

Covered Dental Services And Patient Charges - Schedule 3NYM

The services covered by this *plan* are named in this list. If a procedure is not on this list, it is not covered. All services must be provided by the *member's PCD*.

The *member* must pay the listed *patient charge*. Guardian covers the rest of the *participating dentist's* charge for the service. The benefits we provide are subject to all of the terms of this *plan*, including the Limitations on Benefits for Specific Covered Services, Additional Conditions on Covered Services, and Exclusions.

These *patient charges* are only valid for covered services rendered by *participating dentists* in the State of New York.

MDG Codes+	Description of Service	Patient Charge
Appointments and Diagnostic Services		
	0101 Office Visit - during regular hours - participating general dentist only . .	\$5.00
	0102 Broken Appointment (without 24 hours notice)	\$20.00
0120, 0140,	0150 Oral evaluation	No Charge
	0460 Pulp vitality tests	No Charge
	0470 Diagnostic casts	No Charge
	9310 Consultation (by dentist other than practitioner providing treatment)	\$30.00
	9430 Office visit for observation - regular hours - no other service performed	No Charge
	9440 Emergency office visit - after regularly scheduled office hours	\$20.00
Radiographs		
	0210 Intraoral - complete series (including bitewings)	No Charge
0220, 0230,	0240 Intraoral - periapical or occlusal - single film	No Charge
0270, 0272,	0274 Bitewings	No Charge
	0330 Panoramic film	No Charge
Preventive Services & Space Maintenance		
1110, 1120	Prophylaxis	No Charge
1201, 1203	Topical application of fluoride (may include prophylaxis) - child . .	No Charge
	1310 Nutritional instruction for control of dental diseases	No Charge
	1330 Oral hygiene instruction	No Charge
	1351 Sealant - per tooth	\$8.00
	1510 Space maintainer - fixed - unilateral	\$54.00
	1515 Space maintainer - fixed - bilateral	\$72.00
	1550 Recementation of space maintainer	\$12.00
Restorative		
	2110 Amalgam - one surface - primary	\$15.00
	2120 Amalgam - two surfaces - primary	\$19.00
	2130 Amalgam - three surfaces - primary	\$23.00
	2131 Amalgam - four or more surfaces - primary	\$28.00
	2140 Amalgam - one surface - permanent	\$17.00
	2150 Amalgam - two surfaces - permanent	\$22.00

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2160	Amalgam - three surfaces - permanent	\$26.00
2161	Amalgam - four or more surfaces - permanent	\$32.00
2210	Silicate cement - per restoration	\$15.00
2330	Resin/composite - one surface, anterior	\$20.00
2331	Resin/composite - two surfaces, anterior	\$26.00
2332	Resin/composite - three surfaces, anterior	\$32.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$38.00
2336	Composite resin crown, anterior - primary	\$95.00
2380	Resin/composite - one surface, posterior - primary	\$55.00
2381	Resin/composite - two surfaces, posterior - primary	\$65.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$80.00
2385	Resin/composite - one surface, posterior - permanent	\$56.00
2386	Resin/composite - two surfaces, posterior - permanent	\$75.00
2387	Resin/composite - three or more surfaces, posterior - permanent	\$95.00

+ Covered services are subject to this plan's exclusions, limitations and *plan* provisions. Other codes may be used to describe covered services.

* If high noble metal is used, there will be an additional charge for the actual cost of the high noble metal used.

