



March 14, 2025

Pacific Dental Services  
17000 Redhill Ave.  
Irvine, CA 926214

Re: Fee Schedule **PDSCAGP3**

Dear Doctor,

Per your request for a fee increase, please review the enclosed fee schedule, EXHIBIT A, that has been customized for your office and return the information to my attention.

- To confirm your acceptance of this new fee schedule, please have the same person that signed the original Participating Dentist Agreement sign and date the below. Please include a roster of all affiliated dentists to be included under this fee schedule.
- This fee schedule applies to all covered services provided to DentalGuard Preferred members and, if applicable, any members from payor clients that access our DentalGuard Preferred Select Network. Since our payor clients receive monthly updates of fee schedule changes, there may be a time delay between the effective date of your new fee schedule with Guardian, and the effective date of your new fee schedule with our payor clients. The enclosed payor client list includes the current payor clients that can administer the custom fee schedule.
- By signing this letter, you agree and acknowledge that this fee schedule will be kept confidential. Disclosure or release of this fee schedule to any third party, in full or in part, is not permitted. This fee schedule will not be eligible for review for 24 months from the effective date.

The new fee schedule will go into effect approximately seven business days from our receipt of the signed letter. A signed copy of this letter will be maintained in the file of each dentist to be included under this fee schedule. Please keep a copy of all documents for your records and notify us of any future changes to the practice. Once the fee schedule is effective, Guardian will mail a letter of confirmation.

Please contact me directly with any questions. As always, thank you for your participation in Guardian's DentalGuard Preferred and DentalGuard Preferred Select Network. We appreciate the opportunity to work with you and look forward to supporting your business.

Sincerely,

**Tracy Aguayo**  
Tel: (562) 704-5850  
PO BOX 98157456  
El Paso, TX 79998P



**Tracy\_Aguayo@glic.com**

Pacific Dental Services

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Dentist/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



## DentalGuard Preferred Select Network Payor List As of October 1, 2024

Members from the following companies can be seen as 'In-Network' using your Guardian PPO Fees

Aetna Dental*	HSBA Inc
Alicare Inc (Amalgamated Life Ins Co)	Kansas City Life
Allied Benefit Systems Inc	LEVEL Benefits
Ameritas Life Insurance Company*	Liberty Dental Plan
And their Strategic Alliance Partners:	Lucent Health (formerly Cypress Benefit Administrators)
• Physicians Mutual	Luminare Health
• Standard Ins Co	MedBen
• Standard Ins Co of NY	MetLife*
• Reliance Standard Life	National Elevator Industry HB Plan
• First Reliance Standard Life Ins. of NY	NECA IBEW Welfare Trust Fund
Angle Health	Pan American Life LLC
Avesis, Inc	Partners Benefit Group
Bay Area Delivery Drivers Security Fund	Personify Health (formerly HealthComp)
Benemax Corp	Premier Access Insurance Company
Blackhawk TPA	Professional Benefit Admin Inc (PBA)
Boon-Chapman TPA	Professional Benefit Services (PBS)
BSI Companies TPA	Prominence Health Plan
CDS Group Health	Teamsters Local 710 HW&P Fund
GPA TPA	The Loomis Company
Group Administrators Ltd	United Health Care (UHC)*
Health Plans Inc	United Medical Resources (UMR)
HealthSCOPE Benefits	
Hometown Health	

\*These companies access a limited number of providers and may include other administrator entities

The DentalGuard Preferred Select logo may appear on the member's ID card:

