HMO Dental Plan

Managed Dental Care

RATES

	Employee	Employee & Spouse	Employee & Child(ren)	Full Family	Monthly Premiums	Annual Premium
Monthly Rate	$9.72	$19.44	$22.32	$32.07	$80.64	$967.68
Census	4	1	1	0		
Rate Guarantee	1 Year					

BENEFITS

	All Eligible Employees
Contribution/Participation	Contributory
Dependent Age Limits	To Age 26
Office Visit Copay	$5
Annual Maximum	Unlimited
Claim Payment Basis	Member responsible for Patient Charge
Plan Name & Type	Managed Dental Care (U40 - available in CA, CO, FL, IL, IN, MI, MO, NY, NJ, OH, TX)
Network	Managed Dental Care (CA)

SERVICES & PATIENT CHARGES

Services	Patient Charges	
Oral Exams	$0	
Cleanings	$0	
X-Rays	$0	Full Mouth
Fillings	$8	One Surface Amalgam
Fluoride Treatment	$0	
Sealants	$10	Per Tooth
Space Maintainers/Harmful Habits	$110	Fixed Bilateral Space Maintainer (Harmful Habit Appliances Not Covered)
Oral Cancer Screenings	$50	Age 40 or older, once/24 months
Endodontic (Root Canal)	$95	Anterior
	$170	Molar
Perio Maintenance Procedure	$30	
Periodontal (Scaling & Root Planing)	$30	Per Quadrant
Perio Surgery	$255	
Repair & Maintenance of Crowns, Bridges & Dentures	$65	Denture Reline Chairside
	$120	Denture Reline Laboratory
General Anesthesia	Covered with surgical procedure	
Inlays, Onlays & Veneers	$230 $240 $235	2 Surface Inlay 3 Surface Onlay Veneer
Simple Extractions	$10	Per Tooth
Complex Extractions	$50	Soft Tissue Impacted
	$80	Full Bony Impacted
Bridges & Dentures	$345	Complete Denture
	$355	Partial Denture
Single Crowns	$250	Porcelain with Metal
	$250	Cast Metal

(continued)

Managed Dental Care

SERVICES & PATIENT CHARGES (continued)

Services	Patient Charges	
Orthodontia (Orthodontia in Progress - Covered)	$1,500	Comprehensive ortho for dep child to age 19
	$2,800	Comprehensive ortho for other members
Bleaching	$165	Per Arch

PLAN HIGHLIGHTS

Managed Dental Care

The Managed Dental Care plan combines broad dental coverage with a number of cost-saving features.

- No annual maximums
- No deductibles
- No claim forms
- Specialty services available by referral only
- Full disclosure of out-of-pocket costs
- No exclusions for pre-existing conditions
- No participation requirements
- No employer contribution required

International Dental Travel Assistance

- While traveling internationally, Guardian members can get a referral to a local dentist for immediate dental care through the International Dental Travel Assistance Program. This service is available 24/7, in over 200 countries. Coverage will be considered under the out-of-network benefits.
- International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with (The) Guardian Life Insurance (Company of America) ("Guardian"), and the services they provide are separate and apart from the benefits provided by Guardian.

Managed Dental Care (U40) Member Office Visit Patient Charge / Copayment Elimination Feature

- Once a member has had a Managed Dental Care plan for 3 complete years, Guardian will pay the office visit co-pays. This will happen automatically beginning with the policy anniversary.

College Tuition Benefit

- Annual enrollment in this plan earns you 2,000 Tuition Rewards (1 Reward = $1 in tuition reduction at a network of Private Colleges and Universities.) These rewards are yours for your lifetime and can be given to Children, Grandchildren, Nieces, Nephews and Godchildren. Visit www.Guardian.CollegeTuitionBenefit.com to learn more!

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.

- Two eligible employees must enroll or quote is not valid.
- If your plan includes Section 125/Flex Plan, open enrollment must be held the month prior to the renewal/anniversary date.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

- In order to be eligible for coverage: Employees must be legally working (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
- The list of dental services shown is not exhaustive.
- This coverage will not be effective until approved by a Guardian underwriter. Please refer to certificate of coverage for full plan description.

