



November 15, 2023

Pacific Dental Services  
17000 Redhill Ave.  
Irvine, CA 926214

Re: Fee Schedule COGPPDS

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



**Tracy\_Aguayo@glic.com**

Pacific Dental Services

Fee Schedule: COGPPDS

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



## DentalGuard Preferred Select Network Payor List As of November 4, 2022

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

|   |                                       |
|---|---------------------------------------|
| Aetna Dental*                           | Alicare Inc (Amalgamated Life Ins Co) |
| Allied Benefit Systems Inc              | Ameritas Life Insurance Company*      |
| Angle Health                            | Avesis, Inc                           |
| Bay Area Delivery Drivers Security Fund | Benemax Corp                          |
| Blackhawk TPA                           | Boon-Chapman TPA                      |
| BSI Companies TPA                       | CDS Group Health                      |
| Cypress Benefit Administrators          | GPA TPA                               |
| Group Administrators Ltd                | Health Plans Inc                      |
| HealthComp (includes BAS)               | HealthSCOPE Benefits                  |
| Hometown Health                         | HSBA Inc                              |
| Kansas City Life                        | LEVEL Benefits                        |
| Liberty Dental Plan                     | MedBen                                |
| National Elevator Industry HB Plan      | NECA IBEW Welfare Trust Fund          |
| Pan American Life LLC                   | Partners Benefit Group                |
| Premier Access Insurance Company        | Professional Benefit Admin Inc (PBA)  |
| Professional Benefit Services (PBS)     | Prominence Health Plan                |
| Teamsters Local 710 HW&P Fund           | The Loomis Company                    |
| Trustmark Health Benefits               | United Health Care*                   |
| United Medical Resources UMR            |                                       |

\*These companies access a limited number of providers

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                      | \$32.00       | D1558    | REMOVAL FIXED BILATERAL SPACE MAINTAINER-MAN  | \$29.00       |
| D0140    | LIMITED ORAL EVALUATION-PROBLEM FOCUSED       | \$46.00       | D1575    | DISTAL SHOE SPACE MAINT-FIXED UNILATERAL-QUAD | \$218.00      |
| D0145    | ORAL EVALUATION FOR A PATIENT UNDER THREE     | \$48.00       | D2140    | AMALGAM - 1 SURFACE (PRIMARY OR PERMANENT)    | \$73.00       |
| D0150    | COMPREHENSIVE ORAL EVALUATION                 | \$49.00       | D2150    | AMALGAM - 2 SURFACES (PRIMARY OR PERMANENT)   | \$93.00       |
| D0160    | DETAILED & EXTENSIVE ORAL EVALUATION          | \$75.00       | D2160    | AMALGAM - 3 SURFACES (PRIMARY OR PERMANENT)   | \$113.00      |
| D0170    | REEVALUATION-LIMITED;PROBLEM FOCUS;NOT POSTOP | \$42.00       | D2161    | AMALGAM - 4+ SURFACES (PRIMARY OR PERMANENT)  | \$134.00      |
| D0171    | RE-EVALUATION - POST-OPERATIVE OFFICE VISIT   | \$42.00       | D2330    | COMPOSITE - 1 SURFACE, ANTERIOR               | \$98.00       |
| D0180    | COMPREHENSIVE PERIODONTAL EVALUATION          | \$48.00       | D2331    | COMPOSITE - 2 SURFACES, ANTERIOR              | \$128.00      |
| D0210    | INTRAORAL COMPREHENSIVE SERIES XRAYs          | \$90.00       | D2332    | COMPOSITE - 3 SURFACES, ANTERIOR              | \$142.00      |
| D0220    | INTRAORAL XRAYs - PERIAPICAL, FIRST FILM      | \$21.00       | D2335    | COMPOSITE - 4+ SURFACES OR INC ANGLE,ANTERIOR | \$148.00      |
| D0230    | INTRAORAL XRAYs - PERIAPICAL, EACH EXTRA FILM | \$11.00       | D2390    | COMPOSITE CROWN, ANTERIOR                     | \$148.00      |
| D0240    | INTRAORAL XRAYs - OCCLUSAL FILM               | \$26.00       | D2391    | COMPOSITE - 1 SURFACE, POSTERIOR              | \$114.00      |
| D0250    | EXTRAORAL XRAYs - FIRST FILM                  | \$29.00       | D2392    | COMPOSITE - 2 SURFACES, POSTERIOR             | \$143.00      |
| D0270    | BITEWING XRAYs - SINGLE FILM                  | \$23.00       | D2393    | COMPOSITE - 3 SURFACES, POSTERIOR             | \$168.00      |
| D0272    | BITEWING XRAYs - TWO FILMS                    | \$28.00       | D2394    | COMPOSITE - 4+ SURFACES, POSTERIOR            | \$176.00      |
| D0273    | BITEWING XRAYs - THREE FILMS                  | \$31.00       | D2510    | INLAY - METAL - 1 SURFACE                     | \$498.00      |
| D0274    | BITEWING XRAYs - FOUR FILMS                   | \$42.00       | D2520    | INLAY - METAL - 2 SURFACES                    | \$593.00      |
| D0277    | VERTICAL BITEWING XRAYs - 7 TO 8 FILMS        | \$56.00       | D2530    | INLAY - METAL - 3+ SURFACES                   | \$639.00      |
| D0310    | SIALOGRAPHY                                   | \$271.00      | D2542    | ONLAY - METAL - 2 SURFACES                    | \$613.00      |
| D0320    | TMJ ARTHROGRAM WITH INJECTION                 | \$316.00      | D2543    | ONLAY - METAL - 3 SURFACES                    | \$721.00      |
| D0321    | OTHER TMJ FILMS, BY REPORT                    | \$180.00      | D2544    | ONLAY - METAL - 4+ SURFACES                   | \$750.00      |
| D0322    | TOMOGRAPHIC SURVEY                            | \$271.00      | D2610    | INLAY - PORCELAIN/CERAMIC - 1 SURFACE         | \$537.00      |
| D0330    | PANORAMIC FILM                                | \$77.00       | D2620    | INLAY - PORCELAIN/CERAMIC - 2 SURFACES        | \$597.00      |