**DentalGuard® Preferred**  
***Select Network***

**EXHIBIT A****DentalGuard Preferred and DentalGuard Preferred Select - General Fee Schedule****Maximum Allowable Fees**

CDT Code	Description	DGP DGPS Fees	CDT Code	Description	DGP DGPS Fees
D0120	PERIODIC ORAL EVALUATION	\$36.00	D1558	REMOVAL FIXED BILATERAL SPACE MAINTAINER-MAN	\$32.00
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$55.00	D1575	DISTAL SHOE SPACE MAINT-FIXED UNILATERAL-QUAD	\$244.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE	\$53.00	D2140	AMALGAM - 1 SURFACE (PRIMARY OR PERMANENT)	\$71.00
D0150	COMPREHENSIVE ORAL EVALUATION	\$53.00	D2150	AMALGAM - 2 SURFACES (PRIMARY OR PERMANENT)	\$92.00
D0160	DETAILED & EXTENSIVE ORAL EVALUATION	\$76.00	D2160	AMALGAM - 3 SURFACES (PRIMARY OR PERMANENT)	\$112.00
D0170	REEVALUATION-LIMITED;PROBLEM FOCUS;NOT POSTOP	\$47.00	D2161	AMALGAM - 4+ SURFACES (PRIMARY OR PERMANENT)	\$143.00
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$47.00	D2330	COMPOSITE - 1 SURFACE, ANTERIOR	\$94.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$53.00	D2331	COMPOSITE - 2 SURFACES, ANTERIOR	\$120.00
D0210	INTRAORAL COMPREHENSIVE SERIES XRAYs	\$81.00	D2332	COMPOSITE - 3 SURFACES, ANTERIOR	\$148.00
D0220	INTRAORAL XRAYs - PERIAPICAL, FIRST FILM	\$26.00	D2335	COMPOSITE - 4+ SURFACES (ANTERIOR)	\$158.00
D0230	INTRAORAL XRAYs - PERIAPICAL, EACH EXTRA FILM	\$10.00	D2390	COMPOSITE CROWN, ANTERIOR	\$150.00
D0240	INTRAORAL XRAYs - OCCLUSAL FILM	\$26.00	D2391	COMPOSITE - 1 SURFACE, POSTERIOR	\$131.00
D0250	EXTRAORAL XRAYs - FIRST FILM	\$36.00	D2392	COMPOSITE - 2 SURFACES, POSTERIOR	\$190.00
D0270	BITEWING XRAYs - SINGLE FILM	\$23.00	D2393	COMPOSITE - 3 SURFACES, POSTERIOR	\$240.00
D0272	BITEWING XRAYs - TWO FILMS	\$31.00	D2394	COMPOSITE - 4+ SURFACES, POSTERIOR	\$236.00
D0273	BITEWING XRAYs - THREE FILMS	\$34.00	D2510	INLAY - METAL - 1 SURFACE	\$468.00
D0274	BITEWING XRAYs - FOUR FILMS	\$40.00	D2520	INLAY - METAL - 2 SURFACES	\$564.00
D0277	VERTICAL BITEWING XRAYs - 7 TO 8 FILMS	\$54.00	D2530	INLAY - METAL - 3+ SURFACES	\$606.00
D0310	SIALOGRAPHY	\$243.00	D2542	ONLAY - METAL - 2 SURFACES	\$581.00
D0320	TMJ ARTHROGRAM WITH INJECTION	\$284.00	D2543	ONLAY - METAL - 3 SURFACES	\$683.00
D0321	OTHER TMJ FILMS, BY REPORT	\$162.00	D2544	ONLAY - METAL - 4+ SURFACES	\$705.00
D0322	TOMOGRAPHIC SURVEY	\$243.00	D2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$506.00
D0330	PANORAMIC FILM	\$70.00	D2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$562.00
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$58.00	D2630	INLAY - PORCELAIN/CERAMIC - 3+ SURFACES	\$608.00
D0350	ORAL/FACIAL PHOTO IMAGES (INTRA & EXTRAORAL)	\$37.00	D2642	ONLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$587.00
D0364	CONE BEAM CAPT & INTERPRET, LESS THAN ONE JAW	\$233.00	D2643	ONLAY - PORCELAIN/CERAMIC - 3 SURFACES	\$681.00
D0365	CONE BEAM CAPT & INTERPRET, FULL ARCH-MAND	\$197.00	D2644	ONLAY - PORCELAIN/CERAMIC - 4+ SURFACES	\$710.00
D0366	CONE BEAM CAPT & INTERPRET, FULL ARCH-MAX	\$190.00	D2650	INLAY - COMPOSITE - 1 SURFACE	\$440.00
D0367	CONE BEAM CAPT & INTERPRET, BOTH JAWS	\$253.00	D2651	INLAY - COMPOSITE - 2 SURFACES	\$489.00
D0368	CONE BEAM CAPT & INTERPRET, TMJ, 2+ IMAGES	\$190.00	D2652	INLAY - COMPOSITE - 3+ SURFACES	\$529.00
D0380	CONE BEAM CAPTURE ONLY, LESS THAN ONE JAW	\$70.00	D2662	ONLAY - COMPOSITE - 2 SURFACES	\$510.00
D0381	CONE BEAM CAPTURE ONLY, FULL ARCH-MAND	\$197.00	D2663	ONLAY - COMPOSITE - 3 SURFACES	\$591.00
D0382	CONE BEAM CAPTURE ONLY, FULL ARCH-MAX	\$162.00	D2664	ONLAY - COMPOSITE - 4+ SURFACES	\$617.00
D0383	CONE BEAM CAPTURE ONLY, BOTH JAWS	\$141.00	D2710	CROWN - INDIRECT RESIN-BASED COMPOSITE	\$271.00
D0384	CONE BEAM CAPTURE ONLY, TMJ, 2+ IMAGES	\$183.00	D2712	CROWN - INDIRECT 3/4 RESIN-BASED COMPOSITE	\$271.00
D0391	INTERPRET IMAGE, DIFF PROV THAN IMAGE CAPTURE	\$76.00	D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$407.00
D0431	PRE-DIAG TEST TO DETECT MUCOSAL ABNORMALITIES	\$44.00	D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$407.00
D0460	PULP VITALITY TESTS	\$20.00	D2722	CROWN - RESIN WITH NOBLE METAL	\$407.00
D0470	DIAGNOSTIC CASTS	\$67.00	D2740	CROWN - PORCELAIN/CERAMIC	\$900.00
D0601	CARIES RISK ASSESSMENT - LOW	\$0.00	D2750	CROWN - PORCELAIN ON HIGH NOBLE METAL	\$829.00
D0602	CARIES RISK ASSESSMENT - MODERATE	\$0.00	D2751	CROWN - PORCELAIN ON PREDOMINANTLY BASE METAL	\$785.00
D0603	CARIES RISK ASSESSMENT - HIGH	\$0.00	D2752	CROWN - PORCELAIN ON NOBLE METAL	\$762.00
D1110	PROPHYLAXIS - ADULT	\$72.00	D2753	CROWN-PORCELAIN-TITANIUM/TITANIUM ALLOYS	\$769.00
D1120	PROPHYLAXIS - CHILD	\$55.00	D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$771.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC	\$29.00	D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$710.00
D1208	TOPICAL APP FLUORIDE, EXC VARNISH	\$29.00	D2782	CROWN - 3/4 CAST NOBLE METAL	\$769.00
D1351	SEALANT - PER TOOTH	\$41.00	D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$793.00
D1352	PREV RESIN REST - MOD/HIGH CARIES-PERM TOOTH	\$38.00	D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$833.00
D1353	SEALANT REPAIR-PER TOOTH	\$31.00	D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$767.00
D1510	SPACE MAINTAINER - FIXED - UNILATERAL-QUAD	\$244.00	D2792	CROWN - FULL CAST NOBLE METAL	\$831.00
D1516	SPACE MAINTAINER FIXED BILATERAL, MAX	\$364.00	D2794	CROWN - TITANIUM/TITANIUM ALLOYS	\$771.00
D1517	SPACE MAINTAINER FIXED BILATERAL, MAND	\$364.00	D2799	INTERIM CROWN	\$195.00
D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL-QUAD	\$244.00	D2910	RECEMENT INLAY, ONLAY, VENEER, PART COV REST	\$54.00
D1526	SPACE MAINTAINER REMOVABLE BILATERAL, MAX	\$364.00	D2915	RECEMENT INDIRECTLY FABRICATED POST & CORE	\$54.00
D1527	SPACE MAINTAINER REMOVABLE BILATERAL,MAND	\$364.00	D2920	RECEMENT, REBOND CROWN	\$54.00
D1551	RE-CEMENT/RE-BOND BILATERAL SPACE MAINT-MAX	\$47.00	D2928	PREFAB PORC/CERAMIC CROWN - PERMANENT TOOTH	\$195.00
D1552	RE-CEMENT/RE-BOND BILATERAL SPACE MAINT-MAN	\$47.00	D2929	PREFAB PORC / CERAMIC CROWN - PRIMARY TOOTH	\$195.00
D1553	RE-CEMENT/RE-BOND UNILATERAL SPACE MAINT-QUAD	\$24.00	D2930	PREFAB STAINLESS STEEL CROWN - PRIMARY TOOTH	\$173.00
D1556	REMOVAL FIXED UNILATERAL SPACE MAINT-QUAD	\$16.00	D2931	PREFAB STAINLESS STEEL CROWN-PERMANENT TOOTH	\$186.00
D1557	REMOVAL FIXED BILATERAL SPACE MAINTAINER-MAX	\$32.00	D2932	PREFAB RESIN CROWN	\$195.00

