

# Managed DentalGuard

## Plan Schedule – 55M

| 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**   | \$100.00        |
| 0102  | Broken appointment (without 24 hours notice)                              | \$25.00         | 2520/6520  | Inlay - metallic - two surfaces**  | \$130.00        |
| 0120/0140/0150                                | Oral evaluation   | NO CHARGE       | 2530/6530  | Inlay - metallic - three or more surfaces**  | \$130.00        |
| 0460  | Pulp vitality tests   | NO CHARGE       | 2543/6543  | Onlay - metallic - three surfaces**  | \$140.00        |
| 0470  | Diagnostic casts  | NO CHARGE       | 2544/6544  | Onlay - metallic - four or more surfaces**   | \$145.00        |
| 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  | \$175.00        |
| <b>Radiographs</b>                            |   |                 | 2750 - 2752  | Crown - porcelain fused to metal**   | \$180.00        |
| 0210  | Intraoral - complete series (including bitewings)                         | NO CHARGE       | 2790 - 2792  | Crown - full cast metal**  | \$160.00        |
| 0220/0230/0240                                | Intraoral - periapical or occlusal - single film                          | NO CHARGE       | 2810/6780  | Crown - 3/4 cast metallic**  | \$170.00        |
| 0270/0272/0274                                | Bitewings   | NO CHARGE       | 6210 - 6212  | Pontic - cast metal**  | \$160.00        |
| 0330  | Panoramic film  | NO CHARGE       | 6240 - 6242  | Pontic - porcelain fused to metal**  | \$180.00        |
| <b>Preventive &amp; Space Maintenance</b>     |   |                 | 6750 - 6752  | Crown - abutment - porcelain fused to metal**  | \$180.00        |
| 1110/1120                                     | Prophylaxis   | NO CHARGE       | 6790 - 6792  | Crown - abutment - full cast metal**   | \$150.00        |
| 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  | \$5.00          |
| 1330  | Oral hygiene instruction  | NO CHARGE       | 2930/2931  | Prefabricated stainless steel crown  | \$15.00         |
| 1351  | Sealant - per tooth   | \$5.00          | 2932   | Prefabricated resin crown  | \$40.00         |
| 1510  | Space maintainer - fixed - unilateral                                     | \$30.00         | 2940   | Sedative filling   | \$5.00          |
| 1515  | Space maintainer - fixed - bilateral                                      | \$55.00         | 2950/6973  | Core buildup, including any pins   | \$35.00         |
| 1550  | Recementation of space maintainer   | \$5.00          | 2951   | Pin retention - per tooth, in addition to restoration                                | NO CHARGE       |
| <b>Restorative</b>                            |   |                 | 2952/6970  | Cast post & core   | \$50.00         |
| 2110  | Amalgam - one surface - primary   | NO CHARGE       | 2954/6972  | Prefabricated post & core  | \$40.00         |
| 2120  | Amalgam - two surfaces - primary  | \$5.00          | 2960   | Labial veneer (laminare) – chairside   | \$70.00         |
| 2130  | Amalgam - three surfaces - primary  | \$10.00         | <b>Endodontics</b>                                 |  |                 |
| 2131  | Amalgam - four or more surfaces - primary                                 | \$10.00         | 3110/3120  | Pulp cap   | \$5.00          |
| 2140  | Amalgam - one surface - permanent   | \$5.00          | 3220   | Therapeutic pulpotomy  | \$15.00         |
| 2150  | Amalgam - two surfaces - permanent  | \$5.00          | 3310   | Root canal – anterior  | \$75.00         |
| 2160  | Amalgam - three surfaces - permanent                                      | \$10.00         | 3320   | Root canal – bicuspid  | \$85.00         |
| 2161  | Amalgam - four or more surfaces - permanent                               | \$10.00         | 3330   | Root canal – molar   | \$150.00        |
| 2210  | Silicate cement - per restoration   | \$10.00         | 3346   | Root canal - retreatment – anterior  | \$90.00         |
| 2330  | Resin/composite - one surface, anterior                                   | \$15.00         | 3347   | Root canal - retreatment – bicuspid  | \$100.00        |
| 2331  | Resin/composite - two surfaces, anterior                                  | \$20.00         | 3348   | Root canal - retreatment - molar   | \$170.00        |
| 2332  | Resin/composite - three surfaces, anterior                                | \$20.00         | 3410   | Apicoectomy/periradicular surgery - anterior   | \$100.00        |
| 2335  | Resin/composite - four or more surfaces or incisal angle, anterior        | \$25.00         | 3421   | Apicoectomy/periradicular surgery - bicuspid - first root                            | \$100.00        |
| 2336  | Composite resin crown, anterior - primary                                 | \$20.00         | 3425   | Apicoectomy/periradicular surgery – molar - first root                               | \$110.00        |
| 2380  | Resin/composite - one surface, posterior - primary                        | \$15.00         | 3426   | Apicoectomy/periradicular surgery – each additional root                             | \$45.00         |
| 2381  | Resin/composite - two surfaces, posterior - primary                       | \$20.00         | 3430   | Retrograde filling - per root  | \$15.00         |
| 2382  | Resin/composite - three or more surfaces, posterior - primary             | \$25.00         | <b>Periodontics</b>                                |  |                 |
| 2385  | Resin/composite - one surface, posterior - permanent                      | \$15.00         | 4210   | Gingivectomy or gingivoplasty - per quadrant   | \$75.00         |
| 2386  | Resin/composite - two surfaces, posterior - permanent                     | \$25.00         | 4211   | Gingivectomy or gingivoplasty - per tooth  | \$25.00         |
| 2387  | Resin/composite - three or more surfaces, posterior – permanent           | \$30.00         | 4240   | Gingival flap procedure - including root planing - per quadrant                      | \$130.00        |
|   |   |                 | 4249   | Clinical crown lengthening - hard tissue   | \$105.00        |
|   |   |                 | 4260   | Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth | \$195.00        |
|   |   |                 | 4261   | Osseous surgery - including flap entry, closure - per quadrant - one to four teeth   | \$120.00        |