Managed Dental Care Plans

- Except for limited emergency services, benefits will be provided for services provided by the primary care dentist selected by the member. The member must pay the primary care dentist a patient charge/copayment for most covered services. No benefits will be paid for treatment by a specialist unless the patient is referred by his or her primary care dentist and the referral is approved by the plan.
- This plan provides managed care dental benefits through a network of participating general dentists and specialty care dentists.
- Only those services listed in the plan's schedule of benefits are covered.
- Certain services are subject to frequency or other periodic limitations.
- Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per member.
- Unless specifically included, the Managed Dental Care plan does not provide orthodontic benefits if comprehensive orthodontic treatment or retention is in progress as of the member's effective date under the Managed Dental Care plan.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The applicable Managed Dental Care documents are the final arbiter of coverage.
- GP-1-MDC-CA-1-08, et al.

(continued)

Managed Dental Care

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS (continued)

- All products, unless otherwise noted, are underwritten by The Guardian Life Insurance Company of America ('Guardian') or one of the following wholly-owned Guardian Subsidiaries: Managed Dental Care (CA); First Commonwealth Insurance Company (IL); First Commonwealth Limited Health Services Corporation (IN); First Commonwealth Limited Health Services Corporation of Michigan (MI); First Commonwealth of Missouri, Inc. (MO) and Managed DentalGuard, Inc. (NJ, OH and TX). Any reference to a specific product type, including but not limited to 'DHMO' or 'Prepaid' is not intended to refer to a specific state license designation, but rather is merely intended to refer to a general product design. Such DHMO, or prepaid products, are licensed in the applicable jurisdiction. In addition, certain products are underwritten by Dominion Dental Services, Inc. (DC, DE, MD, PA and VA) and LIBERTY Dental Plan of Nevada, Inc. (NV). Please see the applicable policy forms for details. In the event of conflict between this proposal and the policy forms, the policy forms shall control.

CDT Codes ++	Covered Dental Services	Patient Charges
D0999	Office visit during regular hours, general dentist only *	$5
	Evaluations	
D0120	Periodic oral examination – 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
	Radiographs/Diagnostic Imaging (Including Interpretation)	
D0210	Intraoral – complete series (including bitewings)	0
D0220	Intraoral – periapical first film	0
D0230	Intraoral – periapical each additional film	0
D0240	Intraoral – occlusal film	0
D0270	Bitewing – single film	0
D0272	Bitewings – two films	0
D0273	Bitewings – three films	0
D0274	Bitewings – four films	0
D0277	Vertical bitewings – 7 to 8 films	0
D0330	Panoramic film	0
	Tests and Examinations	
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
	Dental Prophylaxis	
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
	Topical Fluoride Treatment (Office Procedure)	
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 fluoride varnish; therapeutic application for moderate to high caries risk patients, for the first two services in any 12-month period + =	12
D2999	Topical fluoride (adult or child), each additional service in the same 12-month period + =	20
	Other Preventive Services	
D1310	Nutritional counseling for control of dental disease	0
D1330	Oral hygiene instructions	0
D1351	Sealant – per tooth (molars) ^	10
D9999	Sealant – per tooth (non-molars) ^	35
	Space Maintenance (Passive Appliances)	
D1510	Space maintainer – fixed - unilateral	65
D1515	Space maintainer – fixed - bilateral	110
D1525	Space maintainer – removable - bilateral	110
D1550	Re-cementation of space maintainer	15
D1555	Removal of fixed space maintainer	20
	Amalgam Restorations (Including Polishing)	
D2140	Amalgam – one surface, primary or permanent	8
D2150	Amalgam – two surfaces, primary or permanent	12
D2160	Amalgam – three surfaces, primary or permanent	14
D2161	Amalgam – four or more surfaces, primary or permanent	17
	Resin-Based Composite Restorations - Direct	
D2330	Resin-based composite – one surface, anterior	20
D2331	Resin-based composite – two surfaces, anterior	25
D2332	Resin-based composite – three surfaces, anterior	30
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	45
D2390	Resin-based composite crown, anterior	50
D2391	Resin-based composite – one surface, posterior	35
D2392	Resin-based composite – two surfaces, posterior	40
D2393	Resin-based composite – three surfaces, posterior	45
D2394	Resin-based composite – four or more surfaces, posterior	50
	Inlay/Onlay Restorations ^^	
D2510	Inlay – metallic – one surface **	180
D2520	Inlay – metallic – two surfaces **	230
D2530	Inlay – metallic – three or more surfaces **	235
D2542	Onlay – metallic – two surfaces **	235
D2543	Onlay – metallic – three surfaces **	240
D2544	Onlay – metallic – four or more surfaces **	245
D2610	Inlay – porcelain/ceramic – one surface	180
D2620	Inlay – porcelain/ceramic – two surfaces	230
D2630	Inlay – porcelain/ceramic – three or more surfaces	235
D2642	Onlay – porcelain/ceramic – two surfaces	235
D2643	Onlay – porcelain/ceramic – three surfaces	240
D2644	Onlay – porcelain/ceramic – four or more surfaces	245