The listing of codes on this fee schedule does not guarantee coverage. General Dentists: (1) contact Guardian for the Orthodontic Fee Schedule applicable in your area; (2) CDT codes not listed on the General or Orthodontic Fee Schedules may be charged at your usual fee.

Note : DGP = DentalGuard Preferred; DGPS = DentalGuard Preferred Select.

Guardian reserves the right to apply comparable fee schedule amounts resulting from revisions to CDT.

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**EXHIBIT A****DentalGuard Preferred and DentalGuard Preferred Select - General Fee Schedule****Maximum Allowable Fees**

CDT Code	Description	DGP DGPS Fees	CDT Code	Description	DGP DGPS Fees
D2933	PREFAB STAINLESS STEEL CROWN W/ RESIN WINDOW	\$195.00	D4212	GINGIVECTOMY-ACCESS FOR REST PROC, PER TOOTH	\$107.00
D2934	PREFAB ESTHETIC STAINLESS STEEL CROWN-PRIMARY	\$195.00	D4230	CROWN EXPOSURE - 4+ TEETH OR SPACES, PER QUAD	\$529.00
D2940	PROTECTIVE RESTORATION - TEMPORARY	\$62.00	D4231	CROWN EXPOSURE - 1 TO 3 TEETH OR SPACES, QUAD	\$370.00
D2949	RESTORATIVE FOUNDATION - INDIRECT RESTORATION	\$0.00	D4240	GINGIVAL FLAP, W/ ROOT PLANING-4+ TEETH/QUAD	\$411.00
D2950	CORE BUILDUP, INCLUDING PINS WHEN REQUIRED	\$170.00	D4241	GINGIVAL FLAP, W/ ROOT PLANING-1-3 TEETH/QUAD	\$288.00
D2951	PIN RETENTION - PER TOOTH	\$47.00	D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$529.00
D2952	INDIRECTLY FABRICATED POST & CORE	\$271.00	D4260	OSSEOUS SURGERY - 4+ TEETH/QUAD	\$780.00
D2953	EACH ADD'L POST, INDIRECT - SAME TOOTH	\$20.00	D4261	OSSEOUS SURGERY - 1 TO 3 TEETH/QUAD	\$546.00
D2954	PREFAB POST & CORE	\$212.00	D4263	BONE GRAFT - FIRST SITE IN QUADRANT	\$238.00
D2955	POST REMOVAL (NOT WITH ENDO)	\$140.00	D4264	BONE GRAFT - ADDITIONAL SITE IN QUAD	\$181.00
D2957	EACH ADDITIONAL PREFAB POST - SAME TOOTH	\$15.00	D4266	GTR, NATURAL TEETH - RESORB BARRIER/SITE	\$315.00
D2960	LABIAL VENEER (RESIN) - DIRECT	\$434.00	D4267	GTR, NATURAL TEETH - NON-RESORB BARRIER/SITE	\$337.00
D2961	LABIAL VENEER (RESIN) - INDIRECT	\$499.00	D4268	SURGICAL REVISION, PER TOOTH	\$153.00
D2962	LABIAL VENEER (PORCELAIN) - INDIRECT	\$543.00	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$556.00
D2971	ADD'L PROCEDURE - CROWN UNDER PART DENT FRAME	\$128.00	D4273	AUTOGENOUS CONNECTIVE TISSUE GRFT FIRST TOOTH	\$679.00
D2980	CROWN REPAIR, BY REPORT	\$140.00	D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$369.00
D2981	INLAY REPAIR DUE TO REST MATERIAL FAILURE	\$98.00	D4275	NON-AUTOGENOUS TISSUE GRAFT FIRST TOOTH	\$815.00
D2982	ONLAY REPAIR DUE TO REST MATERIAL FAILURE	\$119.00	D4276	COMBINED CONNECTIVE TISSUE & PEDICLE GRAFT	\$713.00
D2983	VENEER REPAIR DUE TO REST MATERIAL FAILURE	\$98.00	D4277	FREE SOFT TISSUE GRAFT PROC, FIRST TOOTH	\$679.00
D3110	PULP CAP -DIRECT (EXCLUDES FINAL RESTORATION)	\$44.00	D4278	FREE SOFT TISSUE GRAFT PROC, ADDTL TOOTH	\$407.00
D3120	PULP CAP-INDIRECT(EXCLUDES FINAL RESTORATION)	\$48.00	D4283	AUTOGENOUS CONNECTIVE TISSUE GRFT-ADDTL TOOTH	\$407.00
D3220	THERAPEUTIC PULPOTOMY	\$117.00	D4285	NONAUTOGENOUS TISSUE GRAFT FIRST, ADDTL TOOTH	\$489.00
D3221	PULPAL DEBRIDEMENT (ANY TOOTH)	\$70.00	D4341	SCALING AND ROOT PLANING - 4+ TEETH/QUAD	\$160.00
D3222	PARTIAL PULPOTOMY - APEXOGENESIS (PERM TOOTH)	\$117.00	D4342	SCALING AND ROOT PLANING - 1-3 TEETH/QUAD	\$104.00
D3230	PULPAL THERAPY(RESORBABLE), ANTERIOR, PRIMARY	\$123.00	D4346	SCALING FULL MOUTH - GINGIVAL INFLAMMATION	\$79.00
D3240	PULPAL THERAPY(RESORBABLE), POSTERIOR,PRIMARY	\$135.00	D4355	FULL MOUTH DEBRIDEMENT	\$89.00
D3310	ENDO - ANTERIOR (EXCLUDE FINAL RESTORATION)	\$501.00	D4381	LOCAL DELIVERY ANTIMICROBIAL AGENTS-PER TOOTH	\$65.00
D3320	ENDO - PREMOLAR (EXCLUDE FINAL RESTORATION)	\$583.00	D4910	PERIODONTAL MAINTENANCE	\$98.00
