

**Dental Benefit Summary**

**Group Number:** 373506

**About Your Benefits:**

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Using your dental insurance for regular dental check- ups can improve your health. Your dental insurance can also help save you money if more serious dental treatments are needed.

With your **Pre-Paid/DHMO** plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

	<b>Pre-Paid/DHMO</b>
<b>Network</b>	Managed DentalGuard
<b>Calendar year deductible</b>	No deductible
Individual	
Family limit	
Waived for	
<b>Charges covered for you (co-insurance)</b>	<i>Network only</i>
Preventive Care (e.g. cleanings)	You pay a copay for each covered procedure. See “Plan Details”, for more information.
Basic Care (e.g. fillings)	
Major Care (e.g. crowns, dentures)	
Orthodontia	
<b>Annual Maximum Benefit</b>	Unlimited
<b>Office visit copay</b>	\$5
<b>Dependent Age Limits</b>	26

## A Sample of Services Covered by Your Plan:

	<b>Pre-Paid/DHMO</b>
	<i>You Pay</i>
Anesthesia*	<i>Network only</i>
Bridges and Dentures	Not Covered
Cleaning (prophylaxis)	\$110-130
Frequency	\$0
Frequency	2 in 12 months
Fillings‡	\$0
Fluoride Treatments	\$0
Limits	Under Age 18
Inlays, Onlays, Veneers**	\$40-80
Oral Exams	\$0
Orthodontia	\$1,975-2,175
Limits	Adults & Child(ren)
Perio Surgery	\$155
Periodontal Maintenance	\$15
Frequency	Once every 3 to 6 months (Standard)
Repair & Maintenance of Crowns, Bridges & Dentures	\$0
Root Canal	\$70-140
Scaling & Root Planing (per quadrant)	\$25
Sealants (per tooth)	\$0
Simple Extractions	\$5
Single Crowns	\$90
Surgical Extractions	\$50-80
X-rays	\$0

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury and only when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. \*General Anesthesia – restrictions apply. ‡Fillings – restrictions may apply to composite fillings.

### Manage Your Benefits:

Enrolled members and their dependents can access helpful, secure information about their Guardian benefits at [www.guardiananytime.com](http://www.guardiananytime.com)

### Find A Dentist:

Visit [www.GuardianLife.com](http://www.GuardianLife.com)  
Under "Contact Us", Click on "Find A Provider"

## EXCLUSIONS AND LIMITATIONS

- Important information about Guardian's Managed DentalGuard Pre-Paid (Florida, New York) Plan, Guardian's Managed DentalGuard (Colorado) Plan, Managed DentalGuard Inc.'s (Ohio) Plan, Managed Dental Care's DHMO (California) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard (New Jersey) Plan, Managed DentalGuard, Inc.'s Managed DentalGuard DHMO (Texas) Plan and Managed DentalGuard -LIBERTY Dental Plan of Nevada, Inc. (Nevada): This plan provides pre-paid dental benefits through a network of participating general dentists and specialty care dentists. All covered services must be provided by the member's Primary Care Dentist. Specialty care services are covered only when referred by the member's Primary Care Dentist and approved in advance by Managed DentalGuard. Only those services listed in the plan are covered. Certain services are subject to annual or other periodic limitations. Where orthodontic benefits are specifically included, the plan provides for one course of comprehensive treatment per lifetime,

per member. Unless specifically included, the Managed DentalGuard 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 DentalGuard plan. The services, exclusions and limitations listed here do not constitute a contract and are a summary only. The Managed DentalGuard plan documents are the final arbiter of coverage.

GP-I-MDGI, et al. or GP-I-MDG-FL-I-08, et al. (Florida), GP-I-MDG-NYI, et al. or GP-I-MDG-NY-I-08, et al. (New York), GP-I-MDG-CO-I, et al. (Colorado), GP-IMDCI, et al. or GP-I-MDC-CA-I-08, et al. (California), GP-I-MDG-I-NJ, et al. or GP-I-MDG-NJ-I-08, et al. (New Jersey), GP-I-MDG-TXI, et al. or GP-I-MDG-TX-I-08, et al. (Texas), GP-I-MDG-OH-I, et al. (Ohio), NVI 10717, et al (Nevada).

