

**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	\$29.00	D2160	AMALGAM - 3 SURFACES (PRIMARY OR PERMANENT)	\$103.00
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$38.00	D2161	AMALGAM - 4+ SURFACES (PRIMARY OR PERMANENT)	\$122.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE	\$40.00	D2330	COMPOSITE - 1 SURFACE, ANTERIOR	\$85.00
D0150	COMPREHENSIVE ORAL EVALUATION	\$40.00	D2331	COMPOSITE - 2 SURFACES, ANTERIOR	\$111.00
D0160	DETAILED & EXTENSIVE ORAL EVALUATION	\$70.00	D2332	COMPOSITE - 3 SURFACES, ANTERIOR	\$125.00
D0170	REEVALUATION-LIMITED;PROBLEM FOCUS;NOT POSTOP	\$34.00	D2335	COMPOSITE - 4+ SURFACES OR INC ANGLE,ANTERIOR	\$134.00
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$34.00	D2390	COMPOSITE CROWN, ANTERIOR	\$134.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$40.00	D2391	COMPOSITE - 1 SURFACE, POSTERIOR	\$105.00
D0210	INTRAORAL XRAYs-COMplete Series w/ BITEWINGS	\$71.00	D2392	COMPOSITE - 2 SURFACES, POSTERIOR	\$148.00
D0220	INTRAORAL XRAYs - PERIAPICAL, FIRST FILM	\$14.00	D2393	COMPOSITE - 3 SURFACES, POSTERIOR	\$176.00
D0230	INTRAORAL XRAYs - PERIAPICAL, EACH EXTRA FILM	\$8.00	D2394	COMPOSITE - 4+ SURFACES, POSTERIOR	\$185.00
D0240	INTRAORAL XRAYs - OCCLUSAL FILM	\$22.00	D2510	INLAY - METAL - 1 SURFACE	\$433.00
D0250	EXTRAORAL XRAYs - FIRST FILM	\$20.00	D2520	INLAY - METAL - 2 SURFACES	\$517.00
D0270	BITEWING XRAYs - SINGLE FILM	\$21.00	D2530	INLAY - METAL - 3+ SURFACES	\$556.00
D0272	BITEWING XRAYs - TWO FILMS	\$26.00	D2542	ONLAY - METAL - 2 SURFACES	\$533.00
D0273	BITEWING XRAYs - THREE FILMS	\$29.00	D2543	ONLAY - METAL - 3 SURFACES	\$627.00
D0274	BITEWING XRAYs - FOUR FILMS	\$33.00	D2544	ONLAY - METAL - 4+ SURFACES	\$652.00
D0277	VERTICAL BITEWING XRAYs - 7 TO 8 FILMS	\$45.00	D2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$466.00
D0310	SIALOGRAPHY	\$213.00	D2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$518.00
D0320	TMJ ARTHROGRAM WITH INJECTION	\$249.00	D2630	INLAY - PORCELAIN/CERAMIC - 3+ SURFACES	\$560.00
D0321	OTHER TMJ FILMS, BY REPORT	\$142.00	D2642	ONLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$542.00
D0322	TOMOGRAPHIC SURVEY	\$213.00	D2643	ONLAY - PORCELAIN/CERAMIC - 3 SURFACES	\$628.00
D0330	PANORAMIC FILM	\$62.00	D2644	ONLAY - PORCELAIN/CERAMIC - 4+ SURFACES	\$653.00
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$51.00	D2650	INLAY - COMPOSITE - 1 SURFACE	\$406.00
D0350	ORAL/FACIAL PHOTO IMAGES (INTRA & EXTRAORAL)	\$31.00	D2651	INLAY - COMPOSITE - 2 SURFACES	\$451.00
D0364	CONE BEAM CAPT & INTERPRET, LESS THAN ONE JAW	\$205.00	D2652	INLAY - COMPOSITE - 3+ SURFACES	\$488.00
D0365	CONE BEAM CAPT & INTERPRET, FULL ARCH-MAND	\$174.00	D2662	ONLAY - COMPOSITE - 2 SURFACES	\$472.00
D0366	CONE BEAM CAPT & INTERPRET, FULL ARCH-MAX	\$167.00	D2663	ONLAY - COMPOSITE - 3 SURFACES	\$546.00
D0367	CONE BEAM CAPT & INTERPRET, BOTH JAWS	\$223.00	D2664	ONLAY - COMPOSITE - 4+ SURFACES	\$571.00
D0368	CONE BEAM CAPT & INTERPRET, TMJ, 2+ IMAGES	\$167.00	D2710	CROWN - INDIRECT RESIN-BASED COMPOSITE	\$245.00
D0380	CONE BEAM CAPTURE ONLY, LESS THAN ONE JAW	\$62.00	D2712	CROWN - INDIRECT 3/4 RESIN-BASED COMPOSITE	\$245.00
D0381	CONE BEAM CAPTURE ONLY, FULL ARCH-MAND	\$174.00	D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$368.00
D0382	CONE BEAM CAPTURE ONLY, FULL ARCH-MAX	\$143.00	D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$368.00
D0383	CONE BEAM CAPTURE ONLY, BOTH JAWS	\$124.00	D2722	CROWN - RESIN WITH NOBLE METAL	\$368.00
D0384	CONE BEAM CAPTURE ONLY, TMJ, 2+ IMAGES	\$161.00	D2740	CROWN - PORCELAIN/CERAMIC	\$694.00
D0391	INTERPRET IMAGE, DIFF PROV THAN IMAGE CAPTURE	\$70.00	D2750	CROWN - PORCELAIN ON HIGH NOBLE METAL	\$680.00
D0431	PRE-DIAG TEST TO DETECT MUCOSAL ABNORMALITIES	\$41.00	D2751	CROWN - PORCELAIN ON PREDOMINANTLY BASE METAL	\$646.00
D0460	PULP VITALITY TESTS	\$20.00	D2752	CROWN - PORCELAIN ON NOBLE METAL	\$677.00
D0470	DIAGNOSTIC CASTS	\$60.00	D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$680.00
D0601	CARIES RISK ASSESSMENT - LOW	\$0.00	D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$585.00
D0602	CARIES RISK ASSESSMENT - MODERATE	\$0.00	D2782	CROWN - 3/4 CAST NOBLE METAL	\$630.00
D0603	CARIES RISK ASSESSMENT - HIGH	\$0.00	D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$694.00
D1110	PROPHYLAXIS - ADULT	\$49.00	D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$680.00
D1120	PROPHYLAXIS - CHILD	\$41.00	D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$585.00
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC	\$21.00	D2792	CROWN - FULL CAST NOBLE METAL	\$630.00
D1208	TOPICAL APP FLUORIDE, EXC VARNISH	\$21.00	D2794	CROWN - TITANIUM	\$680.00
D1351	SEALANT - PER TOOTH	\$30.00	D2799	PROVISIONAL CROWN	\$180.00
D1352	PREV RESIN REST - MOD/HIGH CARIES-PERM TOOTH	\$30.00	D2910	RECEMENT INLAY, ONLAY, VENEER, PART COV REST	\$48.00
D1353	SEALANT REPAIR-PER TOOTH	\$24.00	D2915	RECEMENT INDIRECTLY FABRICATED POST & CORE	\$48.00
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	\$190.00	D2920	RECEMENT, REBOND CROWN	\$48.00
D1516	SPACE MAINTAINER FIXED BILATERAL, MAX	\$276.00	D2929	PREFAB PORC / CERAMIC CROWN - PRIMARY TOOTH	\$180.00
D1517	SPACE MAINTAINER FIXED BILATERAL, MAND	\$276.00	D2930	PREFAB STAINLESS STEEL CROWN - PRIMARY TOOTH	\$157.00
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	\$190.00	D2931	PREFAB STAINLESS STEEL CROWN-PERMANENT TOOTH	\$171.00
D1526	SPACE MAINTAINER REMOVABLE BILATERAL, MAX	\$276.00	D2932	PREFAB RESIN CROWN	\$180.00
D1527	SPACE MAINTAINER REMOVABLE BILATERAL,MAND	\$276.00	D2933	PREFAB STAINLESS STEEL CROWN W/ RESIN WINDOW	\$180.00
D1550	RE-CEMENT OR REBOND SPACE MAINTAINER	\$37.00	D2934	PREFAB ESTHETIC STAINLESS STEEL CROWN-PRIMARY	\$180.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$25.00	D2940	PROTECTIVE RESTORATION - TEMPORARY	\$49.00
D1575	DISTAL SHOE SPACE MAINTAINER/FIXED UNILATERAL	\$190.00	D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY	\$34.00
D2140	AMALGAM - 1 SURFACE (PRIMARY OR PERMANENT)	\$67.00	D2949	RESTORATIVE FOUNDATION - INDIRECT RESTORATION	\$0.00
D2150	AMALGAM - 2 SURFACES (PRIMARY OR PERMANENT)	\$83.00	D2950	CORE BUILDUP, INCLUDING PINS WHEN REQUIRED	\$122.00