| D0340    | 2D CEPHALOMETRIC RADIOGRAPHIC IMAGE           | \$64.00       | D2630    | INLAY - PORCELAIN/CERAMIC - 3+ SURFACES       | \$647.00      |
| D0350    | ORAL/FACIAL PHOTO IMAGES (INTRA & EXTRAORAL)  | \$33.00       | D2642    | ONLAY - PORCELAIN/CERAMIC - 2 SURFACES        | \$625.00      |
| D0364    | CONE BEAM CAPT & INTERPRET, LESS THAN ONE JAW | \$254.00      | D2643    | ONLAY - PORCELAIN/CERAMIC - 3 SURFACES        | \$724.00      |
| D0365    | CONE BEAM CAPT & INTERPRET, FULL ARCH-MAND    | \$215.00      | D2644    | ONLAY - PORCELAIN/CERAMIC - 4+ SURFACES       | \$755.00      |
| D0366    | CONE BEAM CAPT & INTERPRET, FULL ARCH-MAX     | \$208.00      | D2650    | INLAY - COMPOSITE - 1 SURFACE                 | \$468.00      |
| D0367    | CONE BEAM CAPT & INTERPRET, BOTH JAWS         | \$277.00      | D2651    | INLAY - COMPOSITE - 2 SURFACES                | \$521.00      |
| D0368    | CONE BEAM CAPT & INTERPRET, TMJ, 2+ IMAGES    | \$208.00      | D2652    | INLAY - COMPOSITE - 3+ SURFACES               | \$564.00      |
| D0380    | CONE BEAM CAPTURE ONLY, LESS THAN ONE JAW     | \$77.00       | D2662    | ONLAY - COMPOSITE - 2 SURFACES                | \$543.00      |
| D0381    | CONE BEAM CAPTURE ONLY, FULL ARCH-MAND        | \$215.00      | D2663    | ONLAY - COMPOSITE - 3 SURFACES                | \$628.00      |
| D0382    | CONE BEAM CAPTURE ONLY, FULL ARCH-MAX         | \$177.00      | D2664    | ONLAY - COMPOSITE - 4+ SURFACES               | \$657.00      |
| D0383    | CONE BEAM CAPTURE ONLY, BOTH JAWS             | \$154.00      | D2710    | CROWN - INDIRECT RESIN-BASED COMPOSITE        | \$282.00      |
| D0384    | CONE BEAM CAPTURE ONLY, TMJ, 2+ IMAGES        | \$200.00      | D2712    | CROWN - INDIRECT 3/4 RESIN-BASED COMPOSITE    | \$282.00      |
| D0391    | INTERPRET IMAGE, DIFF PROV THAN IMAGE CAPTURE | \$75.00       | D2720    | CROWN - RESIN WITH HIGH NOBLE METAL           | \$619.00      |
| D0431    | PRE-DIAG TEST TO DETECT MUCOSAL ABNORMALITIES | \$46.00       | D2721    | CROWN - RESIN WITH PREDOMINANTLY BASE METAL   | \$517.00      |
| D0460    | PULP VITALITY TESTS                           | \$21.00       | D2722    | CROWN - RESIN WITH NOBLE METAL                | \$568.00      |
| D0470    | DIAGNOSTIC CASTS                              | \$69.00       | D2740    | CROWN - PORCELAIN/CERAMIC                     | \$812.00      |
| D0601    | CARIES RISK ASSESSMENT - LOW                  | \$0.00        | D2750    | CROWN - PORCELAIN ON HIGH NOBLE METAL         | \$773.00      |
| D0602    | CARIES RISK ASSESSMENT - MODERATE             | \$0.00        | D2751    | CROWN - PORCELAIN ON PREDOMINANTLY BASE METAL | \$683.00      |
| D0603    | CARIES RISK ASSESSMENT - HIGH                 | \$0.00        | D2752    | CROWN - PORCELAIN ON NOBLE METAL              | \$729.00      |
| D1110    | PROPHYLAXIS - ADULT                           | \$69.00       | D2753    | CROWN-PORCELAIN-TITANIUM/TITANIUM ALLOYS      | \$773.00      |
| D1120    | PROPHYLAXIS - CHILD                           | \$45.00       | D2780    | CROWN - 3/4 CAST HIGH NOBLE METAL             | \$773.00      |
| D1206    | TOPICAL FLUORIDE VARNISH; THERAPEUTIC         | \$23.00       | D2781    | CROWN - 3/4 CAST PREDOMINANTLY BASE METAL     | \$670.00      |
| D1208    | TOPICAL APP FLUORIDE, EXC VARNISH             | \$23.00       | D2782    | CROWN - 3/4 CAST NOBLE METAL                  | \$722.00      |
| D1351    | SEALANT - PER TOOTH                           | \$32.00       | D2783    | CROWN - 3/4 PORCELAIN/CERAMIC                 | \$788.00      |
| D1352    | PREV RESIN REST - MOD/HIGH CARIES-PERM TOOTH  | \$32.00       | D2790    | CROWN - FULL CAST HIGH NOBLE METAL            | \$773.00      |
| D1353    | SEALANT REPAIR-PER TOOTH                      | \$26.00       | D2791    | CROWN - FULL CAST PREDOMINANTLY BASE METAL    | \$670.00      |
| D1510    | SPACE MAINTAINER - FIXED - UNILATERAL-QUAD    | \$218.00      | D2792    | CROWN - FULL CAST NOBLE METAL                 | \$722.00      |
| D1516    | SPACE MAINTAINER FIXED BILATERAL, MAX         | \$317.00      | D2794    | CROWN - TITANIUM/TITANIUM ALLOYS              | \$773.00      |
| D1517    | SPACE MAINTAINER FIXED BILATERAL, MAND        | \$317.00      | D2799    | INTERIM CROWN                                 | \$206.00      |
| D1520    | SPACE MAINTAINER-REMOVABLE-UNILATERAL-QUAD    | \$218.00      | D2910    | RECEMENT INLAY, ONLAY, VENEER, PART COV REST  | \$57.00       |
| D1526    | SPACE MAINTAINER REMOVABLE BILATERAL, MAX     | \$317.00      | D2915    | RECEMENT INDIRECTLY FABRICATED POST & CORE    | \$57.00       |
| D1527    | SPACE MAINTAINER REMOVABLE BILATERAL,MAND     | \$317.00      | D2920    | RECEMENT, REBOND CROWN                        | \$57.00       |
| D1551    | RE-CEMENT/RE-BOND BILATERAL SPACE MAINT-MAX   | \$42.00       | D2928    | PREFAB PORC/CERAMIC CROWN - PERMANENT TOOTH   | \$206.00      |
| D1552    | RE-CEMENT/RE-BOND BILATERAL SPACE MAINT-MAN   | \$42.00       | D2929    | PREFAB PORC / CERAMIC CROWN - PRIMARY TOOTH   | \$206.00      |
| D1553    | RE-CEMENT/RE-BOND UNILATERAL SPACE MAINT-QUAD | \$21.00       | D2930    | PREFAB STAINLESS STEEL CROWN - PRIMARY TOOTH  | \$181.00      |
| D1556    | REMOVAL FIXED UNILATERAL SPACE MAINT-QUAD     | \$15.00       | D2931    | PREFAB STAINLESS STEEL CROWN-PERMANENT TOOTH  | \$196.00      |
| D1557    | REMOVAL FIXED BILATERAL SPACE MAINTAINER-MAX  | \$29.00       | D2932    | PREFAB RESIN CROWN                            | \$206.00      |