CDT Codes ++	Covered Dental Services	Patient Charges
	Crowns – Single Restorations Only ^^	
D2740	Crown – porcelain/ceramic substrate	$270
D2750	Crown – porcelain fused to high noble metal **	250
D2751	Crown – porcelain fused to predominantly base metal	250
D2752	Crown – porcelain fused to noble metal	250
D2780	Crown – ¾ cast high noble metal **	240
D2781	Crown – ¾ cast predominantly base metal	240
D2782	Crown – ¾ cast noble metal	240
D2783	Crown – ¾ porcelain/ceramic	240
D2790	Crown – full cast high noble metal **	250
D2791	Crown – full cast predominantly base metal	250
D2792	Crown – full cast noble metal	250
D2794	Crown – titanium	250
	Other Restorative Services	
D2910	Recement inlay, onlay, or partial coverage restoration	20
D2915	Recement cast or prefabricated post and core	20
D2920	Recement crown	20
D2930	Prefabricated stainless steel crown – primary tooth	60
D2931	Prefabricated stainless steel crown – permanent tooth	60
D2932	Prefabricated resin crown	90
D2933	Prefabricated stainless steel crown with resin window	90
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	100
D2940	Sedative filling	15
D2950	Core buildup, including any pins	50
D2951	Pin retention – per tooth, in addition to restoration	15
D2952	Post and core in addition to crown, indirectly fabricated	95
D2953	Each additional indirectly fabricated post – same tooth	29
D2954	Prefabricated post and core in addition to crown	85
D2957	Each additional prefabricated post – same tooth	19
D2960	Labial veneer (resin laminate) – chairside	235
D2970	Temporary crown (fractured tooth)	75
D2971	Additional procedures to construct new crown under existing partial denture framework	125
	Pulp Capping	
D3110	Pulp cap – direct (excluding final restoration)	10
D3120	Pulp cap – indirect (excluding final restoration)	10
	Pulpotomy	
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	30
D3221	Pulpal debridement, primary and permanent teeth	30
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	30
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	37
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	40
	Endodontic Therapy (Including Treatment Plan, Clinical Procedures And Follow-up Care)	
D3310	Root canal, anterior (excluding final restoration)	95
D3320	Root canal, bicuspid (excluding final restoration)	160
D3330	Root canal, molar (excluding final restoration)	170
D3331	Treatment of root canal obstruction; non-surgical access	0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	95
D3333	Internal root repair of perforation defects	80
	Endodontic Retreatment	
D3346	Retreatment of previous root canal therapy – anterior	310
D3347	Retreatment of previous root canal therapy – bicuspid	370
D3348	Retreatment of previous root canal therapy – molar	445
	Apicoectomy/Periradicular Services	
D3410	Apicoectomy/periradicular surgery – anterior	135
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	145
D3425	Apicoectomy/periradicular surgery – molar (first root)	155
D3426	Apicoectomy/periradicular surgery (each additional root)	80
D3430	Retrograde filling – per root	35
D3950	Canal preparation and fitting of preformed dowel or post	20
	Surgical Services (Including Usual Postoperative Care)	
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	80
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	45
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	190
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	114
D4249	Clinical crown lengthening – hard tissue	170
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	255
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	155
D4268	Surgical revision procedure, per tooth	0
D4270	Pedicle soft tissue graft procedure	185
D4271	Free soft tissue graft procedure (including donor site surgery)	205
D4273	Subepithelial connective tissue graft procedures, per tooth	225