D3330	ENDO - MOLAR (EXCLUDE FINAL RESTORATION)	\$731.00	D4921	GINGIVAL IRRIGATION W/MED AGENT, PER QUAD	\$52.00
D3331	TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY)	\$151.00	D5110	COMPLETE DENTURE - MAXILLARY	\$1,003.00
D3332	INCOMPLETE RCT - INOPERABLE, UNRESTORABLE, FX	\$241.00	D5120	COMPLETE DENTURE - MANDIBULAR	\$1,003.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION	\$144.00	D5130	IMMEDIATE DENTURE - MAXILLARY	\$975.00
D3346	ENDO - RETREATMENT - ANTERIOR	\$675.00	D5140	IMMEDIATE DENTURE - MANDIBULAR	\$975.00
D3347	ENDO - RETREATMENT - PREMOLAR	\$786.00	D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$848.00
D3348	ENDO - RETREATMENT - MOLAR	\$977.00	D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$877.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT	\$144.00	D5213	MAXILLARY PARTIAL DENTURE - CAST FRAME	\$1,014.00
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDS	\$96.00	D5214	MANDIBULAR PARTIAL DENTURE - CAST FRAME	\$1,014.00
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$337.00	D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN	\$890.00
D3355	PULPAL REGENERATION - INITIAL VISIT	\$144.00	D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN	\$921.00
D3356	PULPAL REGENERATION - INTERIM VISIT	\$96.00	D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - METAL	\$1,065.00
D3357	PULPAL REGENERATION - TX COMPLETE	\$96.00	D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - METAL	\$1,065.00
D3410	APICOECTOMY - ANTERIOR	\$453.00	D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE	\$1,049.00
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$567.00	D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE	\$1,026.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$567.00	D5227	IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE	\$1,065.00
D3426	APICOECTOMY - (ADDITIONAL ROOT)	\$199.00	D5228	IMMEDIATE MAN PARTIAL DENTURE - FLEXIBLE BASE	\$1,065.00
D3428	BONE GRAFT W/ PERIRADICULAR SURG - TOOTH	\$235.00	D5282	RMVBLE UNILATERAL PARTIAL DENT - METAL, MAX	\$469.00
D3429	BONE GRAFT W/ PERIRADICULAR SURG - ADD TOOTH	\$181.00	D5283	RMVBLE UNILATERAL PARTIAL DENT - METAL, MAND	\$469.00
D3430	RETROGRADE FILLING - PER ROOT	\$100.00	D5284	REMOVABLE UNILATERAL PARTIAL, FLEX BASE-QUAD	\$406.00
D3432	GTR PER SITE, W/ PERIRADICULAR SURG	\$305.00	D5286	REMOVABLE UNILATERAL PARTIAL, RESIN-QUAD	\$356.00
D3450	ROOT AMPUTATION - PER ROOT	\$290.00	D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$49.00
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	\$510.00	D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$49.00
D3472	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR	\$510.00	D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$47.00
D3473	SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	\$510.00	D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$47.00
D3501	SURG EXPOSURE-ROOT SURF, W/O APICO-ANTERIOR	\$510.00	D5511	REPAIR BROKEN COMPLETE DENTURE BASE - MAN	\$141.00
D3502	SURG EXPOSURE-ROOT SURF, W/O APICO-PRE-MOLAR	\$510.00	D5512	REPAIR BROKEN COMPLETE DENTURE BASE - MAX	\$141.00
D3503	SURG EXPOSURE-ROOT SURF, W/O APICO-MOLAR	\$510.00	D5520	REPLACE MISSING/BROKEN DENTURE TOOTH	\$112.00
D3920	HEMISECTION (W/ROOT REMOVAL)	\$251.00	D5611	REPAIR RESIN PARTIAL DENTURE BASE - MAN	\$97.00
D3950	CANAL PREP & FIT OF PREFORMED DOWEL/POST	\$72.00	D5612	REPAIR RESIN PARTIAL DENTURE BASE - MAX	\$97.00
D4210	GINGIVECTOMY - 4+ TEETH/QUAD	\$354.00	D5621	REPAIR CAST PARTIAL FRAMEWORK - MAN	\$105.00
D4211	GINGIVECTOMY - 1 TO 3 TEETH/QUAD	\$153.00	D5622	REPAIR CAST PARTIAL FRAMEWORK - MAX	\$105.00

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**EXHIBIT A****DentalGuard Preferred and DentalGuard Preferred Select - General Fee Schedule****Maximum Allowable Fees**