CGP-3-MDG-L1-FCW

B850.0576

Crown, Bridge & Other Cast Restorations

2510	Inlay - metallic - one surface*	\$280.00
2520, 6520	Inlay - metallic - two surfaces*	\$320.00
2530, 6530	Inlay - metallic - three or more surfaces*	\$370.00
2543, 6543	Onlay - metallic - three surfaces*	\$380.00
2544, 6544	Onlay - metallic - four or more surfaces*	\$395.00
2702	Crown supporting existing partial denture - in addition to crown	\$125.00
2703	Multiple crown and bridge unit treatment plan - per unit	\$125.00
2740	Crown - porcelain/ceramic substrate	\$395.00
2750, 2751, 2752	Crown - porcelain fused to metal*	\$395.00
2790, 2791, 2792	Crown - full cast metal*	\$395.00
2810, 6780	Crown - 3/4 cast metallic*	\$395.00
6210, 6211, 6212	Pontic - cast metal*	\$385.00
6240, 6241, 6242	Pontic - porcelain fused to metal*	\$385.00
6750, 6751, 6752	Crown - abutment - porcelain fused to metal*	\$395.00
6790, 6791, 6792	Crown - abutment - full cast metal*	\$395.00

Other Restorative Services

2910, 2920, 6930	Recementation inlay, crown, bridge	\$18.00
2930, 2931	Prefabricated stainless steel crown	\$110.00
2932	Prefabricated resin crown	\$135.00
2940	Sedative filling	\$17.00
2950, 6973	Core buildup, including any pins	\$100.00
2951	Pin retention - per tooth, in addition to restoration	\$22.00
2952, 6970	Cast post & core	\$155.00
2954, 6972	Prefabricated post & core	\$125.00
2960	Labial veneer (laminare) - chairside	\$295.00

Endodontics

3110, 3120	Pulp cap	\$10.00
3220	Therapeutic pulpotomy	\$25.00
3310	Root canal - anterior	\$120.00
3320	Root canal - bicuspid	\$145.00

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3330	Root canal - molar	\$370.00
3346	Root canal - retreatment - anterior	\$315.00
3347	Root canal - retreatment - bicuspid	\$370.00
3348	Root canal - retreatment - molar	\$445.00
3410	Apicoectomy/periradicular surgery - anterior	\$265.00
3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$300.00
3425	Apicoectomy/periradicular surgery - molar - first root	\$350.00
3426	Apicoectomy/periradicular surgery - each additional root	\$110.00
3430	Retrograde filling - per root	\$80.00

Periodontics

4210	Gingivectomy or gingivoplasty - per quadrant	\$235.00
4211	Gingivectomy or gingivoplasty - per tooth	\$60.00
4240	Gingival flap procedure - including root planing - per quadrant	\$275.00
4249	Clinical crown lengthening - hard tissue	\$275.00
4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$392.00
4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$235.00
4270	Pedicle soft tissue graft procedure	\$290.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$298.00
4341	Periodontal scaling & root planing - per quadrant	\$40.00
4355	Full mouth debridement to enable evaluation and diagnosis	\$24.00
4910	Periodontal maintenance procedures (following active therapy)	\$22.00
4920	Unscheduled dressing change (by other than treating dentist)	\$19.00
9951	Occlusal adjustment - limited - per visit	\$20.00

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CGP-3-MDG-L2-FCW

B850.0579

Prosthodontics (Removable)

5110, 5120	Complete denture (including routine post delivery care)	\$452.00
5130, 5140	Immediate denture (including routine post delivery care)	\$492.00

Partial dentures (including routine post delivery care):

5211	Upper partial, resin base - including clasps, rests, teeth	\$381.00
5212	Lower partial, resin base - including clasps, rests, teeth	\$443.00
5213, 5214	Cast metal framework with resin base - including clasps, rests, teeth	\$500.00

Repairs and adjustments:

5410, 5411, 5421, 5422	Denture adjustments	\$25.00
5510	Repair broken denture base	\$50.00
5520, 5640	Replace missing or broken teeth -per tooth	\$45.00
5610	Repair resin denture base	\$55.00
5630	Repair or replace clasp	\$70.00
5650	Add tooth to existing partial	\$65.00
5660	Add clasp to existing partial	\$80.00

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5710, 5711, 5720, 5721	Rebase denture	\$200.00
5730, 5731, 5740, 5741	Reline denture (chairside)	\$110.00
5750, 5751, 5760, 5761	Reline denture (laboratory)	\$150.00
5820, 5821	Interim partial denture (stayplate)	\$175.00
5850, 5851	Tissue conditioning	\$45.00