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   | \$206.00      | D4211    | GINGIVECTOMY - 1 TO 3 TEETH/QUAD              | \$150.00      |
| D2934    | PREFAB ESTHETIC STAINLESS STEEL CROWN-PRIMARY  | \$206.00      | D4212    | GINGIVECTOMY-ACCESS FOR REST PROC, PER TOOTH  | \$105.00      |
| D2940    | PROTECTIVE RESTORATION - TEMPORARY             | \$58.00       | D4230    | CROWN EXPOSURE - 4+ TEETH OR SPACES, PER QUAD | \$536.00      |
| D2941    | INTERIM THERAPEUTIC RESTORATION - PRIMARY      | \$41.00       | D4231    | CROWN EXPOSURE - 1 TO 3 TEETH OR SPACES, QUAD | \$375.00      |
| D2949    | RESTORATIVE FOUNDATION - INDIRECT RESTORATION  | \$0.00        | D4240    | GINGIVAL FLAP, W/ ROOT PLANING-4+ TEETH/QUAD  | \$425.00      |
| D2950    | CORE BUILDUP, INCLUDING PINS WHEN REQUIRED     | \$127.00      | D4241    | GINGIVAL FLAP, W/ ROOT PLANING-1-3 TEETH/QUAD | \$298.00      |
| D2951    | PIN RETENTION - PER TOOTH                      | \$33.00       | D4249    | CLINICAL CROWN LENGTHENING - HARD TISSUE      | \$536.00      |
| D2952    | INDIRECTLY FABRICATED POST & CORE              | \$283.00      | D4260    | OSSEOUS SURGERY - 4+ TEETH/QUAD               | \$806.00      |
| D2953    | EACH ADD'L POST, INDIRECT - SAME TOOTH         | \$21.00       | D4261    | OSSEOUS SURGERY - 1 TO 3 TEETH/QUAD           | \$564.00      |
| D2954    | PREFAB POST & CORE                             | \$177.00      | D4263    | BONE GRAFT - FIRST SITE IN QUADRANT           | \$242.00      |
| D2955    | POST REMOVAL (NOT WITH ENDO)                   | \$147.00      | D4264    | BONE GRAFT - ADDITIONAL SITE IN QUAD          | \$186.00      |
| D2957    | EACH ADDITIONAL PREFAB POST - SAME TOOTH       | \$15.00       | D4266    | GTR, NATURAL TEETH - RESORB BARRIER/SITE      | \$296.00      |
| D2960    | LABIAL VENEER (RESIN) - DIRECT                 | \$273.00      | D4267    | GTR, NATURAL TEETH - NON-RESORB BARRIER/SITE  | \$349.00      |
| D2961    | LABIAL VENEER (RESIN) - INDIRECT               | \$407.00      | D4268    | SURGICAL REVISION, PER TOOTH                  | \$150.00      |
| D2962    | LABIAL VENEER (PORCELAIN) - INDIRECT           | \$567.00      | D4270    | PEDICLE SOFT TISSUE GRAFT PROCEDURE           | \$572.00      |
| D2971    | ADD'L PROCEDURE - CROWN UNDER PART DENT FRAME  | \$128.00      | D4273    | AUTOGENOUS CONNECTIVE TISSUE GRFT FIRST TOOTH | \$700.00      |
| D2980    | CROWN REPAIR, BY REPORT                        | \$147.00      | D4274    | DISTAL OR PROXIMAL WEDGE PROCEDURE            | \$186.00      |
| D2981    | INLAY REPAIR DUE TO REST MATERIAL FAILURE      | \$103.00      | D4275    | NON-AUTOGENOUS TISSUE GRAFT FIRST TOOTH       | \$720.00      |
| D2982    | ONLAY REPAIR DUE TO REST MATERIAL FAILURE      | \$125.00      | D4276    | COMBINED CONNECTIVE TISSUE & PEDICLE GRAFT    | \$735.00      |
| D2983    | VENEER REPAIR DUE TO REST MATERIAL FAILURE     | \$103.00      | D4277    | FREE SOFT TISSUE GRAFT PROC, FIRST TOOTH      | \$600.00      |
| D3110    | PULP CAP - DIRECT (EXCLUDES FINAL RESTORATION) | \$42.00       | D4278    | FREE SOFT TISSUE GRAFT PROC, ADDTL TOOTH      | \$360.00      |
| D3120    | PULP CAP-INDIRECT(EXCLUDES FINAL RESTORATION)  | \$42.00       | D4283    | AUTOGENOUS CONNECTIVE TISSUE GRFT-ADDTL TOOTH | \$420.00      |
| D3220    | THERAPEUTIC PULPOTOMY                          | \$127.00      | D4285    | NONAUTOGENOUS TISSUE GRAFT FIRST, ADDTL TOOTH | \$432.00      |
| D3221    | PULPAL DEBRIDEMENT (ANY TOOTH)                 | \$76.00       | D4341    | SCALING AND ROOT PLANING - 4+ TEETH/QUAD      | \$168.00      |
| D3222    | PARTIAL PULPOTOMY - APEXOGENESIS (PERM TOOTH)  | \$127.00      | D4342    | SCALING AND ROOT PLANING - 1-3 TEETH/QUAD     | \$120.00      |
| D3230    | PULPAL THERAPY(RESORBABLE), ANTERIOR, PRIMARY  | \$133.00      | D4346    | SCALING FULL MOUTH - GINGIVAL INFLAMMATION    | \$84.00       |
| D3240    | PULPAL THERAPY(RESORBABLE), POSTERIOR, PRIMARY | \$147.00      | D4355    | FULL MOUTH DEBRIDEMENT                        | \$94.00       |
| D3310    | ENDO - ANTERIOR (EXCLUDE FINAL RESTORATION)    | \$528.00      | D4381    | LOCAL DELIVERY ANTIMICROBIAL AGENTS-PER TOOTH | \$88.00       |
| D3320    | ENDO - PREMOLAR (EXCLUDE FINAL RESTORATION)    | \$598.00      | D4910    | PERIODONTAL MAINTENANCE                       | \$94.00       |
| D3330    | ENDO - MOLAR (EXCLUDE FINAL RESTORATION)       | \$779.00      | D4921    | GINGIVAL IRRIGATION W/MED AGENT, PER QUAD     | \$53.00       |
| D3331    | TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY)     | \$154.00      | D5110    | COMPLETE DENTURE - MAXILLARY                  | \$983.00      |
| D3332    | INCOMPLETE RCT - INOPERABLE, UNRESTORABLE, FX  | \$256.00      | D5120    | COMPLETE DENTURE - MANDIBULAR                 | \$983.00      |
| D3333    | INTERNAL ROOT REPAIR OF PERFORATION            | \$154.00      | D5130    | IMMEDIATE DENTURE - MAXILLARY                 | \$1,038.00    |
| D3346    | ENDO - RETREATMENT - ANTERIOR                  | \$663.00      | D5140    | IMMEDIATE DENTURE - MANDIBULAR                | \$1,038.00    |
| D3347    | ENDO - RETREATMENT - PREMOLAR                  | \$766.00      | D5211    | MAXILLARY PARTIAL DENTURE - RESIN BASE        | \$731.00      |
| D3348    | ENDO - RETREATMENT - MOLAR                     | \$927.00      | D5212    | MANDIBULAR PARTIAL DENTURE - RESIN BASE       | \$731.00      |
| D3351    | APEXIFICATION/RECALCIFICATION - INITIAL VISIT  | \$154.00      | D5213    | MAXILLARY PARTIAL DENTURE - CAST FRAME        | \$1,077.00    |
| D3352    | APEXIFICATION/RECALCIFICATION - INTERIM MEDS   | \$103.00      | D5214    | MANDIBULAR PARTIAL DENTURE - CAST FRAME       | \$1,077.00    |
| D3353    | APEXIFICATION/RECALCIFICATION - FINAL VISIT    | \$359.00      | D5221    | IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN   | \$768.00      |
| D3355    | PULPAL REGENERATION - INITIAL VISIT            | \$154.00      | D5222    | IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN  | \$768.00      |
| D3356    | PULPAL REGENERATION - INTERIM VISIT            | \$103.00      | D5223    | IMMEDIATE MAXILLARY PARTIAL DENTURE - METAL   | \$1,132.00    |
| D3357    | PULPAL REGENERATION - TX COMPLETE              | \$103.00      | D5224    | IMMEDIATE MANIBULAR PARTIAL DENTURE - METAL   | \$1,132.00    |
| D3410    | APICOECTOMY - ANTERIOR                         | \$465.00      | D5225    | MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE     | \$1,077.00    |
| D3421    | APICOECTOMY - PREMOLAR (FIRST ROOT)            | \$564.00      | D5226    | MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE    | \$1,077.00    |
| D3425    | APICOECTOMY - MOLAR (FIRST ROOT)               | \$581.00      | D5227    | IMMEDIATE MAX PARTIAL DENTURE - FLEXIBLE BASE | \$1,131.00    |
| D3426    | APICOECTOMY - (ADDITIONAL ROOT)                | \$209.00      | D5228    | IMMEDIATE MAN PARTIAL DENTURE - FLEXIBLE BASE | \$1,131.00    |
| D3428    | BONE GRAFT W/ PERIRADICULAR SURG - TOOTH       | \$242.00      | D5282    | RMVBLE UNILATERAL PARTIAL DENT METAL, MAX     | \$426.00      |
| D3429    | BONE GRAFT W/ PERIRADICULAR SURG - ADD TOOTH   | \$186.00      | D5283    | RMVBLE UNILATERAL PARTIAL DENT METAL, MAND    | \$426.00      |
| D3430    | RETROGRADE FILLING - PER ROOT                  | \$103.00      | D5284    | REMOVABLE UNILATERAL PARTIAL, FLEX BASE-QUAD  | \$431.00      |
| D3432    | GTR PER SITE, W/ PERIRADICULAR SURG            | \$296.00      | D5286    | REMOVABLE UNILATERAL PARTIAL, RESIN-QUAD      | \$307.00      |
| D3450    | ROOT AMPUTATION - PER ROOT                     | \$303.00      | D5410    | ADJUST COMPLETE DENTURE - MAXILLARY           | \$49.00       |
| D3471    | SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR  | \$507.00      | D5411    | ADJUST COMPLETE DENTURE - MANDIBULAR          | \$49.00       |
| D3472    | SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR  | \$507.00      | D5421    | ADJUST PARTIAL DENTURE - MAXILLARY            | \$49.00       |
| D3473    | SURGICAL REPAIR OF ROOT RESORPTION - MOLAR     | \$507.00      | D5422    | ADJUST PARTIAL DENTURE - MANDIBULAR           | \$49.00       |
| D3501    | SURG EXPOSURE-ROOT SURF, W/O APICO-ANTERIOR    | \$507.00      | D5511    | REPAIR BROKEN COMPLETE DENTURE BASE - MAN     | \$149.00      |
| D3502    | SURG EXPOSURE-ROOT SURF, W/O APICO-PRE-MOLAR   | \$507.00      | D5512    | REPAIR BROKEN COMPLETE DENTURE BASE - MAX     | \$149.00      |
| D3503    | SURG EXPOSURE-ROOT SURF, W/O APICO-MOLAR       | \$507.00      | D5520    | REPLACE MISSING/BROKEN DENTURE TOOTH          | \$118.00      |
| D3920    | HEMISECTION (W/ROOT REMOVAL)                   | \$256.00      | D5611    | REPAIR RESIN PARTIAL DENTURE BASE - MAN       | \$101.00      |
| D3950    | CANAL PREP & FIT OF PREFORMED DOWEL/POST       | \$77.00       | D5612    | REPAIR RESIN PARTIAL DENTURE BASE - MAX       | \$101.00      |
| D4210    | GINGIVECTOMY - 4+ TEETH/QUAD                   | \$363.00      | D5621    | REPAIR CAST PARTIAL FRAMEWORK - MAN           | \$112.00      |