CDT Code	Description	DGP DGPS Fees	CDT Code	Description	DGP DGPS Fees
D5630	REPAIR / REPLACE BROKEN CLASP	\$92.00	D6056	PREFABRICATED ABUTMENT	\$470.00
D5640	REPLACE BROKEN TEETH (PER TOOTH)	\$87.00	D6057	CUSTOM ABUTMENT	\$650.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$112.00	D6058	ABUT CROWN - PORCELAIN/CERAMIC	\$1,284.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$145.00	D6059	ABUT CROWN - PORCELAIN - HIGH NOBLE METAL	\$1,245.00
D5670	REPLACE ALL TEETH & ACRYLIC - MAXILLARY	\$386.00	D6060	ABUT CROWN - PORCELAIN - PRED BASE METAL	\$1,091.00
D5671	REPLACE ALL TEETH & ACRYLIC - MANDIBULAR	\$386.00	D6061	ABUT CROWN - PORCELAIN - NOBLE METAL	\$1,143.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$335.00	D6062	ABUT CROWN - HIGH NOBLE METAL	\$1,116.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$335.00	D6063	ABUT CROWN - PRED BASE METAL	\$1,065.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$309.00	D6064	ABUT CROWN - NOBLE METAL	\$1,134.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$309.00	D6065	IMPLANT CROWN - PORCELAIN/CERAMIC	\$1,189.00
D5730	RELINE COMPLETE MAX DENTURE (DIRECT)	\$164.00	D6066	IMPLANT CROWN - PORCELAIN - HIGH NOBLE ALLOYS	\$1,154.00
D5731	RELINE COMPLETE MAND DENTURE (DIRECT)	\$164.00	D6067	IMPLANT CROWN - HIGH NOBLE ALLOYS	\$1,157.00
D5740	RELINE MAX PARTIAL DENTURE (DIRECT)	\$131.00	D6068	ABUT RETAINER - PORCELAIN/CERAMIC FPD	\$1,189.00
D5741	RELINE MAND PARTIAL DENTURE (DIRECT)	\$131.00	D6069	ABUT RETAINER-PORCELAIN-HIGH NOBLE METAL FPD	\$1,153.00
D5750	RELINE COMPLETE MAX DENTURE (INDIRECT)	\$276.00	D6070	ABUT RETAINER-PORCELAIN-PRED BASE METAL FPD	\$1,091.00
D5751	RELINE COMPLETE MAND DENTURE (INDIRECT)	\$276.00	D6071	ABUT RETAINER - PORCELAIN - NOBLE METAL FPD	\$1,143.00
D5760	RELINE MAX PARTIAL DENTURE (INDIRECT)	\$239.00	D6072	ABUT RETAINER - HIGH NOBLE METAL FPD	\$1,116.00
D5761	RELINE MAND PARTIAL DENTURE (INDIRECT)	\$239.00	D6073	ABUT RETAINER - PRED BASE METAL FPD	\$1,065.00
D5765	SOFT LINER-COMPLETE/PARTIAL REMOVABLE DENTURE	\$115.00	D6074	ABUT RETAINER - NOBLE METAL FPD	\$1,134.00
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$829.00	D6075	IMPLANT RETAINER - FPD - CERAMIC	\$1,189.00
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$829.00	D6076	IMPLANT RETAINER-FPD-PORC-HIGH NOBLE ALLOYS	\$1,153.00
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$328.00	D6077	IMPLANT RETAINER - FPD - HIGH NOBLE ALLOYS	\$1,116.00
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$328.00	D6082	IMPLANT CROWN-PORCELAIN-PRED BASE ALLOYS	\$1,091.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$115.00	D6083	IMPLANT CROWN-PORCELAIN-NOBLE ALLOYS	\$1,143.00
D5851	TISSUE CONDITIONING, MANDIBULAR	\$115.00	D6084	IMPLANT CROWN-PORCELAIN-TITANIUM/ALLOYS	\$1,153.00
D5876	ADD METAL SUBSTRUCTURE-ACRYLIC FULL DENT,ARCH	\$87.00	D6086	IMPLANT CROWN-PREDOMINATELY BASE ALLOYS	\$1,065.00
D5911	FACIAL MOULAGE (SECTIONAL)	\$158.00	D6087	IMPLANT CROWN-NOBLE ALLOYS	\$1,134.00
D5912	FACIAL MOULAGE (COMPLETE)	\$158.00	D6088	IMPLANT CROWN-TITANIUM/TITANIUM ALLOYS	\$1,116.00
D5913	NASAL PROSTHESIS	\$3,351.00	D6089	ACCESS/RETORQUE LOOSE IMPLANT SCREW	\$124.00
D5914	AURICULAR PROSTHESIS	\$3,351.00	D6092	RECEMENT, REBOND IMP/ABUT SUPPORTED CROWN	\$54.00
D5915	ORBITAL PROSTHESIS	\$4,527.00	D6093	RECEMENT, REBOND IMP/ABUT SUPP FIX PART DENT	\$78.00
D5916	OCULAR PROSTHESIS	\$1,211.00	D6094	ABUT CROWN - TITANIUM/TITANIUM ALLOYS	\$1,116.00
D5919	FACIAL PROSTHESIS	\$439.00	D6097	ABUT CROWN-PORCELAIN-TITANIUM/TITANIUM ALLOYS	\$1,153.00
D5922	NASAL SEPTAL PROSTHESIS	\$292.00	D6098	IMPLANT RETAINER-PORCELAIN-PRED BASE ALLOYS	\$1,091.00
D5924	CRANIAL PROSTHESIS	\$579.00	D6099	IMPLANT RETAINER-FPD-PORCELAIN-NOBLE ALLOYS	\$1,143.00
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$1,807.00	D6101	DEBRIDEMENT OF A PERIIMPLANT DEFECT	\$288.00
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$1,263.00	D6102	DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT	\$546.00
D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$183.00	D6103	BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT	\$235.00
D5934	MAND RESECTION PROSTHESIS WITH GUIDE FLANGE	\$3,070.00	D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$305.00
D5935	MAND RESECTION PROSTHESIS W/OUT GUIDE FLANGE	\$2,666.00	D6106	GUIDED TISSUE REGEN - RESORBABLE, PER IMPLANT	\$305.00
D5951	FEEDING AID	\$492.00	D6107	GUIDED TISSUE REGEN - NON-RESORB, PER IMPLANT	\$337.00
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	\$1,596.00	D6110	IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX	\$1,394.00
D5954	PALATAL AUGMENTATION PROSTHESIS	\$404.00	D6111	IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAND	\$1,394.00
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$2,597.00	D6112	IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX	\$1,521.00
D5958	PALATAL LIFT PROSTHESIS, INTERIM	\$877.00	D6113	IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND	\$1,521.00
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	\$183.00	D6120	IMPLANT RETAINER-PORCELAIN-TITANIUM/ALLOYS	\$1,153.00
D5982	SURGICAL STENT	\$175.00	D6121	IMPLANT RETAINER-METAL FPD-PRED BASE ALLOYS	\$1,065.00
D5983	RADIATION CARRIER	\$579.00	D6122	IMPLANT RETAINER-METAL FPD-NOBLE ALLOYS	\$1,134.00
D5986	FLUORIDE GEL CARRIER	\$98.00	D6123	IMPLANT RETAINER-METAL FPD-TITANIUM/ALLOYS	\$1,116.00
D5987	COMMISSURE SPLINT	\$263.00	D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX,BY REPORT	\$186.00
D5988	SURGICAL SPLINT	\$263.00	D6194	ABUT RETAINER - TITANIUM/TITANIUM ALLOYS FPD	\$1,116.00
D5991	TOPICAL MEDICAMENT CARRIER	\$98.00	D6195	ABUT RETAINER-PORCELAIN-TITANIUM/ALLOYS	\$1,153.00
D5992	ADJUST MAX PROSTHETIC APPLIANCE, BY REPORT	\$66.00	D6197	REPLACE MATERIAL-CLOSE ACCESS OPENING/IMPLANT	\$124.00
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL	\$1,404.00	D6205	PONTIC - INDIRECT RESIN-BASED COMPOSITE	\$271.00
D6011	SECOND STAGE IMPLANT SURGERY	\$156.00	D6210	PONTIC - CAST HIGH NOBLE METAL	\$771.00
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY	\$1,560.00	D6211	PONTIC - CAST BASE METAL	\$710.00
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$1,404.00	D6212	PONTIC - CAST NOBLE METAL	\$769.00
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$2,496.00	D6214	PONTIC - TITANIUM/TITANIUM ALLOYS	\$771.00
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$1,560.00	D6240	PONTIC - PFM (HIGH NOBLE)	\$829.00
D6051	INTERIM ABUTMENT	\$195.00	D6241	PONTIC - PFM (BASE METAL)	\$727.00