Oral Surgery

7110, 7120	Extraction - single tooth	\$22.00
7130	Root removal - exposed roots	\$30.00
7210	Surgical removal of erupted tooth	\$90.00
7220	Removal of impacted tooth - soft tissue	\$115.00
7230	Removal of impacted tooth - partially bony	\$150.00
7240	Removal of impacted tooth - completely bony	\$180.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$225.00
7250	Surgical removal of residual tooth roots (cutting procedure)	\$95.00
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$210.00
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$230.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption . .	\$195.00
7285	Biopsy of oral tissue - hard	\$125.00
7286	Biopsy of oral tissue - soft	\$85.00
7310	Alveoplasty in conjunction with extractions - per quadrant	\$105.00
7320	Alveoplasty not in conjunction with extractions - per quadrant	\$140.00
7450	Removal of odontogenic cyst/tumor - up to 1.25 cm	\$350.00
7451	Removal of odontogenic cyst/tumor - over 1.25 cm	\$540.00
7510	Incision & drainage of intraoral abscess	\$105.00
7960	Frenulectomy (separate procedure)	\$230.00

Miscellaneous Services

9110	Palliative (emergency) treatment - per visit	\$20.00
9215	Local anesthesia	No Charge

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CGP-3-MDG-L3-NY-FCW

B850.0582

MDG CODES+	DESCRIPTION OF SERVICE	PATIENT CHARGE
Orthodontic Services		
8601	Orthodontic evaluation and consultation	\$100.00
8602	Orthodontic treatment plan and records, including x-rays, study models and diagnostic photos	\$150.00
8070, 8080, 8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months: <i>dependent</i> child to age 18 (as determined by the <i>member's</i> age on the date of banding)	\$2425.00

Covered Dental Services And Patient Charges (Cont.)

8070, 8080, 8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months: <i>employee</i> , spouse or <i>dependent</i> child over age 18 (as determined by the <i>member's</i> age on the date of banding)	\$2425.00
8670	Periodic comprehensive orthodontic treatment visit	No Charge
8680	Orthodontic retention	\$425.00

+ Covered Services are subject to this *plan's* exclusions, limitations and *plan* provisions. Other codes may be used to describe Covered Services.

* These orthodontic *patient charges* are valid only for authorized services rendered by *participating orthodontists* in the State of New York.

CGP-3-MDG-L4-NYA-FCW

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Additional Conditions On Covered Services

General Guidelines For Alternative Procedures There may be a number of accepted methods of treating a specific dental condition. When a member selects an alternative procedure over the service recommended by the PCD, the member must pay the difference between the PCD's usual and customary charge for the recommended service and the alternative procedure. He or she will also have to pay the applicable patient charge for the recommended service.

When the PCD recommends a crown, the alternative procedure policy does not apply, regardless of the type of crown placed. The type of crown includes, but is not limited to: (a) a full metal crown; (b) a porcelain fused to metal crown; or (c) a porcelain crown. The member must pay the applicable patient charge for the crown actually placed. The member must pay the added cost of high noble metal, if high noble metal is selected.

In all cases when there is more than one course of treatment available, a full disclosure of all the options must be given to the member before treatment begins. The PCD should present the Member with a treatment plan in writing before treatment begins, to assure that there is no confusion over what he or she must pay.

Crowns, Bridges And Dentures A crown is a covered service when it is recommended by the PCD. The replacement of a crown or bridge is not covered within 5 years of the original placement under the *plan*.

The replacement of a partial or complete denture is covered only if the existing denture cannot be made satisfactory by reline, rebase or repair. Construction of new dentures may not exceed one new denture in any 5 year period from the date of previous placement under the *plan*.

The benefit for complete dentures includes all usual post-delivery care including adjustments for six months after insertion. The benefit for immediate dentures: (a) includes limited follow-up care only for six months; and (b) does not include required future rebasing or relining procedures or a complete new denture.