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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 |
|----------|---|---------------|----------|---|---------------|
| D5622    | REPAIR CAST PARTIAL FRAMEWORK - MAX           | \$112.00      | D6051    | INTERIM ABUTMENT                              | \$206.00      |
| D5630    | REPAIR / REPLACE BROKEN CLASP                 | \$96.00       | D6056    | PREFABRICATED ABUTMENT                        | \$452.00      |
| D5640    | REPLACE BROKEN TEETH (PER TOOTH)              | \$90.00       | D6057    | CUSTOM ABUTMENT                               | \$645.00      |
| D5650    | ADD TOOTH TO EXISTING PARTIAL DENTURE         | \$119.00      | D6058    | ABUT CROWN - PORCELAIN/CERAMIC                | \$1,218.00    |
| D5660    | ADD CLASP TO EXISTING PARTIAL DENTURE         | \$156.00      | D6059    | ABUT CROWN - PORCELAIN - HIGH NOBLE METAL     | \$1,194.00    |
| D5670    | REPLACE ALL TEETH & ACRYLIC - MAXILLARY       | \$405.00      | D6060    | ABUT CROWN - PORCELAIN - PRED BASE METAL      | \$1,024.00    |
| D5671    | REPLACE ALL TEETH & ACRYLIC - MANDIBULAR      | \$405.00      | D6061    | ABUT CROWN - PORCELAIN - NOBLE METAL          | \$1,094.00    |
| D5710    | REBASE COMPLETE MAXILLARY DENTURE             | \$350.00      | D6062    | ABUT CROWN - HIGH NOBLE METAL                 | \$1,103.00    |
| D5711    | REBASE COMPLETE MANDIBULAR DENTURE            | \$350.00      | D6063    | ABUT CROWN - PRED BASE METAL                  | \$978.00      |
| D5720    | REBASE MAXILLARY PARTIAL DENTURE              | \$324.00      | D6064    | ABUT CROWN - NOBLE METAL                      | \$1,041.00    |
| D5721    | REBASE MANDIBULAR PARTIAL DENTURE             | \$324.00      | D6065    | IMPLANT CROWN - PORCELAIN/CERAMIC             | \$1,183.00    |
| D5730    | RELINE COMPLETE MAX DENTURE (DIRECT)          | \$171.00      | D6066    | IMPLANT CROWN - PORCELAIN - HIGH NOBLE ALLOYS | \$1,159.00    |
| D5731    | RELINE COMPLETE MAND DENTURE (DIRECT)         | \$171.00      | D6067    | IMPLANT CROWN - HIGH NOBLE ALLOYS             | \$1,103.00    |
| D5740    | RELINE MAX PARTIAL DENTURE (DIRECT)           | \$137.00      | D6068    | ABUT RETAINER - PORCELAIN/CERAMIC FPD         | \$1,183.00    |
| D5741    | RELINE MAND PARTIAL DENTURE (DIRECT)          | \$137.00      | D6069    | ABUT RETAINER-PORCELAIN-HIGH NOBLE METAL FPD  | \$1,159.00    |
| D5750    | RELINE COMPLETE MAX DENTURE (INDIRECT)        | \$294.00      | D6070    | ABUT RETAINER-PORCELAIN-PRED BASE METAL FPD   | \$1,024.00    |
| D5751    | RELINE COMPLETE MAND DENTURE (INDIRECT)       | \$294.00      | D6071    | ABUT RETAINER - PORCELAIN - NOBLE METAL FPD   | \$1,094.00    |
| D5760    | RELINE MAX PARTIAL DENTURE (INDIRECT)         | \$254.00      | D6072    | ABUT RETAINER - HIGH NOBLE METAL FPD          | \$1,103.00    |
| D5761    | RELINE MAND PARTIAL DENTURE (INDIRECT)        | \$254.00      | D6073    | ABUT RETAINER - PRED BASE METAL FPD           | \$978.00      |
| D5765    | SOFT LINER-COMPLETE/PARTIAL REMOVABLE DENTURE | \$95.00       | D6074    | ABUT RETAINER - NOBLE METAL FPD               | \$1,041.00    |
| D5810    | INTERIM COMPLETE DENTURE (MAXILLARY)          | \$883.00      | D6075    | IMPLANT RETAINER - FPD - CERAMIC              | \$1,183.00    |
| D5811    | INTERIM COMPLETE DENTURE (MANDIBULAR)         | \$883.00      | D6076    | IMPLANT RETAINER-FPD-PORC-HIGH NOBLE ALLOYS   | \$1,159.00    |
| D5820    | INTERIM PARTIAL DENTURE (MAXILLARY)           | \$349.00      | D6077    | IMPLANT RETAINER - FPD - HIGH NOBLE ALLOYS    | \$1,103.00    |
| D5821    | INTERIM PARTIAL DENTURE (MANDIBULAR)          | \$349.00      | D6082    | IMPLANT CROWN-PORCELAIN-PRED BASE ALLOYS      | \$1,024.00    |
| D5850    | TISSUE CONDITIONING, MAXILLARY                | \$95.00       | D6083    | IMPLANT CROWN-PORCELAIN-NOBLE ALLOYS          | \$1,094.00    |
| D5851    | TISSUE CONDITIONING, MANDIBULAR               | \$95.00       | D6084    | IMPLANT CROWN-PORCELAIN-TITANIUM/ALLOYS       | \$1,159.00    |
| D5876    | ADD METAL SUBSTRUCTURE-ACRYLIC FULL DENT,ARCH | \$94.00       | D6086    | IMPLANT CROWN-PREDOMINATELY BASE ALLOYS       | \$978.00      |
| D5911    | FACIAL MOULAGE (SECTIONAL)                    | \$149.00      | D6087    | IMPLANT CROWN-NOBLE ALLOYS                    | \$1,041.00    |
| D5912    | FACIAL MOULAGE (COMPLETE)                     | \$149.00      | D6088    | IMPLANT CROWN-TITANIUM/TITANIUM ALLOYS        | \$1,159.00    |
| D5913    | NASAL PROSTHESIS                              | \$3,162.00    | D6092    | RECEMENT, REBOND IMP/ABUT SUPPORTED CROWN     | \$57.00       |
| D5914    | AURICULAR PROSTHESIS                          | \$3,162.00    | D6093    | RECEMENT, REBOND IMP/ABUT SUPP FIX PART DENT  | \$80.00       |
| D5915    | ORBITAL PROSTHESIS                            | \$4,271.00    | D6094    | ABUT CROWN - TITANIUM/TITANIUM ALLOYS         | \$1,159.00    |
| D5916    | OCULAR PROSTHESIS                             | \$1,142.00    | D6095    | REPAIR IMPLANT ABUTMENT, BY REPORT            | \$227.00      |
| D5919    | FACIAL PROSTHESIS                             | \$414.00      | D6097    | ABUT CROWN-PORCELAIN-TITANIUM/TITANIUM ALLOYS | \$1,159.00    |
| D5922    | NASAL SEPTAL PROSTHESIS                       | \$275.00      | D6098    | IMPLANT RETAINER-PORCELAIN-PRED BASE ALLOYS   | \$1,024.00    |
| D5924    | CRANIAL PROSTHESIS                            | \$546.00      | D6099    | IMPLANT RETAINER-FPD-PORCELAIN-NOBLE ALLOYS   | \$1,094.00    |
| D5931    | OBTURATOR PROSTHESIS, SURGICAL                | \$1,705.00    | D6101    | DEBRIDEMENT OF A PERIIMPLANT DEFECT           | \$298.00      |
| D5932    | OBTURATOR PROSTHESIS, DEFINITIVE              | \$1,192.00    | D6102    | DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT | \$564.00      |
| D5933    | OBTURATOR PROSTHESIS, MODIFICATION            | \$172.00      | D6103    | BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT   | \$242.00      |
| D5934    | MAND RESECTION PROSTHESIS WITH GUIDE FLANGE   | \$2,897.00    | D6104    | BONE GRAFT AT TIME OF IMPLANT PLACEMENT       | \$296.00      |
| D5935    | MAND RESECTION PROSTHESIS W/OUT GUIDE FLANGE  | \$2,516.00    | D6106    | GUIDED TISSUE REGEN - RESORBABLE, PER IMPLANT | \$0.00        |
| D5951    | FEEDING AID                                   | \$463.00      | D6107    | GUIDED TISSUE REGEN - NON-RESORB, PER IMPLANT | \$0.00        |
| D5952    | SPEECH AID PROSTHESIS, PEDIATRIC              | \$1,507.00    | D6110    | IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAX  | \$1,475.00    |
| D5954    | PALATAL AUGMENTATION PROSTHESIS               | \$380.00      | D6111    | IMPLANT SUPPORTED REMOVABLE FULL DENTURE-MAND | \$1,475.00    |
| D5955    | PALATAL LIFT PROSTHESIS, DEFINITIVE           | \$2,450.00    | D6112    | IMPLANT SUPPORTED REMOVABLE PARTIAL-MAX       | \$1,616.00    |
| D5958    | PALATAL LIFT PROSTHESIS, INTERIM              | \$828.00      | D6113    | IMPLANT SUPPORTED REMOVABLE PARTIAL-MAND      | \$1,616.00    |
| D5959    | PALATAL LIFT PROSTHESIS, MODIFICATION         | \$172.00      | D6120    | IMPLANT RETAINER-PORCELAIN-TITANIUM/ALLOYS    | \$1,159.00    |
| D5982    | SURGICAL STENT                                | \$166.00      | D6121    | IMPLANT RETAINER-METAL FPD-PRED BASE ALLOYS   | \$978.00      |
| D5983    | RADIATION CARRIER                             | \$546.00      | D6122    | IMPLANT RETAINER-METAL FPD-NOBLE ALLOYS       | \$1,041.00    |
| D5986    | FLUORIDE GEL CARRIER                          | \$92.00       | D6123    | IMPLANT RETAINER-METAL FPD-TITANIUM/ALLOYS    | \$1,159.00    |
| D5987    | COMMISSURE SPLINT                             | \$248.00      | D6190    | RADIOGRAPHIC/SURGICAL IMPLANT INDEX,BY REPORT | \$189.00      |
| D5988    | SURGICAL SPLINT                               | \$248.00      | D6194    | ABUT RETAINER - TITANIUM/TITANIUM ALLOYS FPD  | \$1,159.00    |
| D5991    | TOPICAL MEDICAMENT CARRIER                    | \$92.00       | D6195    | ABUT RETAINER-PORCELAIN-TITANIUM/ALLOYS       | \$1,159.00    |
| D5992    | ADJUST MAX PROSTHETIC APPLIANCE, BY REPORT    | \$63.00       | D6197    | REPLACE MATERIAL-CLOSE ACCESS OPENING/IMPLANT | \$0.00        |
| D6010    | SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL | \$1,494.00    | D6205    | PONTIC - INDIRECT RESIN-BASED COMPOSITE       | \$282.00      |
| D6011    | SECOND STAGE IMPLANT SURGERY                  | \$161.00      | D6210    | PONTIC - CAST HIGH NOBLE METAL                | \$773.00      |
| D6012    | SURGICAL PLACEMENT OF INTERIM IMPLANT BODY    | \$1,611.00    | D6211    | PONTIC - CAST BASE METAL                      | \$670.00      |
| D6013    | SURGICAL PLACEMENT OF MINI IMPLANT            | \$1,450.00    | D6212    | PONTIC - CAST NOBLE METAL                     | \$722.00      |
| D6040    | SURGICAL PLACEMENT: EPOSTEAL IMPLANT          | \$2,578.00    | D6214    | PONTIC - TITANIUM/TITANIUM ALLOYS             | \$773.00      |
| D6050    | SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT       | \$1,611.00    | D6240    | PONTIC - PFM (HIGH NOBLE)                     | \$773.00      |