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**EXHIBIT A****DentalGuard Preferred and DentalGuard Preferred Select - General Fee Schedule****Maximum Allowable Fees**

CDT Code	Description	DGP DGPS Fees	CDT Code	Description	DGP DGPS Fees
D6242	PONTIC - PFM (NOBLE METAL)	\$762.00	D7252	PARTIAL EXTRACT - IMMEDIATE IMPLANT PLACEMENT	\$167.00
D6243	PONTIC-PORCELAIN-TITANIUM/TITANIUM ALLOYS	\$769.00	D7260	OROANTRAL FISTULA CLOSURE	\$353.00
D6245	PONTIC - PORCELAIN/CERAMIC	\$829.00	D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$353.00
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	\$769.00	D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$289.00
D6251	PONTIC - RESIN WITH BASE METAL	\$727.00	D7282	MOBILIZATION OF ERUPTED/MALPOSITIONED TOOTH	\$363.00
D6252	PONTIC - RESIN WITH NOBLE METAL	\$762.00	D7283	DEVICE TO FACILITATE ERUPTION OF IMP TOOTH	\$81.00
D6253	INTERIM PONTIC	\$195.00	D7284	EXCISIONAL BIOPSY OF MINOR SALIVARY GLANDS	\$161.00
D6545	RETAINER - CAST METAL-BONDED FIXED PROSTHESIS	\$288.00	D7285	BIOPSY OF ORAL TISSUE - HARD	\$290.00
D6548	RETAINER-PORC/CERAMIC-BONDED FIXED PROSTHESIS	\$288.00	D7286	BIOPSY OF ORAL TISSUE - SOFT	\$161.00
D6549	RESIN RETAINER-RESIN BONDED FIXED PROSTH	\$144.00	D7288	BRUSH BIOPSY-TRANSEPIHELIAL SAMPLE	\$81.00
D6600	RETAINER INLAY-PORCELAIN/CERAMIC, 2 SURFACES	\$562.00	D7291	TRANSSEPTAL FIBEROTOMY, BY REPORT	\$71.00
D6601	RETAINER INLAY-PORCELAIN/CERAMIC, 3+ SURFACES	\$608.00	D7292	SURG PLACE: TEMP ANCHOR DEVICE, SCREW PLATE	\$384.00
D6602	RETAINER INLAY-CAST HIGH NOBLE, 2 SURFACES	\$564.00	D7293	SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP	\$326.00
D6603	RETAINER INLAY-CAST HIGH NOBLE, 3+ SURFACES	\$606.00	D7294	SURG PLACE: TEMP ANCHOR DEVICE W/O FLAP	\$249.00
D6604	RETAINER INLAY-CAST BASE METAL, 2 SURFACES	\$564.00	D7310	ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETH/QUAD	\$141.00
D6605	RETAINER INLAY-CAST BASE METAL, 3+ SURFACES	\$606.00	D7311	ALVEOLOPLASTY WITH EXT, 1-3 TEETH/QUAD	\$70.00
D6606	RETAINER INLAY-CAST NOBLE, 2 SURFACES	\$564.00	D7320	ALVEOLOPLASTY W/OUT EXTRACTION, 4+ TEETH/QUAD	\$193.00
D6607	RETAINER INLAY-CAST NOBLE, 3+ SURFACES	\$606.00	D7321	ALVEOLOPLASTY W/OUT EXT, 1-3 TEETH/QUAD	\$135.00
D6608	RETAINER ONLAY-PORCELAIN/CERAMIC, 2 SURFACES	\$587.00	D7410	EXCISION OF BENIGN LESION UP TO 1.25CM	\$212.00
D6609	RETAINER ONLAY-PORCELAIN/CERAMIC, 3+ SURFACES	\$681.00	D7411	EXCISION OF BENIGN LESION > 1.25CM	\$308.00
D6610	RETAINER ONLAY-CAST HIGH NOBLE, 2 SURFACES	\$581.00	D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$340.00
D6611	RETAINER ONLAY-CAST HIGH NOBLE, 3+ SURFACES	\$683.00	D7413	EXCISION OF MALIGNANT LESION UP TO 1.25CM	\$212.00
D6612	RETAINER ONLAY-CAST BASE METAL, 2 SURFACES	\$581.00	D7414	EXCISION OF MALIGNANT LESION > 1.25CM	\$308.00
D6613	RETAINER ONLAY-CAST BASE METAL, 3+ SURFACES	\$683.00	D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	\$340.00
D6614	RETAINER ONLAY-CAST NOBLE METAL, 2 SURFACES	\$581.00	D7440	EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM	\$265.00
D6615	RETAINER ONLAY-CAST NOBLE METAL, 3+ SURFACES	\$683.00	D7441	EXCISION OF MALIGNANT TUMOR-LESION > 1.25CM	\$268.00
D6624	RETAINER INLAY-TITANIUM	\$564.00	D7450	REMOVAL OF BENIGN ODONT CYST/TUMOR TO 1.25CM	\$244.00
D6634	RETAINER ONLAY-TITANIUM	\$581.00	D7451	REMOVAL OF BENIGN ODONT CYST/TUMOR > 1.25CM	\$268.00
D6710	RETAINER CROWN-INDIRECT RESIN-BASED CMPSTE	\$271.00	D7460	REMOVAL OF BENIGN NONODONT CYST/TUMOR TO 1.25	\$210.00
