is only valid for Covered Services rendered by Participating Dentists in the State of New Jersey.

**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 |

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| 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: \$2,800 |
| D8210 | Removable appliance therapy#### | \$180 |
| D8220 | Fixed appliance therapy#### | \$180 |
| | Pre-orthodontic treatment visit (includes treatment plan, records, evaluation and consultation) | \$250 |
| D8660 | Periodic orthodontic treatment visit | \$0 |
| D8670 | Orthodontic retention (removal of appliances, construction and placement of removable retainers) == | \$400 |
| D8680 | Repair of orthodontic appliances#### | \$0 |
| D8691 | Replacement of lost or broken retainer#### | \$80 |
| D8692 | Rebonding or recementing of brackets and/or bands#### | \$0 |
| D8999 | Broken appointment | \$25 |

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

Child orthodontics is limited to Members 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 Individual Dental Benefits Plan Evidence of Coverage.

++

Procedure code limited to Members under age 19.

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The Copayment limit per Member under age 19 is \$350 per calendar year when services are medically necessary as defined by Your state's benchmark. Members age 19 and over are subject to the Copayment shown.

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The Plan Covers:

Orthodontic services as listed under Covered Dental Services and Copayments, 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 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 Plan Does Not Cover:

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.

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 Orthodontic Specialist 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 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.