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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 |
|----------|---|---------------|----------|--|---------------|
| D6241    | PONTIC - PFM (BASE METAL)                     | \$683.00      | D7251    | CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL  | \$255.00      |
| D6242    | PONTIC - PFM (NOBLE METAL)                    | \$729.00      | D7260    | OROANTRAL FISTULA CLOSURE                      | \$367.00      |
| D6243    | PONTIC-PORCELAIN-TITANIUM/TITANIUM ALLOYS     | \$773.00      | D7261    | PRIMARY CLOSURE OF A SINUS PERFORATION         | \$367.00      |
| D6245    | PONTIC - PORCELAIN/CERAMIC                    | \$773.00      | D7280    | SURGICAL ACCESS OF AN UNERUPTED TOOTH          | \$271.00      |
| D6250    | PONTIC - RESIN WITH HIGH NOBLE METAL          | \$773.00      | D7282    | MOBILIZATION OF ERUPTED/MALPOSITIONED TOOTH    | \$378.00      |
| D6251    | PONTIC - RESIN WITH BASE METAL                | \$683.00      | D7283    | DEVICE TO FACILITATE ERUPTION OF IMP TOOTH     | \$108.00      |
| D6252    | PONTIC - RESIN WITH NOBLE METAL               | \$729.00      | D7285    | BIOPSY OF ORAL TISSUE - HARD                   | \$299.00      |
| D6253    | INTERIM PONTIC                                | \$206.00      | D7286    | BIOPSY OF ORAL TISSUE - SOFT                   | \$166.00      |
| D6545    | RETAINER - CAST METAL-BONDED FIXED PROSTHESIS | \$298.00      | D7288    | BRUSH BIOPSY-TRANSEPIHELIAL SAMPLE             | \$83.00       |
| D6548    | RETAINER-PORC/CERAMIC-BONDED FIXED PROSTHESIS | \$298.00      | D7291    | TRANSSEPTAL FIBEROTOMY, BY REPORT              | \$73.00       |
| D6549    | RESIN RETAINER-RESIN BONDED FIXED PROSTH      | \$150.00      | D7292    | SURG PLACE: TEMP ANCHOR DEVICE, SCREW PLATE    | \$364.00      |
| D6600    | RETAINER INLAY-PORCELAIN/CERAMIC, 2 SURFACES  | \$597.00      | D7293    | SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP         | \$310.00      |
| D6601    | RETAINER INLAY-PORCELAIN/CERAMIC, 3+ SURFACES | \$647.00      | D7294    | SURG PLACE: TEMP ANCHOR DEVICE W/O FLAP        | \$237.00      |
| D6602    | RETAINER INLAY-CAST HIGH NOBLE, 2 SURFACES    | \$597.00      | D7310    | ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETH/QUAD   | \$140.00      |
| D6603    | RETAINER INLAY-CAST HIGH NOBLE, 3+ SURFACES   | \$647.00      | D7311    | ALVEOLOPLASTY WITH EXT, 1-3 TEETH/QUAD         | \$71.00       |
| D6604    | RETAINER INLAY-CAST BASE METAL, 2 SURFACES    | \$568.00      | D7320    | ALVEOLOPLASTY W/OUT EXTRACTION, 4+ TEETH/QUAD  | \$183.00      |
| D6605    | RETAINER INLAY-CAST BASE METAL, 3+ SURFACES   | \$611.00      | D7321    | ALVEOLOPLASTY W/OUT EXT, 1-3 TEETH/QUAD        | \$128.00      |
| D6606    | RETAINER INLAY-CAST NOBLE, 2 SURFACES         | \$568.00      | D7410    | EXCISION OF BENIGN LESION UP TO 1.25CM         | \$204.00      |
| D6607    | RETAINER INLAY-CAST NOBLE, 3+ SURFACES        | \$611.00      | D7411    | EXCISION OF BENIGN LESION > 1.25CM             | \$296.00      |
| D6608    | RETAINER ONLAY-PORCELAIN/CERAMIC, 2 SURFACES  | \$625.00      | D7412    | EXCISION OF BENIGN LESION, COMPLICATED         | \$326.00      |
| D6609    | RETAINER ONLAY-PORCELAIN/CERAMIC, 3+ SURFACES | \$724.00      | D7413    | EXCISION OF MALIGNANT LESION UP TO 1.25CM      | \$204.00      |
| D6610    | RETAINER ONLAY-CAST HIGH NOBLE, 2 SURFACES    | \$625.00      | D7414    | EXCISION OF MALIGNANT LESION > 1.25CM          | \$296.00      |
| D6611    | RETAINER ONLAY-CAST HIGH NOBLE, 3+ SURFACES   | \$724.00      | D7415    | EXCISION OF MALIGNANT LESION, COMPLICATED      | \$326.00      |
| D6612    | RETAINER ONLAY-CAST BASE METAL, 2 SURFACES    | \$586.00      | D7440    | EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM   | \$258.00      |
| D6613    | RETAINER ONLAY-CAST BASE METAL, 3+ SURFACES   | \$690.00      | D7441    | EXCISION OF MALIGNANT TUMOR-LESION > 1.25CM    | \$271.00      |
| D6614    | RETAINER ONLAY-CAST NOBLE METAL, 2 SURFACES   | \$586.00      | D7450    | REMOVAL OF BENIGN ODONT CYST/TUMOR TO 1.25CM   | \$253.00      |
| D6615    | RETAINER ONLAY-CAST NOBLE METAL, 3+ SURFACES  | \$690.00      | D7451    | REMOVAL OF BENIGN ODONT CYST/TUMOR > 1.25CM    | \$256.00      |
| D6624    | RETAINER INLAY-TITANIUM                       | \$593.00      | D7460    | REMOVAL OF BENIGN NONODONT CYST/TUMOR TO 1.25  | \$217.00      |
| D6634    | RETAINER ONLAY-TITANIUM                       | \$613.00      | D7461    | REMOVAL OF BENIGN NONODONT CYST/TUMOR > 1.25   | \$460.00      |