D6720	RETAINER CROWN-RESIN WITH HIGH NOBLE METAL	\$407.00	D7461	REMOVAL OF BENIGN NONODONT CYST/TUMOR > 1.25	\$474.00
D6721	RETAINER CROWN-RESIN W/PRED BASE METAL	\$407.00	D7465	DESTRUCTION OF LESION BY PHYSICAL/CHEMICAL	\$106.00
D6722	RETAINER CROWN-RESIN WITH NOBLE METAL	\$407.00	D7471	REMOVAL OF LATERAL EXOSTOSIS-MAX/MAND	\$314.00
D6740	RETAINER CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$856.00	D7472	REMOVAL OF TORUS PALATINUS	\$314.00
D6750	RETAINER CROWN-PORCELAIN ON HIGH NOBLE METAL	\$829.00	D7473	REMOVAL OF TORUS MANDIBULARIS	\$314.00
D6751	RETAINER CROWN-PORCELAIN ON PRED BASE METAL	\$727.00	D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$314.00
D6752	RETAINER CROWN-PORCELAIN ON NOBLE METAL	\$762.00	D7509	MARSUPIALIZATION OF ODONTOGENIC CYST	\$103.00
D6753	RETAINER CROWN-PORCELAIN-TITANIUM/ALLOYS	\$768.00	D7510	I & D OF ABSCESS - INTRAORAL SOFT TISSUE	\$103.00
D6780	RETAINER CROWN-3/4 CAST HIGH NOBLE METAL	\$735.00	D7511	I & D ABSCESS - INTRAORAL SOFT TISSUE - Cmplx	\$113.00
D6781	RETAINER CROWN-3/4 CAST PRED BASE METAL	\$710.00	D7520	I & D OF ABSCESS - EXTRAORAL SOFT TISSUE	\$124.00
D6782	RETAINER CROWN-3/4 CAST NOBLE METAL	\$769.00	D7521	I & D ABSCESS - EXTRAORAL SOFT TISSUE - Cmplx	\$136.00
D6783	RETAINER CROWN-3/4 PORCELAIN/CERAMIC	\$793.00	D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$390.00
D6784	RETAINER CROWN-3/4 TITANIUM/TITANIUM ALLOYS	\$735.00	D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	\$98.00
D6790	RETAINER CROWN-FULL CAST HIGH NOBLE METAL	\$744.00	D7922	PLACEMENT OF BIOLOGICAL DRESSING-SITE	\$60.00
D6791	RETAINER CROWN-FULL CAST PRED BASE METAL	\$710.00	D7953	BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE	\$315.00
D6792	RETAINER CROWN-FULL CAST NOBLE METAL	\$756.00	D7956	GUIDED TISSUE REGEN, EDENT AREA - RESORB/SITE	\$305.00
D6793	INTERIM RETAINER CROWN	\$195.00	D7957	GUIDED TISSUE REGEN, EDENT - NON-RESORB/SITE	\$337.00
D6794	RETAINER CROWN - TITANIUM/TITANIUM ALLOYS	\$744.00	D7961	BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	\$235.00
D6930	RECEMENT, REBOND FIXED PARTIAL DENTURE	\$78.00	D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$235.00
D6940	STRESS BREAKER	\$203.00	D7963	FRENULOPLASTY	\$376.00
D6980	FIXED PARTIAL DENTURE REPAIR	\$142.00	D7970	EXCISION OF HYPERPLASTIC TISSUE PER ARCH	\$202.00
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	\$364.00	D7971	EXCISION OF PERICORONAL GINGIVA	\$114.00
D7111	EXTRACTION, CORONAL REMNANTS, PRIMARY TOOTH	\$58.00	D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$157.00
D7140	EXTRACTION, ERUPTED TOOTH/EXPOSED ROOT	\$90.00	D8210	REMOVABLE APPLIANCE THERAPY	\$225.00
D7210	SURGICAL REMOVAL W/ELEVATION/SECTIONING	\$167.00	D8220	FIXED APPLIANCE THERAPY	\$225.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$208.00	D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION	\$53.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIAL BONY	\$312.00	D9110	PALLIATIVE TX OF DENTAL PAIN, PER VISIT	\$60.00
D7240	REMOVAL OF IMPACTED TOOTH - FULL BONY	\$379.00	D9120	FIXED PARTIAL DENTURE SECTIONING	\$117.00
D7241	REMOVAL OF IMPACTED TOOTH - FULL BONY W/COMP	\$415.00	D9215	LOCAL ANESTHESIA	\$0.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$167.00	D9219	EVALUATION-DEEP SEDATION/GENERAL ANESTHESIA	\$52.00
D7251	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL	\$268.00	D9222	DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN	\$113.00