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.

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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
D2951	PIN RETENTION - PER TOOTH	\$43.00	D4266	GUIDED TISSUE REGEN -RESORB BARRIER/SITE	\$274.00
D2952	INDIRECTLY FABRICATED POST & CORE	\$245.00	D4267	GUIDED TISSUE REGEN -NON-RESORB BARRIER/SITE	\$302.00
D2953	EACH ADD'L POST, INDIRECT - SAME TOOTH	\$20.00	D4268	SURGICAL REVISION, PER TOOTH	\$136.00
D2954	PREFAB POST & CORE	\$174.00	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$495.00
D2955	POST REMOVAL (NOT WITH ENDO)	\$128.00	D4273	AUTOGENOUS CONNECTIVE TISSUE GRFT FIRST TOOTH	\$608.00
D2957	EACH ADDITIONAL PREFAB POST - SAME TOOTH	\$15.00	D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$311.00
D2960	LABIAL VENEER (RESIN) - CHAIRSIDE	\$374.00	D4275	NON-AUTOGENOUS TISSUE GRAFT FIRST TOOTH	\$624.00
D2961	LABIAL VENEER (RESIN) - LAB	\$459.00	D4276	CONNECTIVE TISSUE & DOUBLE PEDICLE GRAFT	\$638.00
D2962	LABIAL VENEER (PORCELAIN) - LAB	\$490.00	D4277	FREE SOFT TISSUE GRAFT PROC, FIRST TOOTH	\$520.00
D2971	ADD'L PROCEDURE - CROWN UNDER PART DENT FRAME	\$125.00	D4278	FREE SOFT TISSUE GRAFT PROC, ADDTL TOOTH	\$312.00
D2980	CROWN REPAIR, BY REPORT	\$128.00	D4283	AUTOGENOUS CONNECTIVE TISSUE GRFT, ADDTL TOOTH	\$365.00
D2981	INLAY REPAIR DUE TO REST MATERIAL FAILURE	\$90.00	D4285	NONAUTOGENOUS TISSUE GRAFT FIRST, ADDTL TOOTH	\$374.00
D2982	ONLAY REPAIR DUE TO REST MATERIAL FAILURE	\$109.00	D4341	SCALING AND ROOT PLANING - 4+ TEETH/QUAD	\$135.00
D2983	VENEER REPAIR DUE TO REST MATERIAL FAILURE	\$90.00	D4342	SCALING AND ROOT PLANING - 1-3 TEETH/QUAD	\$95.00
D3110	PULP CAP -DIRECT (EXCLUDES FINAL RESTORATION)	\$37.00	D4346	SCALING FULL MOUTH - GINGIVAL INFLAMMATION	\$56.00
D3120	PULP CAP-INDIRECT(EXCLUDES FINAL RESTORATION)	\$37.00	D4355	FULL MOUTH DEBRIDEMENT	\$70.00
D3220	THERAPEUTIC PULPOTOMY	\$106.00	D4381	LOCAL DELIVERY ANTIMICROBIAL AGENTS-PER TOOTH	\$65.00
D3221	PULPAL DEBRIDEMENT (ANY TOOTH)	\$64.00	D4910	PERIODONTAL MAINTENANCE	\$74.00
D3222	PARTIAL PULPOTOMY - APEXOGENESIS (PERM TOOTH)	\$106.00	D4921	GINGIVAL IRRIGATION - PER QUADRANT	\$52.00
D3230	PULPAL THERAPY(RESORBABLE), ANTERIOR, PRIMARY	\$111.00	D5110	COMPLETE DENTURE - MAXILLARY	\$880.00
D3240	PULPAL THERAPY(RESORBABLE), POSTERIOR,PRIMARY	\$122.00	D5120	COMPLETE DENTURE - MANDIBULAR	\$880.00
D3310	ENDO - ANTERIOR (EXCLUDE FINAL RESTORATION)	\$440.00	D5130	IMMEDIATE DENTURE - MAXILLARY	\$900.00
D3320	ENDO - PREMOLAR (EXCLUDE FINAL RESTORATION)	\$518.00	D5140	IMMEDIATE DENTURE - MANDIBULAR	\$900.00
D3330	ENDO - MOLAR (EXCLUDE FINAL RESTORATION)	\$676.00	D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	\$671.00
D3331	TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY)	\$132.00	D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	\$671.00
D3332	INCOMPLETE RCT - INOPERABLE, UNRESTORABLE, FX	\$220.00	D5213	MAXILLARY PARTIAL DENTURE - CAST FRAME	\$948.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION	\$132.00	D5214	MANDIBULAR PARTIAL DENTURE - CAST FRAME	\$934.00
D3346	ENDO - RETREATMENT - ANTERIOR	\$575.00	D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN	\$705.00
D3347	ENDO - RETREATMENT - PREMOLAR	\$664.00	D5222	IMMEDIATE MANIBULAR PARTIAL DENTURE -RESIN	\$705.00