| D6710    | RETAINER CROWN-INDIRECT RESIN-BASED CMPSTE    | \$282.00      | D7465    | DESTRUCTION OF LESION BY PHYSICAL/CHEMICAL     | \$103.00      |
| D6720    | RETAINER CROWN-RESIN WITH HIGH NOBLE METAL    | \$423.00      | D7471    | REMOVAL OF LATERAL EXOSTOSIS-MAX/MAND          | \$468.00      |
| D6721    | RETAINER CROWN-RESIN W/PRED BASE METAL        | \$423.00      | D7472    | REMOVAL OF TORUS PALATINUS                     | \$468.00      |
| D6722    | RETAINER CROWN-RESIN WITH NOBLE METAL         | \$423.00      | D7473    | REMOVAL OF TORUS MANDIBULARIS                  | \$468.00      |
| D6740    | RETAINER CROWN-PORCELAIN/CERAMIC SUBSTRATE    | \$788.00      | D7485    | SURGICAL REDUCTION OF OSSEOUS TUBEROSITY       | \$468.00      |
| D6750    | RETAINER CROWN-PORCELAIN ON HIGH NOBLE METAL  | \$773.00      | D7509    | MARSUPIALIZATION OF ODONTOGENIC CYST           | \$0.00        |
| D6751    | RETAINER CROWN-PORCELAIN ON PRED BASE METAL   | \$683.00      | D7510    | I & D OF ABSCESS - INTRAORAL SOFT TISSUE       | \$106.00      |
| D6752    | RETAINER CROWN-PORCELAIN ON NOBLE METAL       | \$729.00      | D7511    | I & D ABSCESS - INTRAORAL SOFT TISSUE - CMLPX  | \$116.00      |
| D6753    | RETAINER CROWN-PORCELAIN-TITANIUM/ALLOYS      | \$773.00      | D7520    | I & D OF ABSCESS - EXTRAORAL SOFT TISSUE       | \$127.00      |
| D6780    | RETAINER CROWN-3/4 CAST HIGH NOBLE METAL      | \$773.00      | D7521    | I & D ABSCESS - EXTRAORAL SOFT TISSUE - CMLPX  | \$139.00      |
| D6781    | RETAINER CROWN-3/4 CAST PRED BASE METAL       | \$670.00      | D7880    | OCCUSAL ORTHOTIC DEVICE, BY REPORT             | \$403.00      |
| D6782    | RETAINER CROWN-3/4 CAST NOBLE METAL           | \$722.00      | D7881    | OCCUSAL ORTHOTIC DEVICE ADJUSTMENT             | \$100.00      |
| D6783    | RETAINER CROWN-3/4 PORCELAIN/CERAMIC          | \$788.00      | D7922    | PLACEMENT OF BIOLOGICAL DRESSING-SITE          | \$62.00       |
| D6784    | RETAINER CROWN-3/4 TITANIUM/TITANIUM ALLOYS   | \$773.00      | D7953    | BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE | \$296.00      |
| D6790    | RETAINER CROWN-FULL CAST HIGH NOBLE METAL     | \$773.00      | D7956    | GUIDED TISSUE REGEN, EDENT AREA - RESORB/SITE  | \$0.00        |
| D6791    | RETAINER CROWN-FULL CAST PRED BASE METAL      | \$670.00      | D7957    | GUIDED TISSUE REGEN, EDENT - NON-RESORB/SITE   | \$0.00        |
| D6792    | RETAINER CROWN-FULL CAST NOBLE METAL          | \$722.00      | D7961    | BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)        | \$244.00      |
| D6793    | INTERIM RETAINER CROWN                        | \$206.00      | D7962    | LINGUAL FRENECTOMY (FRENULECTOMY)              | \$244.00      |
| D6794    | RETAINER CROWN - TITANIUM/TITANIUM ALLOYS     | \$773.00      | D7963    | FRENULOPLASTY                                  | \$391.00      |
| D6930    | RECEMENT, REBOND FIXED PARTIAL DENTURE        | \$80.00       | D7970    | EXCISION OF HYPERPLASTIC TISSUE PER ARCH       | \$204.00      |
| D6940    | STRESS BREAKER                                | \$215.00      | D7971    | EXCISION OF PERICORONAL GINGIVA                | \$116.00      |
| D6980    | FIXED PARTIAL DENTURE REPAIR                  | \$149.00      | D7972    | SURGICAL REDUCTION OF FIBROUS TUBEROSITY       | \$235.00      |
| D6985    | PEDIATRIC PARTIAL DENTURE, FIXED              | \$317.00      | D8210    | REMOVABLE APPLIANCE THERAPY                    | \$244.00      |
| D7111    | EXTRACTION, CORONAL REMNANTS, PRIMARY TOOTH   | \$56.00       | D8220    | FIXED APPLIANCE THERAPY                        | \$244.00      |
| D7140    | EXTRACTION, ERUPTED TOOTH/EXPOSED ROOT        | \$88.00       | D8660    | PRE-ORTHODONTIC TREATMENT EXAMINATION          | \$48.00       |
| D7210    | SURGICAL REMOVAL W/ELEVATION/SECTIONING       | \$159.00      | D9110    | PALLIATIVE TX OF DENTAL PAIN, PER VISIT        | \$64.00       |
| D7220    | REMOVAL OF IMPACTED TOOTH - SOFT TISSUE       | \$204.00      | D9120    | FIXED PARTIAL DENTURE SECTIONING               | \$120.00      |
| D7230    | REMOVAL OF IMPACTED TOOTH - PARTIAL BONY      | \$271.00      | D9215    | LOCAL ANESTHESIA                               | \$0.00        |
| D7240    | REMOVAL OF IMPACTED TOOTH - FULL BONY         | \$331.00      | D9219    | EVALUATION-DEEP SEDATION/GENERAL ANESTHESIA    | \$46.00       |
| D7241    | REMOVAL OF IMPACTED TOOTH - FULL BONY W/COMP  | \$364.00      | D9222    | DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN    | \$120.00      |
| D7250    | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS      | \$162.00      | D9223    | DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN    | \$120.00      |