# Managed DentalGuard

## Plan Schedule – 75M

MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
<b>Appointments &amp; Diagnostic Services</b>			<b>Crown, Bridge &amp; Other Cast Restorations</b>		
0101*	Office visit - during regular hours - participating general dentist only	\$5.00	2510	Inlay - metallic - one surface**	\$60.00
0102	Broken appointment (without 24 hours notice)	\$25.00	2520/6520	Inlay - metallic - two surfaces**	\$75.00
0120/0140/0150	Oral evaluation	NO CHARGE	2530/6530	Inlay - metallic - three or more surfaces**	\$75.00
0460	Pulp vitality tests	NO CHARGE	2543/6543	Onlay - metallic - three surfaces**	\$80.00
0470	Diagnostic casts	NO CHARGE	2544/6544	Onlay - metallic - four or more surfaces**	\$80.00
9310	Consultation (by dentist other than practitioner providing treatment)	NO CHARGE	2702	Crown supporting existing partial denture, in addition to crown	\$125.00
9430	Office visit for observation - regular hours - no other service performed	NO CHARGE	2703	Multiple crown and bridge unit treatment plan - per unit	\$125.00
9440	Emergency office visit - after regularly scheduled office hours	\$50.00	2740	Crown - porcelain/ceramic substrate	\$100.00
<b>Radiographs</b>			2750 - 2752	Crown - porcelain fused to metal**	\$95.00
0210	Intraoral - complete series (including bitewings)	NO CHARGE	2790 - 2792	Crown - full cast metal**	\$90.00
0220/0230/0240	Intraoral - periapical or occlusal - single film	NO CHARGE	2810/6780	Crown - 3/4 cast metallic**	\$95.00
0270/0272/0274	Bitewings	NO CHARGE	6210 - 6212	Pontic - cast metal**	\$90.00
0330	Panoramic film	NO CHARGE	6240 - 6242	Pontic - porcelain fused to metal**	\$95.00
<b>Preventive &amp; Space Maintenance</b>			6750 - 6752	Crown - abutment - porcelain fused to metal**	\$95.00
1110/1120	Prophylaxis	NO CHARGE	6790 - 6792	Crown - abutment - full cast metal**	\$90.00
1201/1203	Topical application of fluoride (may include prophylaxis) - child	NO CHARGE	<b>Other Restorative Services</b>		
1310	Nutritional counseling for control of dental disease	NO CHARGE	2910/2920/6930	Recement inlay, crown, bridge	NO CHARGE
1330	Oral hygiene instruction	NO CHARGE	2930/2931	Prefabricated stainless steel crown	\$10.00
1351	Sealant - per tooth	NO CHARGE	2932	Prefabricated resin crown	\$20.00
1510	Space maintainer - fixed - unilateral	NO CHARGE	2940	Sedative filling	NO CHARGE
1515	Space maintainer - fixed - bilateral	NO CHARGE	2950/6973	Core buildup, including any pins	\$20.00
1550	Recementation of space maintainer	NO CHARGE	2951	Pin retention - per tooth, in addition to restoration	NO CHARGE
<b>Restorative</b>			2952/6970	Cast post & core	\$30.00
2110	Amalgam - one surface - primary	NO CHARGE	2954/6972	Prefabricated post & core	\$25.00
2120	Amalgam - two surfaces - primary	NO CHARGE	2960	Labial veneer (laminare) – chairside	\$40.00
2130	Amalgam - three surfaces - primary	NO CHARGE	<b>Endodontics</b>		
2131	Amalgam - four or more surfaces - primary	NO CHARGE	3110/3120	Pulp cap	NO CHARGE
2140	Amalgam - one surface - permanent	NO CHARGE	3220	Therapeutic pulpotomy	\$10.00
2150	Amalgam - two surfaces - permanent	NO CHARGE	3310	Root canal – anterior	\$70.00
2160	Amalgam - three surfaces - permanent	NO CHARGE	3320	Root canal – bicuspid	\$80.00
2161	Amalgam - four or more surfaces - permanent	NO CHARGE	3330	Root canal – molar	\$140.00
2210	Silicate cement - per restoration	NO CHARGE	3346	Root canal - retreatment – anterior	\$80.00
2330	Resin/composite - one surface, anterior	NO CHARGE	3347	Root canal - retreatment – bicuspid	\$95.00
2331	Resin/composite - two surfaces, anterior	NO CHARGE	3348	Root canal - retreatment - molar	\$150.00
2332	Resin/composite - three surfaces, anterior	NO CHARGE	3410	Apicoectomy/periradicular surgery - anterior	\$90.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	NO CHARGE	3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$95.00
2336	Composite resin crown, anterior - primary	NO CHARGE	3425	Apicoectomy/periradicular surgery – molar - first root	\$100.00
2380	Resin/composite - one surface, posterior - primary	NO CHARGE	3426	Apicoectomy/periradicular surgery – each additional root	\$40.00
2381	Resin/composite - two surfaces, posterior - primary	NO CHARGE	3430	Retrograde filling - per root	\$15.00
2382	Resin/composite - three or more surfaces, posterior - primary	NO CHARGE	<b>Periodontics</b>		
2385	Resin/composite - one surface, posterior - permanent	NO CHARGE	4210	Gingivectomy or gingivoplasty - per quadrant	\$60.00
2386	Resin/composite - two surfaces, posterior - permanent	NO CHARGE	4211	Gingivectomy or gingivoplasty - per tooth	\$20.00
2387	Resin/composite - three or more surfaces, posterior – permanent	NO CHARGE	4240	Gingival flap procedure - including root planing - per quadrant	\$105.00
			4249	Clinical crown lengthening - hard tissue	\$85.00
			4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$155.00
			4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$95.00