D3348	ENDO - RETREATMENT - MOLAR	\$803.00	D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - METAL	\$995.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT	\$132.00	D5224	IMMEDIATE MANIBULAR PARTIAL DENTURE - METAL	\$981.00
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDS	\$88.00	D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE	\$948.00
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$308.00	D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE	\$934.00
D3355	PULPAL REGENERATION - INITIAL VISIT	\$132.00	D5282	RMVBLE UNILATERAL PARTIAL DENT METAL, MAX	\$402.00
D3356	PULPAL REGENERATION - INTERIM VISIT	\$88.00	D5283	RMVBLE UNILATERAL PARTIAL DENT METAL, MAND	\$402.00
D3357	PULPAL REGENERATION - TX COMPLETE	\$88.00	D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$45.00
D3410	APICOECTOMY - ANTERIOR	\$415.00	D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$45.00
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$518.00	D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$42.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$520.00	D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$42.00
D3426	APICOECTOMY - (ADDITIONAL ROOT)	\$181.00	D5511	REPAIR BROKEN COMPLETE DENTURE BASE - MAN	\$131.00
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	\$466.00	D5512	REPAIR BROKEN COMPLETE DENTURE BASE - MAX	\$131.00
D3428	BONE GRAFT W/ PERIRADICULAR SURG - TOOTH	\$210.00	D5520	REPLACE MISSING/BROKEN DENTURE TOOTH	\$103.00
D3429	BONE GRAFT W/ PERIRADICULAR SURG - ADD TOOTH	\$161.00	D5611	REPAIR RESIN PARTIAL DENTURE BASE - MAN	\$91.00
D3430	RETROGRADE FILLING - PER ROOT	\$88.00	D5612	REPAIR RESIN PARTIAL DENTURE BASE - MAX	\$91.00
D3432	GTR PER SITE, W/ PERIRADICULAR SURG	\$274.00	D5621	REPAIR CAST PARTIAL FRAMEWORK - MAN	\$103.00
D3450	ROOT AMPUTATION - PER ROOT	\$263.00	D5622	REPAIR CAST PARTIAL FRAMEWORK - MAX	\$103.00
D3920	HEMISECTION (W/ROOT REMOVAL)	\$226.00	D5630	REPAIR / REPLACE BROKEN CLASP	\$82.00
D3950	CANAL PREP & FIT OF PREFORMED DOWEL/POST	\$66.00	D5640	REPLACE BROKEN TEETH (PER TOOTH)	\$80.00
D4210	GINGIVECTOMY - 4+ TEETH/QUAD	\$322.00	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$104.00
D4211	GINGIVECTOMY - 1 TO 3 TEETH/QUAD	\$136.00	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$136.00
D4212	GINGIVECTOMY-ACCESS FOR REST PROC, PER TOOTH	\$95.00	D5670	REPLACE ALL TEETH & ACRYLIC - MAXILLARY	\$361.00
D4230	CROWN EXPOSURE - 4+ TEETH OR SPACES, PER QUAD	\$480.00	D5671	REPLACE ALL TEETH & ACRYLIC - MANDIBULAR	\$361.00
D4231	CROWN EXPOSURE - 1 TO 3 TEETH OR SPACES, QUAD	\$336.00	D5710	REBASE COMPLETE MAXILLARY DENTURE	\$328.00
D4240	GINGIVAL FLAP, W/ ROOT PLANING-4+ TEETH/QUAD	\$369.00	D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$328.00
D4241	GINGIVAL FLAP, W/ ROOT PLANING-1-3 TEETH/QUAD	\$258.00	D5720	REBASE MAXILLARY PARTIAL DENTURE	\$289.00
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$480.00	D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$289.00
D4260	OSSEOUS SURGERY - 4+ TEETH/QUAD	\$698.00	D5730	RELINE COMPLETE MAX DENTURE (CHAIRSIDE)	\$157.00
D4261	OSSEOUS SURGERY - 1 TO 3 TEETH/QUAD	\$489.00	D5731	RELINE COMPLETE MAND DENTURE (CHAIRSIDE)	\$157.00
D4263	BONE GRAFT - FIRST SITE IN QUADRANT	\$210.00	D5740	RELINE MAX PARTIAL DENTURE (CHAIRSIDE)	\$117.00
D4264	BONE GRAFT - ADDITIONAL SITE IN QUAD	\$161.00	D5741	RELINE MAND PARTIAL DENTURE (CHAIRSIDE)	\$117.00