CDT Codes ++	Covered Dental Services	Patient Charges
	Non-Surgical Periodontal Service	
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	$30
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	18
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	35
	Other Periodontal Services	
D4910	Periodontal maintenance, for the first two services in any 12-month period + #	30
D4920	Unscheduled dressing change (by someone other than treating dentist)	25
D4999	Periodontal maintenance, each additional service in same 12-month period + #	60
	Complete Dentures (Including Routine Post-Delivery Care)	
D5110	Complete denture – maxillary	345
D5120	Complete denture – mandibular	345
D5130	Immediate denture – maxillary	345
D5140	Immediate denture – mandibular	345
	Partial Dentures (Including Routine Post-Delivery Care)	
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	310
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	310
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	355
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	355
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	430
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	430
	Adjustments to Dentures	
D5410	Adjust complete denture – maxillary	20
D5411	Adjust complete denture – mandibular	20
D5421	Adjust partial denture – maxillary	20
D5422	Adjust partial denture – mandibular	20
	Repairs To Complete Dentures	
D5510	Repair broken complete denture base	45
D5520	Replace missing or broken teeth – complete denture (each tooth)	35
	Repairs To Partial Dentures	
D5610	Repair resin denture base	45
D5620	Repair cast framework	80
D5630	Repair or replace broken clasp	60
D5640	Replace broken teeth – per tooth	35
D5650	Add tooth to existing partial denture	45
D5660	Add clasp to existing partial denture	45
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	160
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	160
	Denture Rebase Procedures	
D5710	Rebase complete maxillary denture	125
D5711	Rebase complete mandibular denture	125
D5720	Rebase maxillary partial denture	125
D5721	Rebase mandibular partial denture	125
	Denture Reline Procedures	
D5730	Reline complete maxillary denture (chairside)	65
D5731	Reline complete mandibular denture (chairside)	65
D5740	Reline maxillary partial denture (chairside)	65
D5741	Reline mandibular partial denture (chairside)	65
D5750	Reline complete maxillary denture (laboratory)	120
D5751	Reline complete mandibular denture (laboratory)	120
D5760	Reline maxillary partial denture (laboratory)	120
D5761	Reline mandibular partial denture (laboratory)	120
	Interim Prosthesis	
D5820	Interim partial denture (maxillary)	95
D5821	Interim partial denture (mandibular)	95
	Other Removable Prosthetic Services	
D5850	Tissue conditioning, maxillary	30
D5851	Tissue conditioning, mandibular	30
	Fixed Partial Denture Pontics ^^	
D6210	Pontic – cast high noble metal **	230
D6211	Pontic – cast predominantly base metal	230
D6212	Pontic – cast noble metal	230
D6214	Pontic – titanium	230
D6240	Pontic – porcelain fused to high noble metal **	230
D6241	Pontic – porcelain fused to predominantly base metal	230
D6242	Pontic – porcelain fused to noble metal	230
D6245	Pontic – porcelain/ceramic	240
	Fixed Partial Denture Retainers – Inlays/Onlays ^^	
D6600	Inlay – porcelain/ceramic – two surfaces	230
D6601	Inlay – porcelain/ceramic – three or more surfaces	235
D6602	Inlay – cast high noble metal, two surfaces **	230
D6603	Inlay – cast high noble metal, three or more surfaces **	235
D6604	Inlay – cast predominantly base metal, two surfaces	230