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|---------------------|--|------------------------|---------------------|---|--|-----------|
|                     | <b>Periodontics (cont.)</b>  |                        |                     | <b>Oral Surgery (cont.)</b>   |  |           |
| 4270                | Pedicle soft tissue graft procedure  | \$125.00               | 7320                | Alveoplasty not in conjunction with extractions - per quadrant  | \$40.00  |           |
| 4271                | Free soft tissue graft procedure (including donor site surgery)                  | \$140.00               | 7450                | Removal of odontogenic cyst/tumor – up to 1.25cm  | \$50.00  |           |
| 4341                | Periodontal scaling & root planing – per quadrant                                | \$30.00                | 7451                | Removal of odontogenic cyst/tumor – over 1.25cm   | \$100.00   |           |
| 4355                | Full mouth debridement to enable evaluation & diagnosis                          | \$15.00                | 7470                | Removal of exostosis - maxilla or mandible  | \$75.00  |           |
| 4910                | Periodontal maintenance procedures (following active therapy)                    | \$15.00                | 7510                | Incision & drainage of intraoral abscess  | \$20.00  |           |
| 4920                | Unscheduled dressing change (by other than treating dentist)                     | NO CHARGE              | 7960                | Frenulectomy (separate procedure)   | \$50.00  |           |
| 9951                | Occlusal adjustment - limited - per visit  | \$10.00                |                     | <b>Orthodontic Treatment (covers 24 months active treatment)</b>  |  |           |
|                     | <b>Prosthodontics (Removable)</b>  |                        | 8601                | Orthodontic evaluation and consultation   | \$100.00   |           |
| 5110/5120           | Complete denture (including routine post delivery care)                          | \$190.00               | 8602                | Orthodontic treatment plan and records, including x-rays, study models and photos   | \$150.00   |           |
| 5130/5140           | Immediate denture (including routine post delivery care)                         | \$190.00               | 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                                      | \$155.00               |                     | 8670  | Periodic comprehensive orthodontic treatment visit | NO CHARGE |
| 5213/5214           | Cast metal framework with resin base - including clasps, rests, teeth            | \$220.00               |                     | 8680  | Orthodontic retention                              | \$300.00  |
|                     | <b>Repairs &amp; adjustments:</b>  |                        |                     | <b>Miscellaneous Services</b>   |  |           |
| 5410/11/21/22       | Denture adjustments  | \$10.00                | 9110                | Palliative (emergency) treatment - per visit  | NO CHARGE  |           |
| 5510/5610           | Repair denture base  | \$10.00                | 9215                | Local anesthesia  | NO CHARGE  |           |
| 5520/5640           | Replace missing or broken teeth – per tooth                                      | \$10.00                |                     |   |  |           |
| 5630                | Repair or replace clasp  | \$15.00                |                     |   |  |           |
| 5650                | Add tooth to existing partial  | \$15.00                |                     |   |  |           |
| 5660                | Add clasp to existing partial  | \$15.00                |                     |   |  |           |
| 5710/11/20/21       | Rebase denture   | \$45.00                |                     |   |  |           |
| 5730/31/40/41       | Reline denture (chairside)   | \$20.00                |                     |   |  |           |
| 5750/51/60/61       | Reline denture (laboratory)  | \$35.00                |                     |   |  |           |
| 5820/5821           | Interim partial denture (stayplate)  | \$80.00                |                     |   |  |           |
| 5850/5851           | Tissue conditioning  | \$10.00                |                     |   |  |           |
|                     | <b>Oral Surgery</b>  |                        |                     |   |  |           |
| 7110/7120           | Extraction - single tooth  | \$5.00                 |                     |   |  |           |
| 7130                | Root removal - exposed roots   | \$10.00                |                     |   |  |           |
| 7210                | Surgical removal of erupted tooth  | \$30.00                |                     |   |  |           |
| 7220                | Removal of impacted tooth - soft tissue  | \$45.00                |                     |   |  |           |
| 7230                | Removal of impacted tooth - partially bony                                       | \$60.00                |                     |   |  |           |
| 7240                | Removal of impacted tooth - completely bony                                      | \$70.00                |                     |   |  |           |
| 7241                | Removal of impacted tooth - completely bony, with unusual surgical complications | \$75.00                |                     |   |  |           |
| 7250                | Surgical removal of residual tooth roots (cutting procedure)                     | \$35.00                |                     |   |  |           |
| 7270                | Tooth reimplantation and/or stabilization of accidentally evulsed tooth          | \$55.00                |                     |   |  |           |
| 7280                | Surgical exposure of impacted or unerupted tooth for orthodontic reasons         | \$80.00                |                     |   |  |           |
| 7281                | Surgical exposure of impacted or unerupted tooth to aid eruption                 | \$55.00                |                     |   |  |           |
| 7285                | Biopsy of oral tissue - hard   | \$35.00                |                     |   |  |           |
| 7286                | Biopsy of oral tissue - soft   | \$35.00                |                     |   |  |           |
| 7310                | Alveoplasty in conjunction with extractions - per quadrant                       | \$30.00                |                     |   |  |           |

++ 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.