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D5750	RELINE COMPLETE MAX DENTURE (LAB)	\$274.00	D6071	ABUT SUPPORTED RETAINER FOR PFM NOBLE FPD	\$1,005.00
D5751	RELINE COMPLETE MAND DENTURE (LAB)	\$274.00	D6072	ABUT SUPPORTED RETAINER FOR H/NOBLE CAST FPD	\$1,020.00
D5760	RELINE MAX PARTIAL DENTURE (LAB)	\$236.00	D6073	ABUT SUPPORTED RETAINER FOR BASE CAST FPD	\$878.00
D5761	RELINE MAND PARTIAL DENTURE (LAB)	\$236.00	D6074	ABUT SUPPORTED RETAINER FOR NOBLE CAST FPD	\$945.00
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$765.00	D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$1,041.00
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$765.00	D6076	IMPLANT SUPPORTED RETAINER - H/NOBLE PFM FPD	\$1,020.00
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$303.00	D6077	IMPLANT SUPPORTED RETAINER - CAST H/NOBLE FPD	\$1,020.00
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$303.00	D6092	RECEMENT, REBOND IMP/ABUT SUPPORTED CROWN	\$48.00
D5850	TISSUE CONDITIONING, MAXILLARY	\$108.00	D6093	RECEMENT, REBOND IMP/ABUT SUPP FIX PART DENT	\$73.00
D5851	TISSUE CONDITIONING, MANDIBULAR	\$108.00	D6094	ABUTMENT SUPPORTED CROWN - TITANIUM	\$1,020.00
D5876	ADD METAL SUBSTRUCTURE-ACRYLIC FULL DENT,ARCH	\$82.00	D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$199.00
D5911	FACIAL MOULAGE (SECTIONAL)	\$131.00	D6101	DEBRIDEMENT OF A PERIIMPLANT DEFECT	\$258.00
D5912	FACIAL MOULAGE (COMPLETE)	\$131.00	D6102	DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT	\$489.00
D5913	NASAL PROSTHESIS	\$2,779.00	D6103	BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT	\$210.00
D5914	AURICULAR PROSTHESIS	\$2,779.00	D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$274.00
D5915	ORBITAL PROSTHESIS	\$3,754.00	D6110	IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX	\$1,320.00
D5916	OCULAR PROSTHESIS	\$1,004.00	D6111	IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAND	\$1,320.00
D5919	FACIAL PROSTHESIS	\$364.00	D6112	IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX	\$1,422.00
D5922	NASAL SEPTAL PROSTHESIS	\$242.00	D6113	IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND	\$1,422.00
D5924	CRANIAL PROSTHESIS	\$480.00	D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$170.00
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$1,499.00	D6194	ABUTMENT SUPPORTED RETAINER CROWN - TITANIUM	\$1,020.00
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$1,048.00	D6205	PONTIC - INDIRECT RESIN-BASED COMPOSITE	\$245.00
D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$151.00	D6210	PONTIC - CAST HIGH NOBLE METAL	\$680.00
D5934	MAND RESECTION PROSTHESIS WITH GUIDE FLANGE	\$2,546.00	D6211	PONTIC - CAST BASE METAL	\$585.00
D5935	MAND RESECTION PROSTHESIS W/OUT GUIDE FLANGE	\$2,212.00	D6212	PONTIC - CAST NOBLE METAL	\$630.00
D5951	FEEDING AID	\$407.00	D6214	PONTIC - TITANIUM	\$680.00
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	\$1,324.00	D6240	PONTIC - PFM (HIGH NOBLE)	\$680.00
D5954	PALATAL AUGMENTATION PROSTHESIS	\$335.00	D6241	PONTIC - PFM (BASE METAL)	\$646.00
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$2,153.00	D6242	PONTIC - PFM (NOBLE METAL)	\$677.00
D5958	PALATAL LIFT PROSTHESIS, INTERIM	\$728.00	D6245	PONTIC - PORCELAIN/CERAMIC	\$680.00
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	\$151.00	D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	\$680.00
D5982	SURGICAL STENT	\$146.00	D6251	PONTIC - RESIN WITH BASE METAL	\$646.00
D5983	RADIATION CARRIER	\$480.00	D6252	PONTIC - RESIN WITH NOBLE METAL	\$677.00
D5986	FLUORIDE GEL CARRIER	\$81.00	D6253	PROVISIONAL PONTIC	\$180.00
D5987	COMMISSURE SPLINT	\$218.00	D6545	RETAINER - CAST METAL-BONDED FIXED PROSTHESIS	\$272.00
D5988	SURGICAL SPLINT	\$218.00	D6548	RETAINER-PORC/CERAMIC-BONDED FIXED PROSTHESIS	\$272.00
D5991	TOPICAL MEDICAMENT CARRIER	\$81.00	D6549	RESIN RETAINER-RESIN BONDED FIXED PROSTH	\$136.00
D5992	ADJUST MAX PROSTHETIC APPLIANCE, BY REPORT	\$55.00	D6600	RETAINER INLAY-PORCELAIN/CERAMIC, 2 SURFACES	\$518.00
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL	\$1,256.00	D6601	RETAINER INLAY-PORCELAIN/CERAMIC, 3+ SURFACES	\$560.00
D6011	SECOND STAGE IMPLANT SURGERY	\$140.00	D6602	RETAINER INLAY-CAST HIGH NOBLE, 2 SURFACES	\$517.00
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY	\$1,396.00	D6603	RETAINER INLAY-CAST HIGH NOBLE, 3+ SURFACES	\$556.00
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$1,256.00	D6604	RETAINER INLAY-CAST BASE METAL, 2 SURFACES	\$517.00
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$2,234.00	D6605	REATINER INLAY-CAST BASE METAL, 3+ SURFACES	\$556.00
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$1,396.00	D6606	REATINER INLAY-CAST NOBLE, 2 SURFACES	\$517.00
D6051	INTERIM ABUTMENT	\$180.00	D6607	RETAINER INLAY-CAST NOBLE, 3+ SURFACES	\$556.00
D6056	PREFABRICATED ABUTMENT	\$398.00	D6608	RETAINER ONLAY-PORCELAIN/CERAMIC, 2 SURFACES	\$542.00
D6057	CUSTOM ABUTMENT	\$551.00	D6609	RETAINER ONLAY-PORCELAIN/CERAMIC, 3+ SURFACES	\$628.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,041.00	D6610	RETAINER ONLAY-CAST HIGH NOBLE, 2 SURFACES	\$533.00
D6059	ABUTMENT SUPPORTED PFM/HIGH NOBLE CROWN	\$1,020.00	D6611	RETAINER ONLAY-CAST HIGH NOBLE, 3+ SURFACES	\$627.00
D6060	ABUTMENT SUPPORTED PFM/BASE METAL CROWN	\$960.00	D6612	RETAINER ONLAY-CAST BASE METAL, 2 SURFACES	\$533.00
D6061	ABUTMENT SUPPORTED PFM/NOBLE CROWN	\$1,005.00	D6613	RETAINER ONLAY-CAST BASE METAL, 3+ SURFACES	\$627.00
D6062	ABUTMENT SUPPORTED CAST/HIGH NOBLE CROWN	\$1,020.00	D6614	RETAINER ONLAY-CAST NOBLE METAL, 2 SURFACES	\$533.00
D6063	ABUTMENT SUPPORTED CAST/BASE METAL CROWN	\$878.00	D6615	RETAINER ONLAY-CAST NOBLE METAL, 3+ SURFACES	\$627.00
D6064	ABUTMENT SUPPORTED CAST/NOBLE METAL CROWN	\$945.00	D6624	RETAINER INLAY-TITANIUM	\$517.00
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,041.00	D6634	RETAINER ONLAY-TITANIUM	\$533.00
D6066	IMPLANT SUPPORTED PFM/HIGH NOBLE CROWN	\$1,020.00	D6710	RETAINER CROWN-INDIRECT RESIN-BASED CMPSTE	\$245.00
D6067	IMPLANT SUPPORTED METAL CROWN/HIGH NOBLE	\$1,020.00	D6720	RETAINER CROWN-RESIN WITH HIGH NOBLE METAL	\$368.00
D6068	ABUTMENT SUPPORTED RETAINER FOR CERAMIC FPD	\$1,041.00	D6721	RETAINER CROWN-RESIN W/PRED BASE METAL	\$368.00
D6069	ABUT SUPPORTED RETAINER FOR PFM H/NOBLE FPD	\$1,020.00	D6722	RETAINER CROWN-RESIN WITH NOBLE METAL	\$368.00
D6070	ABUT SUPPORTED RETAINER FOR PFM BASEMETAL FPD	\$960.00	D6740	RETAINER CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$694.00