CDT Codes ++	Covered Dental Services	Patient Charges
	Fixed Partial Denture Retainers – Inlays/Onlays ^^ (continued)	
D6605	Inlay – cast predominantly base metal, three or more surfaces	$235
D6606	Inlay – cast noble metal, two surfaces	230
D6607	Inlay – cast noble metal, three or more surfaces	235
D6608	Onlay – porcelain/ceramic, two surfaces	235
D6609	Onlay – porcelain/ceramic, three or more surfaces	240
D6610	Onlay – cast high noble metal, two surfaces **	235
D6611	Onlay – cast high noble metal, three or more surfaces **	240
D6612	Onlay – cast predominantly base metal, two surfaces	235
D6613	Onlay – cast predominantly base metal, three or more surfaces	240
D6614	Onlay – cast noble metal, two surfaces	235
D6615	Onlay – cast noble metal, three or more surfaces	240
D6624	Inlay – titanium	230
D6634	Onlay – titanium	235
	Fixed Partial Denture Retainers – Crowns ^^	
D6740	Crown – porcelain/ceramic	270
D6750	Crown – porcelain fused to high noble metal **	250
D6751	Crown – porcelain fused to predominantly base metal	250
D6752	Crown – porcelain fused to noble metal	250
D6780	Crown – ¾ cast high noble metal **	240
D6781	Crown – ¾ cast predominantly base metal	240
D6782	Crown – ¾ cast noble metal	240
D6783	Crown – ¾ porcelain/ceramic	240
D6790	Crown – full cast high noble metal **	250
D6791	Crown – full cast predominantly base metal	250
D6792	Crown – full cast noble metal	250
D6794	Crown – titanium	250
	Other Fixed Partial Denture Services	
D6930	Recement fixed partial denture	15
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	95
D6972	Prefabricated post and core in addition to fixed partial denture retainer	85
D6973	Core build up for retainer, including any pins	55
D6976	Each additional cast post – same tooth	29
D6977	Each additional prefabricated post – same tooth	19
D6999	Multiple crown and bridge unit treatment plan – per unit, six or more units per treatment plan ^^	125
	Extractions	
D7111	Extraction, coronal remnants – deciduous tooth	10
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	10
	Surgical Extractions (Includes Local Anesthesia, Suturing, If Needed, And Routine Postoperative Care)	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	30
D7220	Removal of impacted tooth – soft tissue	50
D7230	Removal of impacted tooth – partially bony	70
D7240	Removal of impacted tooth – completely bony	80
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	90
D7250	Surgical removal of residual tooth roots (cutting procedure)	35
D7261	Primary closure of a sinus perforation	250
	Other Surgical Procedures	
D7280	Surgical access of an unerupted tooth	130
D7283	Placement of device to facilitate eruption of impacted tooth	40
D7285	Biopsy of oral tissue – hard (bone, tooth)	70
D7286	Biopsy of oral tissue – soft	65
D7288	Brush biopsy – transepithelial sample collection	65
	Alveoloplasty – Surgical Preparation Of Ridge For Dentures	
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	50
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	25
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	70
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	49
	Surgical Excision Of Intra-Osseous Lesions	
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	85
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	160
	Excision Of Bone Tissue	
D7471	Removal of lateral exostosis (maxilla or mandible)	125
D7472	Removal of torus palatinus	125
D7473	Removal of torus mandibularis	125
	Surgical Incision	
D7510	Incision and drainage of abscess – intraoral soft tissue	40
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	44
	Other Repair Procedures	
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	95
D7963	Frenuloplasty	152

CDT Codes ++	Covered Dental Services	Patient Charges
	Unclassified Treatment	
D9110	Palliative (emergency) treatment of dental pain – minor procedure	$15
D9120	Fixed partial denture sectioning	10
D9215	Local anesthesia	0
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
	Professional Consultation	
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	30
	Professional Visits	
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	0
D9440	Office visit – after regularly scheduled hours	50
D9450	Case presentation, detailed and extensive treatment planning	0
	Miscellaneous Services	
D9951	Occlusal adjustment – limited	20
D9971	Odontoplasty – one to two teeth	20
D9972	External bleaching – per arch	165
	Broken appointment	25

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

+ The Patient Charges for codes D1110, D1120, D1203, D1204, D1206 and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999 and D4999 for the applicable Patient Charge.