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## Plan Schedule – 75M

MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
<b>Periodontics (cont.)</b>			<b>Oral Surgery (cont.)</b>		
4270	Pedicle soft tissue graft procedure	\$100.00	7320	Alveoplasty not in conjunction with extractions - per quadrant	\$45.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$110.00	7450	Removal of odontogenic cyst/tumor – up to 1.25cm	\$60.00
4341	Periodontal scaling & root planing – per quadrant	\$25.00	7451	Removal of odontogenic cyst/tumor – over 1.25cm	\$110.00
4355	Full mouth debridement to enable evaluation & diagnosis	\$15.00	7470	Removal of exostosis - maxilla or mandible	\$85.00
4910	Periodontal maintenance procedures (following active therapy)	\$15.00	7510	Incision & drainage of intraoral abscess	\$25.00
4920	Unscheduled dressing change (by other than treating dentist)	NO CHARGE	7960	Frenulectomy (separate procedure)	\$60.00
9951	Occlusal adjustment - limited - per visit	NO CHARGE	<b>Orthodontic Treatment (covers 24 months active treatment)</b>		
<b>Prostodontics (Removable)</b>			8601	Orthodontic evaluation and consultation	\$100.00
5110/5120	Complete denture (including routine post delivery care)	\$110.00	8602	Orthodontic treatment plan and records, including x-rays, study models and photos	\$150.00
5130/5140	Immediate denture (including routine post delivery care)	\$110.00	8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the Member's age on the date of banding)	\$1975.00
<b>Partial dentures (including routine post delivery care):</b>			8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the Member's age on the date of banding)	\$2175.00
5211/5212	Resin base - including clasps, rests, teeth	\$90.00	8670	Periodic comprehensive orthodontic treatment visit	NO CHARGE
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth	\$130.00	8680	Orthodontic retention	\$300.00
<b>Repairs &amp; adjustments:</b>			<b>Miscellaneous Services</b>		
5410/11/21/22	Denture adjustments	\$5.00	9110	Palliative (emergency) treatment - per visit	NO CHARGE
5510/5610	Repair denture base	NO CHARGE	9215	Local anesthesia	NO CHARGE
5520/5640	Replace missing or broken teeth – per tooth	NO CHARGE			
5630	Repair or replace clasp	NO CHARGE			
5650	Add tooth to existing partial	NO CHARGE			
5660	Add clasp to existing partial	NO CHARGE			
5710/11/20/21	Rebase denture	NO CHARGE			
5730/31/40/41	Reline denture (chairside)	NO CHARGE			
5750/51/60/61	Reline denture (laboratory)	NO CHARGE			
5820/5821	Interim partial denture (stayplate)	\$45.00			
5850/5851	Tissue conditioning	NO CHARGE			
<b>Oral Surgery</b>					
7110/7120	Extraction - single tooth	\$5.00			
7130	Root removal - exposed roots	\$15.00			
7210	Surgical removal of erupted tooth	\$35.00			
7220	Removal of impacted tooth - soft tissue	\$50.00			
7230	Removal of impacted tooth - partially bony	\$70.00			
7240	Removal of impacted tooth - completely bony	\$80.00			
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$85.00			
7250	Surgical removal of residual tooth roots (cutting procedure)	\$40.00			
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$60.00			
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$90.00			
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$60.00			
7285	Biopsy of oral tissue - hard	\$45.00			
7286	Biopsy of oral tissue - soft	\$40.00			
7310	Alveoplasty in conjunction with extractions - per quadrant	\$35.00			

++ Covered Services are subject to 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 patient charge for the actual cost of the high noble metal.

▪ Plan Schedules are only Valid for Covered Services rendered by Participating Dentists in the State of California.