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
D6750	RETAINER CROWN-PORCELAIN ON HIGH NOBLE METAL	\$680.00	D7520	I & D OF ABSCESS - EXTRAORAL SOFT TISSUE	\$113.00
D6751	RETAINER CROWN-PORCELAIN ON PRED BASE METAL	\$640.00	D7521	I & D ABSCESS - EXTRAORAL SOFT TISSUE - CMLPX	\$124.00
D6752	RETAINER CROWN-PORCELAIN ON NOBLE METAL	\$670.00	D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	\$349.00
D6780	RETAINER CROWN-3/4 CAST HIGH NOBLE METAL	\$680.00	D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	\$87.00
D6781	RETAINER CROWN-3/4 CAST PRED BASE METAL	\$585.00	D7953	BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE	\$274.00
D6782	RETAINER CROWN-3/4 CAST NOBLE METAL	\$630.00	D7960	FRENULECTOMY - SEPARATE PROCEDURE	\$225.00
D6783	RETAINER CROWN-3/4 PORCELAIN/CERAMIC	\$694.00	D7963	FRENULOPLASTY	\$360.00
D6790	RETAINER CROWN-FULL CAST HIGH NOBLE METAL	\$680.00	D7970	EXCISION OF HYPERPLASTIC TISSUE PER ARCH	\$177.00
D6791	RETAINER CROWN-FULL CAST PRED BASE METAL	\$585.00	D7971	EXCISION OF PERICORONAL GINGIVA	\$101.00
D6792	RETAINER CROWN-FULL CAST NOBLE METAL	\$630.00	D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$145.00
D6793	PROVISIONAL RETAINER CROWN	\$180.00	D8210	REMOVABLE APPLIANCE THERAPY	\$212.00
D6794	RETAINER CROWN-TITANIUM	\$680.00	D8220	FIXED APPLIANCE THERAPY	\$212.00
D6930	RECEMENT, REBOND FIXED PARTIAL DENTURE	\$73.00	D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION	\$40.00
D6940	STRESS BREAKER	\$190.00	D9110	PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE	\$54.00
D6980	FPD REPAIR, BY REPAIR	\$133.00	D9120	FIXED PARTIAL DENTURE SECTIONING	\$110.00
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	\$276.00	D9215	LOCAL ANESTHESIA	\$0.00
D7111	EXTRACTION, CORONAL REMNANTS, PRIMARY TOOTH	\$55.00	D9219	EVALUATION-DEEP SEDATION/GENERAL ANESTHESIA	\$38.00
D7140	EXTRACTION, ERUPTED TOOTH/EXPOSED ROOT	\$78.00	D9222	DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN	\$105.00
D7210	SURGICAL REMOVAL W/ELEVATION/SECTIONING	\$144.00	D9223	DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN	\$105.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$188.00	D9230	ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA	\$29.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIAL BONY	\$250.00	D9239	IV MODERATE SEDATION/ANESTH - FIRST 15 MIN	\$105.00
D7240	REMOVAL OF IMPACTED TOOTH - FULL BONY	\$291.00	D9243	IV MOD SEDATION / ANALGESIA - ADD'L 15 MIN	\$105.00
D7241	REMOVAL OF IMPACTED TOOTH - FULL BONY W/COMP	\$317.00	D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$199.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$143.00	D9310	CONSULTATION (OTHER THAN REQUESTING DOCTOR)	\$70.00
D7251	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL	\$222.00	D9311	CONSULTATION WITH MEDICAL PROFESSIONAL	\$0.00
D7260	OROANTRAL FISTULA CLOSURE	\$318.00	D9430	OFFICE VISIT FOR OBSERVATION-NO OTHER SERVICE	\$31.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$318.00	D9440	OFFICE VISIT - AFTER REGULAR HOURS	\$57.00
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$250.00	D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE	\$29.00
D7282	MOBILIZATION OF ERUPTED/MALPOSITIONED TOOTH	\$332.00	D9612	THERAPEUTIC PARENTERAL DRUGS, TWO+, DIFF MEDS	\$44.00
D7283	DEVICE TO FACILITATE ERUPTION OF IMP TOOTH	\$82.00	D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$52.00
D7285	BIOPSY OF ORAL TISSUE - HARD	\$266.00	D9943	OCCLUSAL GUARD ADJUSTMENT	\$87.00
D7286	BIOPSY OF ORAL TISSUE - SOFT	\$148.00	D9944	OCCLUSAL GUARD HARD APPLIANCE, FULL ARCH	\$349.00
D7288	BRUSH BIOPSY-TRANSEPIITHELIAL SAMPLE	\$74.00	D9945	OCCLUSAL GUARD SOFT APPLIANCE, FULL ARCH	\$349.00
D7291	TRANSSEPTAL FIBEROTOMY, BY REPORT	\$68.00	D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$63.00
D7292	SURG PLACE: TEMP ANCHOR DEVICE, SCREW PLATE	\$317.00	D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$171.00
D7293	SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP	\$269.00	D9971	ODONTOPLASTY 1-2 TEETH	\$63.00
D7294	SURG PLACE: TEMP ANCHOR DEVICE W/O FLAP	\$206.00	D9972	EXTERNAL BLEACHING - PER ARCH	\$252.00
D7310	ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETH/QUAD	\$130.00	D9973	EXTERNAL BLEACHING - PER TOOTH	\$38.00
D7311	ALVEOLOPLASTY WITH EXT, 1-3 TEETH/QUAD	\$65.00	D9974	INTERNAL BLEACHING - PER TOOTH	\$151.00
D7320	ALVEOLOPLASTY W/OUT EXTRACTION, 4+ TEETH/QUAD	\$174.00	D9975	EXT BLEACHING FOR HOME APPLICATION, PER ARCH	\$151.00
D7321	ALVEOLOPLASTY W/OUT EXT, 1-3 TEETH/QUAD	\$122.00			
D7410	EXCISION OF BENIGN LESION UP TO 1.25CM	\$177.00			
D7411	EXCISION OF BENIGN LESION > 1.25CM	\$257.00			
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$283.00			
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25CM	\$177.00			
D7414	EXCISION OF MALIGNANT LESION > 1.25CM	\$257.00			
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	\$283.00			
D7440	EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM	\$239.00			
D7441	EXCISION OF MALIGNANT TUMOR-LESION > 1.25CM	\$239.00			
D7450	REMOVAL OF BENIGN ODONT CYST/TUMOR TO 1.25CM	\$232.00			
D7451	REMOVAL OF BENIGN ODONT CYST/TUMOR > 1.25CM	\$244.00			
D7460	REMOVAL OF BENIGN NONODONT CYST/TUMOR TO 1.25	\$188.00			
D7461	REMOVAL OF BENIGN NONODONT CYST/TUMOR > 1.25	\$433.00			
D7465	DESTRUCTION OF LESION BY PHYSICAL/CHEMICAL	\$89.00			
D7471	REMOVAL OF LATERAL EXOSTOSIS-MAX/MAND	\$289.00			
D7472	REMOVAL OF TORUS PALATINUS	\$289.00			
D7473	REMOVAL OF TORUS MANDIBULARIS	\$289.00			
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$289.00			
D7510	I & D OF ABSCESS - INTRAORAL SOFT TISSUE	\$94.00			
D7511	I & D ABSCESS - INTRAORAL SOFT TISSUE - CMLPX	\$103.00			