++ Covered Services are subject to exclusions, limitations and Plan provisions as described in Member's Plan booklet and the Manual (including the Quality Management retrospective review). Other codes may be used to describe Covered Services.

***** The Member will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the ID Card and Eligibility Report is an "M". The Plan will be responsible for the Office Visit Fee when the Plan Schedule suffix listed on the ID Card and Eligibility Report is a "G". The ID Card and Eligibility Report will indicate if the Office Visit Fee is $5 or $10.

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 Patient Charge for the actual cost of the high noble metal.

^^ The Patient Charge for these services is per unit.

+++ Procedure codes D9220, D9221, D9241 and D9242 are limited to a participating oral surgery Specialist. Additionally, these services are only covered in conjunction with other covered surgical services.

Underwritten by: (IL) - First Commonwealth Insurance Company, (MO) - First Commonwealth of Missouri, (IN) - First Commonwealth Limited Health Services Corporation, (MI) - First Commonwealth Inc., (CA) - Managed Dental Care, (TX) - Managed DentalGuard, Inc. (DHMO), (NJ) - Managed DentalGuard, Inc., (FL, NY) - The Guardian Life Insurance Company of America. All First Commonwealth, Managed DentalGuard, Inc., and Managed Dental Care entities referenced are wholly-owned subsidiaries of The Guardian Life Insurance Company of America. Limitations and exclusions apply. Plan documents are the final arbiter of coverage.

The Guardian Life Insurance Company of America, New York, NY 10004 2008-6567

MANAGED DENTALGUARD ORTHODONTIC BENEFITS

Managed DentalGuard Orthodontic Plan Schedule – Option W

CDT* Codes	Covered Services and Patient Charges	Patient Charges	Orthodontics In Progress
	Orthodontics		
D8070	Comprehensive orthodontic treatment of the transitional dentition **		
D8080	Comprehensive orthodontic treatment of the adolescent dentition **		
D8090	Comprehensive orthodontic treatment of the adult dentition **	Child: $1500 Adult: 2800	*** ***
D8660	Pre-orthodontic treatment visit (includes treatment plan, records, evaluation and consultation)	250	***
D8670	Periodic orthodontic treatment visit	0	***
D8680	Orthodontic retention	400	***
	Broken appointment	25	***

* *Current Dental Terminology (CDT)* © American Dental Association (ADA) v.08192

** Child orthodontics is limited to dependent children under age 19; adult orthodontics is limited to dependent children age 19 and above and employee or spouse. A Member's age is determined on the date of banding.

*** Treatment in progress: Orthodontic Treatment – Comprehensive orthodontic treatment is started when the teeth are banded. Orthodontic treatment procedures which are listed on the Plan Schedule and were started but not completed prior to the Member's eligibility to receive benefits under this plan may be covered if the Member identifies a Participating Orthodontic Specialty Care Dentist who is willing to complete the treatment at a patient charge equal to 85% of the Participating Orthodontic Specialty Care Dentist's usual fee. In this situation retention services would also be at 85% of the Participating Orthodontic Specialty Care Dentist's usual fee. When comprehensive orthodontic treatment is started prior to the Member's eligibility to receive benefits under this plan, the Patient Charge for orthodontic retention is equal to 85% of the Participating Orthodontic Specialty Care Dentist's usual fee. Also refer to the Orthodontic Takeover Treatment-in-Progress section.

++ Covered Services are subject to exclusions, limitations and Plan provisions as described in Member's Plan Booklet and the Manual.

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

Underwritten by: (IL) - First Commonwealth Insurance Company, (MO) - First Commonwealth of Missouri, (IN) - First Commonwealth Limited Health Services Corporation, (MI) - First Commonwealth Inc., (CA) - Managed Dental Care, (TX) - Managed DentalGuard, Inc. (DHMO), (NJ) - Managed DentalGuard, Inc., (FL, NY) - The Guardian Life Insurance Company of America. All First Commonwealth, Managed DentalGuard, Inc., and Managed Dental Care entities referenced are wholly-owned subsidiaries of The Guardian Life Insurance Company of America.