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EXHIBIT A

**DentalGuard Preferred and DentalGuard Preferred Select - General Fee Schedule**  
**Maximum Allowable Fees**

CDT Code	Description	DGP DGPS Fees
D9223	DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN	\$113.00
D9230	ADMIN OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$32.00
D9239	IV MODERATE SEDATION/ANESTH - FIRST 15 MIN	\$113.00
D9243	IV MOD SEDATION/ANALGESIA - ADD'L 15 MIN	\$113.00
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$214.00
D9310	CONSULTATION (OTHER THAN REQUESTING DOCTOR)	\$81.00
D9311	CONSULTATION WITH MEDICAL PROFESSIONAL	\$0.00
D9430	OFFICE VISIT FOR OBSERVATION-NO OTHER SERVICE	\$34.00
D9440	OFFICE VISIT - AFTER REGULAR HOURS	\$78.00
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE	\$37.00
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO+, DIFF MEDS	\$55.00
D9938	FABRICATE RMVBLE PLASTIC TEMP/AESTHETIC APPL	\$0.00
D9939	PLACE RMVBLE PLASTIC TEMP/AESTHETIC APPL	\$328.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$59.00
D9943	OCCLUSAL GUARD ADJUSTMENT	\$98.00
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$390.00
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$390.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$67.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$180.00
D9971	ODONTOPLASTY - PER TOOTH	\$67.00
D9972	EXTERNAL BLEACHING - PER ARCH	\$298.00
D9973	EXTERNAL BLEACHING - PER TOOTH	\$45.00
D9974	INTERNAL BLEACHING - PER TOOTH	\$179.00
D9975	EXT BLEACHING FOR HOME APPLICATION, PER ARCH	\$179.00

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## EXHIBIT A

### **DentalGuard Preferred and DentalGuard Preferred Select - Orthodontic Fee Schedule** **Maximum Allowable Fees**

CDT Code	Description	DGP, DGPS Fees
D8010, D8020, D8030, D8040	<b>Limited orthodontic treatment</b> Including fabrication and insertion of any and all fixed and removable appliances and periodic visits	\$1,181.00
D8070, D8080, D8090, D8091	<b>Comprehensive orthodontic treatment</b> Including fabrication and insertion of any and all fixed and removable appliances and periodic visits	\$3,728.00
D8670, D8671	<b>Periodic orthodontic treatment visit-part of contract</b> Additional monthly fee for comprehensive orthodontic treatment extending beyond twenty-four (24) months, up to thirty-six (36) months	\$133.00
D8680	<b>Orthodontic retention</b> Including any and all necessary fixed and removable initial appliances and related visits	\$434.00
D8681	<b>Removable orthodontic retainer adjustment</b>	\$31.00

#### Orthodontic treatment included in the above listed fees:

- Limited orthodontic treatment, including fabrication and insertion of any and all fixed and removable appliances and periodic visits.
- Comprehensive orthodontic treatment, including fabrication and insertion of any and all fixed and removable appliances and periodic visits.
- Orthodontic retention, including any and all necessary fixed and removable initial appliances and related visits.
- Orthodontic treatment beyond twenty-four (24) months but not exceeding thirty-six (36) months. If orthodontic treatment exceeds thirty-six (36) months, no additional fees can be charged.

#### Orthodontic treatment not included in the above fees:

- Pre-Orthodontic treatment examinations and pre-orthodontic diagnostic services should be reported separately. Refer to the General Dentist Fee Schedule.
- Any incremental charges for orthodontic appliances made with clear, ceramic, white, lingual brackets or other optional material.
- Procedures, appliances or devices to guide minor tooth movement or to correct harmful habits (may be covered under the member's standard dental plan).
- Re-treatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.
- Extractions performed solely to facilitate orthodontic treatment (may be covered under the member's standard dental plan).
- Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
- Replacement of lost or broken retainers.
- If a member has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the plan provides its 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 dentist's usual fee.
- If a covered member transfers from a nonparticipating dentist to a participating dentist after orthodontic treatment has begun, the new participating dentist should submit a pro-rated amount for the remaining treatment based upon the new participating dentist's contracted fee.
- If a covered member transfers from a participating dentist to another participating dentist after orthodontic treatment has begun, the new participating dentist should submit a prorated amount for the remaining treatment based upon the new participating dentist's contracted fee.
- If orthodontic treatment begins before the member is eligible for orthodontic benefits under this plan by a participating dentist, the member will be responsible for the dentist's fees as originally agreed upon. Plan benefits may be considered up to the member's orthodontic lifetime maximum.