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 - Orthodontic Fee Schedule** **Maximum Allowable Fees**

CDT Code	Description	DGP, DGPS Fees
(D8070 or D8080 or D8090)+D8680	<b>Complete 24 month comprehensive orthodontic treatment</b>	\$4,143.00
(D8070 or D8080 or D8090)+D8680+D8670	<b>Complete 36 month comprehensive orthodontic treatment</b>	\$5,787.00
D8010, D8020, D8030, D8040	<b>Limited orthodontic treatment</b> including fabrication and insertion of any and all fixed appliances and periodic visits	\$741.00
D8050, D8060	<b>Interceptive orthodontic treatment</b> including fabrication and insertion of any and all fixed appliances and periodic visits	\$1,190.00
D8070, D8080, D8090	<b>Comprehensive orthodontic treatment</b> including fabrication and insertion of any and all fixed appliances and periodic visits	\$3,697.00
D8670	<b>Periodic orthodontic treatment visit (as part of contract)</b> Additional monthly fee for comprehensive orthodontic treatment extending beyond twenty-four (24) months, up to thirty-six (36) months	\$137.00
D8680	<b>Orthodontic retention</b> including any and all necessary fixed and removable initial appliances and related visits	\$446.00
D8681	<b>Removable orthodontic retainer adjustment</b>	\$31.00
D8693	<b>Re-cement or rebond fixed retainers</b> Rebonding or recementing; and/or repair, as required, of fixed retainers	\$60.00
D8694	<b>Repair of fixed retainers, includes reattachment</b>	\$60.00
D8999	<b>Unspecified orthodontic procedure, by report</b> Removable orthodontic appliance associated with limited, interceptive or comprehensive orthodontic treatment (excluding orthodontic retention appliances), per appliance	\$289.00

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

- Limited orthodontic treatment, including fabrication and insertion of any and all fixed appliances and periodic visits.
- Interceptive orthodontic treatment, including fabrication and insertion of any and all fixed appliances and periodic visits.
- Comprehensive orthodontic treatment, including fabrication and insertion of any and all fixed 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.