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EXHIBIT A

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

| CDT<br>Code | Description                                   | DGP<br>DGPS<br>Fees |
|-------------|---|---------------------|
| D9230       | ADMIN OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS  | \$34.00             |
| D9239       | IV MODERATE SEDATION/ANESTH - FIRST 15 MIN    | \$120.00            |
| D9243       | IV MOD SEDATION/ANALGESIA - ADD'L 15 MIN      | \$120.00            |
| D9248       | NON-INTRAVENOUS CONSCIOUS SEDATION            | \$228.00            |
| D9310       | CONSULTATION (OTHER THAN REQUESTING DOCTOR)   | \$75.00             |
| D9311       | CONSULTATION WITH MEDICAL PROFESSIONAL        | \$0.00              |
| D9430       | OFFICE VISIT FOR OBSERVATION-NO OTHER SERVICE | \$35.00             |
| D9440       | OFFICE VISIT - AFTER REGULAR HOURS            | \$70.00             |
| D9610       | THERAPEUTIC PARENTERAL DRUG, SINGLE           | \$32.00             |
| D9612       | THERAPEUTIC PARENTERAL DRUGS, TWO+, DIFF MEDS | \$48.00             |
| D9942       | REPAIR AND/OR RELINE OF OCCLUSAL GUARD        | \$60.00             |
| D9943       | OCCLUSAL GUARD ADJUSTMENT                     | \$100.00            |
| D9944       | OCCLUSAL GUARD HARD APPLIANCE, FULL ARCH      | \$403.00            |
| D9945       | OCCLUSAL GUARD SOFT APPLIANCE, FULL ARCH      | \$403.00            |
| D9951       | OCCLUSAL ADJUSTMENT - LIMITED                 | \$70.00             |
| D9952       | OCCLUSAL ADJUSTMENT - COMPLETE                | \$187.00            |
| D9971       | ODONTOPLASTY - PER TOOTH                      | \$70.00             |
| D9972       | EXTERNAL BLEACHING - PER ARCH                 | \$265.00            |
| D9973       | EXTERNAL BLEACHING - PER TOOTH                | \$40.00             |
| D9974       | INTERNAL BLEACHING - PER TOOTH                | \$160.00            |
| D9975       | EXT BLEACHING FOR HOME APPLICATION, PER ARCH  | \$160.00            |

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>  | \$4,703.00     |
| (D8070 or D8080 or D8090)+D8680+D8670 | <b>Complete 36 month comprehensive orthodontic treatment</b>  | \$6,407.00     |
| D8010, D8020, D8030, D8040            | <b>Limited orthodontic treatment</b><br>including fabrication and insertion of any and all fixed and removable appliances and periodic visits   | \$1,309.00     |
| D8070, D8080, D8090                   | <b>Comprehensive orthodontic treatment</b><br>including fabrication and insertion of any and all fixed and removable appliances and periodic visits   | \$4,239.00     |
| D8670                                 | <b>Periodic orthodontic treatment visit-part of contract</b><br>Additional monthly fee for comprehensive orthodontic treatment extending beyond twenty-four (24) months, up to thirty-six (36) months | \$142.00       |
| D8680                                 | <b>Orthodontic retention</b><br>including any and all necessary fixed and removable initial appliances and related visits   | \$464.00       |
| D8681                                 | <b>Removable orthodontic retainer adjustment</b>  | \$32.00        |

#### 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.



November 15, 2023

Pacific Dental Services  
17000 Redhill Ave.  
Irvine, CA 926214

Re: Fee Schedule COSPPDS

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



**Tracy\_Aguayo@glic.com**

Pacific Dental Services

Fee Schedule: COSPPDS

November 15, 2023

Page 2

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



## DentalGuard Preferred Select Network Payor List As of November 4, 2022

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

|   |                                       |
|---|---------------------------------------|
| Aetna Dental*                           | Alicare Inc (Amalgamated Life Ins Co) |
| Allied Benefit Systems Inc              | Ameritas Life Insurance Company*      |
| Angle Health                            | Avesis, Inc                           |
| Bay Area Delivery Drivers Security Fund | Benemax Corp                          |
| Blackhawk TPA                           | Boon-Chapman TPA                      |
| BSI Companies TPA                       | CDS Group Health                      |
| Cypress Benefit Administrators          | GPA TPA                               |
| Group Administrators Ltd                | Health Plans Inc                      |
| HealthComp (includes BAS)               | HealthSCOPE Benefits                  |
| Hometown Health                         | HSBA Inc                              |
| Kansas City Life                        | LEVEL Benefits                        |
| Liberty Dental Plan                     | MedBen                                |
| National Elevator Industry HB Plan      | NECA IBEW Welfare Trust Fund          |
| Pan American Life LLC                   | Partners Benefit Group                |
| Premier Access Insurance Company        | Professional Benefit Admin Inc (PBA)  |
| Professional Benefit Services (PBS)     | Prominence Health Plan                |
| Teamsters Local 710 HW&P Fund           | The Loomis Company                    |
| Trustmark Health Benefits               | United Health Care*                   |
| United Medical Resources UMR            |                                       |

\*These companies access a limited number of providers

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 - Specialist Fee Schedule****Maximum Allowable Fees**