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

CDT Code	Description	DGP DGPS Fees	CDT Code	Description	DGP DGPS Fees
D0120	PERIODIC ORAL EVALUATION	\$32.00	D4264	BONE GRAFT - ADDITIONAL SITE IN QUAD	\$195.00
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$47.00	D4266	GUIDED TISSUE REGEN -RESORB BARRIER/SITE	\$313.00
D0150	COMPREHENSIVE ORAL EVALUATION	\$48.00	D4267	GUIDED TISSUE REGEN -NON-RESORB BARRIER/SITE	\$366.00
D0170	REEVALUATION-LIMITED;PROBLEM FOCUS;NOT POSTOP	\$42.00	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$602.00
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$42.00	D4273	AUTOGENOUS CONNECTIVE TISSUE GRFT FIRST TOOTH	\$739.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$48.00	D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	\$318.00
D0210	INTRAORAL XRAYs-COMplete Series w/ BITEWINGS	\$92.00	D4275	NON-AUTOGENOUS TISSUE GRAFT FIRST TOOTH	\$760.00
D0220	INTRAORAL XRAYs - PERIAPICAL, FIRST FILM	\$21.00	D4276	CONNECTIVE TISSUE & DOUBLE PEDICLE GRAFT	\$776.00
D0230	INTRAORAL XRAYs - PERIAPICAL, EACH EXTRA FILM	\$11.00	D4277	FREE SOFT TISSUE GRAFT PROC, FIRST TOOTH	\$633.00
D0240	INTRAORAL XRAYs - OCCLUSAL FILM	\$27.00	D4278	FREE SOFT TISSUE GRAFT PROC, ADDTL TOOTH	\$380.00
D0270	BITEWING XRAYs - SINGLE FILM	\$24.00	D4283	AUTOGENOUS CONNECTIVE TISSUE GRFT, ADDTL TOOTH	\$443.00
D0272	BITEWING XRAYs - TWO FILMS	\$29.00	D4285	NONAUTOGENOUS TISSUE GRAFT FIRST, ADDTL TOOTH	\$456.00
D0273	BITEWING XRAYs - THREE FILMS	\$32.00	D4341	SCALING AND ROOT PLANING - 4+ TEETH/QUAD	\$161.00
D0274	BITEWING XRAYs - FOUR FILMS	\$43.00	D4342	SCALING AND ROOT PLANING - 1-3 TEETH/QUAD	\$113.00
D0277	VERTICAL BITEWING XRAYs - 7 TO 8 FILMS	\$58.00	D4355	FULL MOUTH DEBRIDEMENT	\$84.00
D0330	PANORAMIC FILM	\$79.00	D4381	LOCAL DELIVERY ANTIMICROBIAL AGENTS-PER TOOTH	\$65.00
D3220	THERAPEUTIC PULPOTOMY	\$129.00	D4910	PERIODONTAL MAINTENANCE	\$89.00
D3221	PULPAL DEBRIDEMENT (ANY TOOTH)	\$77.00	D4921	GINGIVAL IRRIGATION - PER QUADRANT	\$52.00
D3222	PARTIAL PULPOTOMY - APEXOGENESIS (PERM TOOTH)	\$129.00	D5911	FACIAL MOULAGE (SECTIONAL)	\$157.00
D3230	PULPAL THERAPY(RESORBABLE), ANTERIOR, PRIMARY	\$135.00	D5912	FACIAL MOULAGE (COMPLETE)	\$157.00
D3240	PULPAL THERAPY(RESORBABLE), POSTERIOR, PRIMARY	\$148.00	D5913	NASAL PROSTHESIS	\$3,333.00
D3310	ENDO - ANTERIOR (EXCLUDE FINAL RESTORATION)	\$546.00	D5914	AURICULAR PROSTHESIS	\$3,333.00
D3320	ENDO - PREMOLAR (EXCLUDE FINAL RESTORATION)	\$642.00	D5915	ORBITAL PROSTHESIS	\$4,502.00
D3330	ENDO - MOLAR (EXCLUDE FINAL RESTORATION)	\$837.00	D5916	OCULAR PROSTHESIS	\$1,204.00
D3331	TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY)	\$161.00	D5919	FACIAL PROSTHESIS	\$436.00
D3332	INCOMPLETE RCT - INOPERABLE, UNRESTORABLE, FX	\$268.00	D5922	NASAL SEPTAL PROSTHESIS	\$290.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION	\$161.00	D5924	CRANIAL PROSTHESIS	\$576.00
D3346	ENDO - RETREATMENT - ANTERIOR	\$699.00	D5931	OBTURATOR PROSTHESIS, SURGICAL	\$1,797.00
D3347	ENDO - RETREATMENT - PREMOLAR	\$807.00	D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$1,256.00
D3348	ENDO - RETREATMENT - MOLAR	\$977.00	D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$181.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT	\$161.00	D5934	MAND RESECTION PROSTHESIS WITH GUIDE FLANGE	\$3,054.00
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDS	\$107.00	D5935	MAND RESECTION PROSTHESIS W/OUT GUIDE FLANGE	\$2,652.00
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	\$375.00	D5951	FEEDING AID	\$489.00
D3355	PULPAL REGENERATION - INITIAL VISIT	\$161.00	D5952	SPEECH AID PROSTHESIS, PEDIATRIC	\$1,588.00
D3356	PULPAL REGENERATION - INTERIM VISIT	\$107.00	D5954	PALATAL AUGMENTATION PROSTHESIS	\$401.00
D3357	PULPAL REGENERATION - TX COMPLETE	\$107.00	D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$2,583.00
D3410	APICOECTOMY - ANTERIOR	\$491.00	D5958	PALATAL LIFT PROSTHESIS, INTERIM	\$873.00
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$592.00	D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	\$181.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$612.00	D5982	SURGICAL STENT	\$175.00
D3426	APICOECTOMY - (ADDITIONAL ROOT)	\$221.00	D5983	RADIATION CARRIER	\$576.00
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	\$533.00	D5986	FLUORIDE GEL CARRIER	\$98.00
D3428	BONE GRAFT W/ PERIRADICULAR SURG - TOOTH	\$255.00	D5987	COMMISSURE SPLINT	\$262.00
D3429	BONE GRAFT W/ PERIRADICULAR SURG - ADD TOOTH	\$195.00	D5988	SURGICAL SPLINT	\$262.00
D3430	RETROGRADE FILLING - PER ROOT	\$109.00	D5991	TOPICAL MEDICAMENT CARRIER	\$98.00
D3432	GTR PER SITE, W/ PERIRADICULAR SURG	\$313.00	D5992	ADJUST MAX PROSTHETIC APPLIANCE, BY REPORT	\$66.00
D3450	ROOT AMPUTATION - PER ROOT	\$320.00	D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL	\$1,528.00
D3920	HEMISECTION (W/ROOT REMOVAL)	\$270.00	D6011	SECOND STAGE IMPLANT SURGERY	\$170.00
D4210	GINGIVECTOMY - 4+ TEETH/QUAD	\$383.00	D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY	\$1,698.00
D4211	GINGIVECTOMY - 1 TO 3 TEETH/QUAD	\$157.00	D6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$1,528.00
D4212	GINGIVECTOMY-ACCESS FOR REST PROC, PER TOOTH	\$110.00	D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$2,717.00
D4230	CROWN EXPOSURE - 4+ TEETH OR SPACES, PER QUAD	\$563.00	D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$1,698.00
D4231	CROWN EXPOSURE - 1 TO 3 TEETH OR SPACES, QUAD	\$394.00	D6101	DEBRIDEMENT OF A PERIIMPLANT DEFECT	\$313.00
D4240	GINGIVAL FLAP, W/ ROOT PLANING-4+ TEETH/QUAD	\$447.00	D6102	DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT	\$594.00
D4241	GINGIVAL FLAP, W/ ROOT PLANING-1-3 TEETH/QUAD	\$313.00	D6103	BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT	\$255.00
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$563.00	D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$313.00
D4260	OSSEOUS SURGERY - 4+ TEETH/QUAD	\$849.00	D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$201.00
D4261	OSSEOUS SURGERY - 1 TO 3 TEETH/QUAD	\$594.00	D7111	EXTRACTION, CORONAL REMNANTS, PRIMARY TOOTH	\$60.00
D4263	BONE GRAFT - FIRST SITE IN QUADRANT	\$255.00	D7140	EXTRACTION, ERUPTED TOOTH/EXPOSED ROOT	\$85.00

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

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# EXHIBIT A

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

CDT Code	Description	DGP DGPS Fees
D7210	SURGICAL REMOVAL W/ELEVATION/SECTIONING	\$165.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$213.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIAL BONY	\$286.00
D7240	REMOVAL OF IMPACTED TOOTH - FULL BONY	\$349.00
D7241	REMOVAL OF IMPACTED TOOTH - FULL BONY W/COMP	\$383.00
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$169.00
D7251	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL	\$268.00
D7260	OROANTRAL FISTULA CLOSURE	\$388.00
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$388.00
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$286.00
D7283	DEVICE TO FACILITATE ERUPTION OF IMP TOOTH	\$113.00
D7285	BIOPSY OF ORAL TISSUE - HARD	\$313.00
D7286	BIOPSY OF ORAL TISSUE - SOFT	\$174.00
D7291	TRANSSEPTAL FIBEROTOMY, BY REPORT	\$77.00
D7292	SURG PLACE: TEMP ANCHOR DEVICE, SCREW PLATE	\$383.00
D7293	SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP	\$326.00
D7294	SURG PLACE: TEMP ANCHOR DEVICE W/O FLAP	\$249.00
D7310	ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETH/QUAD	\$149.00
D7311	ALVEOLOPLASTY WITH EXT, 1-3 TEETH/QUAD	\$75.00
D7320	ALVEOLOPLASTY W/OUT EXTRACTION, 4+ TEETH/QUAD	\$193.00
D7321	ALVEOLOPLASTY W/OUT EXT, 1-3 TEETH/QUAD	\$135.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25CM	\$215.00
D7411	EXCISION OF BENIGN LESION > 1.25CM	\$312.00
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$344.00
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25CM	\$215.00
D7414	EXCISION OF MALIGNANT LESION > 1.25CM	\$312.00
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	\$344.00
D7440	EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM	\$272.00
D7441	EXCISION OF MALIGNANT TUMOR-LESION > 1.25CM	\$286.00
D7450	REMOVAL OF BENIGN ODONT CYST/TUMOR TO 1.25CM	\$267.00
D7451	REMOVAL OF BENIGN ODONT CYST/TUMOR > 1.25CM	\$270.00
D7460	REMOVAL OF BENIGN NONODONT CYST/TUMOR TO 1.25	\$229.00
D7461	REMOVAL OF BENIGN NONODONT CYST/TUMOR > 1.25	\$484.00
D7471	REMOVAL OF LATERAL EXOSTOSIS-MAX/MAND	\$342.00
D7472	REMOVAL OF TORUS PALATINUS	\$342.00
D7473	REMOVAL OF TORUS MANDIBULARIS	\$342.00
D7510	I & D OF ABSCESS - INTRAORAL SOFT TISSUE	\$112.00
D7511	I & D ABSCESS - INTRAORAL SOFT TISSUE - CMLPX	\$123.00
D7520	I & D OF ABSCESS - EXTRAORAL SOFT TISSUE	\$134.00
D7521	I & D ABSCESS - EXTRAORAL SOFT TISSUE - CMLPX	\$148.00
D7953	BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE	\$313.00
D7960	FRENULECTOMY - SEPARATE PROCEDURE	\$258.00
D7963	FRENULOPLASTY	\$413.00
D9110	PALLIATIVE TX OF DENTAL PAIN-MINOR PROCEDURE	\$66.00
D9222	DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN	\$126.00
D9223	DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN	\$126.00
D9230	ADMINISTRATION OF NITROUS OXIDE/ ANXIOLYSIS/ANALGESIA	\$35.00
D9239	IV MODERATE SEDATION/ANESTH - FIRST 15 MIN	\$126.00
D9243	IV MOD SEDATION / ANALGESIA - ADD'L 15 MIN	\$126.00
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$239.00
D9310	CONSULTATION (OTHER THAN REQUESTING DOCTOR)	\$78.00
D9430	OFFICE VISIT FOR OBSERVATION-NO OTHER SERVICE	\$37.00
D9440	OFFICE VISIT - AFTER REGULAR HOURS	\$71.00
D9610	THERAPEUTIC PARENTERAL DRUG,SINGLE	\$34.00
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO+, DIFF MEDS	\$51.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$74.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$196.00

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