| CDT Code | Description                                    | DGP DGPS Fees | CDT Code | Description                                   | DGP DGPS Fees |
|----------|--|---------------|----------|---|---------------|
| D0120    | PERIODIC ORAL EVALUATION                       | \$32.00       | D4241    | GINGIVAL FLAP, W/ ROOT PLANING-1-3 TEETH/QUAD | \$321.00      |
| D0140    | LIMITED ORAL EVALUATION-PROBLEM FOCUSED        | \$51.00       | D4249    | CLINICAL CROWN LENGTHENING - HARD TISSUE      | \$578.00      |
| D0150    | COMPREHENSIVE ORAL EVALUATION                  | \$50.00       | D4260    | OSSEOUS SURGERY - 4+ TEETH/QUAD               | \$915.00      |
| D0170    | REEVALUATION-LIMITED;PROBLEM FOCUS;NOT POSTOP  | \$45.00       | D4261    | OSSEOUS SURGERY - 1 TO 3 TEETH/QUAD           | \$608.00      |
| D0171    | RE-EVALUATION - POST-OPERATIVE OFFICE VISIT    | \$45.00       | D4263    | BONE GRAFT - FIRST SITE IN QUADRANT           | \$296.00      |
| D0180    | COMPREHENSIVE PERIODONTAL EVALUATION           | \$50.00       | D4264    | BONE GRAFT - ADDITIONAL SITE IN QUAD          | \$201.00      |
| D0210    | INTRAORAL COMPREHENSIVE SERIES XRAYs           | \$97.00       | D4266    | GTR, NATURAL TEETH - RESORB BARRIER/SITE      | \$320.00      |
| D0220    | INTRAORAL XRAYs - PERIAPICAL, FIRST FILM       | \$21.00       | D4267    | GTR, NATURAL TEETH - NON-RESORB BARRIER/SITE  | \$375.00      |
| D0230    | INTRAORAL XRAYs - PERIAPICAL, EACH EXTRA FILM  | \$12.00       | D4270    | PEDICLE SOFT TISSUE GRAFT PROCEDURE           | \$616.00      |
| D0240    | INTRAORAL XRAYs - OCCLUSAL FILM                | \$28.00       | D4273    | AUTOGENOUS CONNECTIVE TISSUE GRFT FIRST TOOTH | \$755.00      |
| D0270    | BITEWING XRAYs - SINGLE FILM                   | \$24.00       | D4274    | DISTAL OR PROXIMAL WEDGE PROCEDURE            | \$319.00      |
| D0272    | BITEWING XRAYs - TWO FILMS                     | \$30.00       | D4275    | NON-AUTOGENOUS TISSUE GRAFT FIRST TOOTH       | \$777.00      |
| D0273    | BITEWING XRAYs - THREE FILMS                   | \$33.00       | D4276    | COMBINED CONNECTIVE TISSUE & PEDICLE GRAFT    | \$793.00      |
| D0274    | BITEWING XRAYs - FOUR FILMS                    | \$45.00       | D4277    | FREE SOFT TISSUE GRAFT PROC, FIRST TOOTH      | \$648.00      |
| D0277    | VERTICAL BITEWING XRAYs - 7 TO 8 FILMS         | \$61.00       | D4278    | FREE SOFT TISSUE GRAFT PROC, ADDTL TOOTH      | \$388.00      |
| D0330    | PANORAMIC FILM                                 | \$82.00       | D4283    | AUTOGENOUS CONNECTIVE TISSUE GRFT-ADDTL TOOTH | \$453.00      |
| D3220    | THERAPEUTIC PULPOTOMY                          | \$132.00      | D4285    | NONAUTOGENOUS TISSUE GRAFT FIRST, ADDTL TOOTH | \$466.00      |
| D3221    | PULPAL DEBRIDEMENT (ANY TOOTH)                 | \$79.00       | D4341    | SCALING AND ROOT PLANING - 4+ TEETH/QUAD      | \$167.00      |
| D3222    | PARTIAL PULPOTOMY - APEXOGENESIS (PERM TOOTH)  | \$132.00      | D4342    | SCALING AND ROOT PLANING - 1-3 TEETH/QUAD     | \$117.00      |
| D3230    | PULPAL THERAPY(RESORBABLE), ANTERIOR, PRIMARY  | \$138.00      | D4355    | FULL MOUTH DEBRIDEMENT                        | \$87.00       |
| D3240    | PULPAL THERAPY(RESORBABLE), POSTERIOR, PRIMARY | \$152.00      | D4381    | LOCAL DELIVERY ANTIMICROBIAL AGENTS-PER TOOTH | \$67.00       |
| D3310    | ENDO - ANTERIOR (EXCLUDE FINAL RESTORATION)    | \$588.00      | D4910    | PERIODONTAL MAINTENANCE                       | \$93.00       |
| D3320    | ENDO - PREMOLAR (EXCLUDE FINAL RESTORATION)    | \$688.00      | D4921    | GINGIVAL IRRIGATION W/MED AGENT, PER QUAD     | \$53.00       |
| D3330    | ENDO - MOLAR (EXCLUDE FINAL RESTORATION)       | \$888.00      | D5911    | FACIAL MOULAGE (SECTIONAL)                    | \$161.00      |
| D3331    | TX OF ROOT CANAL OBSTRUCTION (NON-SURGERY)     | \$164.00      | D5912    | FACIAL MOULAGE (COMPLETE)                     | \$161.00      |
| D3332    | INCOMPLETE RCT - INOPERABLE, UNRESTORABLE, FX  | \$872.00      | D5913    | NASAL PROSTHESIS                              | \$3,406.00    |
| D3333    | INTERNAL ROOT REPAIR OF PERFORATION            | \$164.00      | D5914    | AURICULAR PROSTHESIS                          | \$3,406.00    |
| D3346    | ENDO - RETREATMENT - ANTERIOR                  | \$759.00      | D5915    | ORBITAL PROSTHESIS                            | \$4,601.00    |
| D3347    | ENDO - RETREATMENT - PREMOLAR                  | \$872.00      | D5916    | OCULAR PROSTHESIS                             | \$1,231.00    |
| D3348    | ENDO - RETREATMENT - MOLAR                     | \$1,049.00    | D5919    | FACIAL PROSTHESIS                             | \$446.00      |
| D3351    | APEXIFICATION/RECALCIFICATION - INITIAL VISIT  | \$189.00      | D5922    | NASAL SEPTAL PROSTHESIS                       | \$296.00      |
| D3352    | APEXIFICATION/RECALCIFICATION - INTERIM MEDS   | \$110.00      | D5924    | CRANIAL PROSTHESIS                            | \$588.00      |
| D3353    | APEXIFICATION/RECALCIFICATION - FINAL VISIT    | \$383.00      | D5931    | OBTURATOR PROSTHESIS, SURGICAL                | \$1,837.00    |
| D3355    | PULPAL REGENERATION - INITIAL VISIT            | \$164.00      | D5932    | OBTURATOR PROSTHESIS, DEFINITIVE              | \$1,284.00    |
| D3356    | PULPAL REGENERATION - INTERIM VISIT            | \$110.00      | D5933    | OBTURATOR PROSTHESIS, MODIFICATION            | \$186.00      |
| D3357    | PULPAL REGENERATION - TX COMPLETE              | \$110.00      | D5934    | MAND RESECTION PROSTHESIS WITH GUIDE FLANGE   | \$3,121.00    |
| D3410    | APICOECTOMY - ANTERIOR                         | \$502.00      | D5935    | MAND RESECTION PROSTHESIS W/OUT GUIDE FLANGE  | \$2,711.00    |
| D3421    | APICOECTOMY - PREMOLAR (FIRST ROOT)            | \$608.00      | D5951    | FEEDING AID                                   | \$499.00      |
| D3425    | APICOECTOMY - MOLAR (FIRST ROOT)               | \$626.00      | D5952    | SPEECH AID PROSTHESIS, PEDIATRIC              | \$1,623.00    |
| D3426    | APICOECTOMY - (ADDITIONAL ROOT)                | \$226.00      | D5954    | PALATAL AUGMENTATION PROSTHESIS               | \$410.00      |
| D3428    | BONE GRAFT W/ PERIRADICULAR SURG - TOOTH       | \$261.00      | D5955    | PALATAL LIFT PROSTHESIS, DEFINITIVE           | \$2,639.00    |
| D3429    | BONE GRAFT W/ PERIRADICULAR SURG - ADD TOOTH   | \$201.00      | D5958    | PALATAL LIFT PROSTHESIS, INTERIM              | \$892.00      |
| D3430    | RETROGRADE FILLING - PER ROOT                  | \$111.00      | D5959    | PALATAL LIFT PROSTHESIS, MODIFICATION         | \$186.00      |
| D3432    | GTR PER SITE, W/ PERIRADICULAR SURG            | \$320.00      | D5982    | SURGICAL STENT                                | \$178.00      |
| D3450    | ROOT AMPUTATION - PER ROOT                     | \$327.00      | D5983    | RADIATION CARRIER                             | \$588.00      |
| D3471    | SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR  | \$547.00      | D5986    | FLUORIDE GEL CARRIER                          | \$99.00       |
| D3472    | SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR  | \$547.00      | D5987    | COMMISSURE SPLINT                             | \$268.00      |
| D3473    | SURGICAL REPAIR OF ROOT RESORPTION - MOLAR     | \$547.00      | D5988    | SURGICAL SPLINT                               | \$268.00      |
| D3501    | SURG EXPOSURE-ROOT SURF, W/O APICO-ANTERIOR    | \$547.00      | D5991    | TOPICAL MEDICAMENT CARRIER                    | \$99.00       |
| D3502    | SURG EXPOSURE-ROOT SURF, W/O APICO-PRE-MOLAR   | \$547.00      | D5992    | ADJUST MAX PROSTHETIC APPLIANCE, BY REPORT    | \$68.00       |
| D3503    | SURG EXPOSURE-ROOT SURF, W/O APICO-MOLAR       | \$547.00      | D6010    | SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL | \$1,594.00    |
| D3920    | HEMISECTION (W/ROOT REMOVAL)                   | \$277.00      | D6011    | SECOND STAGE IMPLANT SURGERY                  | \$173.00      |
| D4210    | GINGIVECTOMY - 4+ TEETH/QUAD                   | \$393.00      | D6012    | SURGICAL PLACEMENT OF INTERIM IMPLANT BODY    | \$1,736.00    |
| D4211    | GINGIVECTOMY - 1 TO 3 TEETH/QUAD               | \$160.00      | D6013    | SURGICAL PLACEMENT OF MINI IMPLANT            | \$1,563.00    |
| D4212    | GINGIVECTOMY-ACCESS FOR REST PROC, PER TOOTH   | \$112.00      | D6040    | SURGICAL PLACEMENT: EPOSTEAL IMPLANT          | \$2,778.00    |
| D4230    | CROWN EXPOSURE - 4+ TEETH OR SPACES, PER QUAD  | \$578.00      | D6050    | SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT       | \$1,736.00    |
| D4231    | CROWN EXPOSURE - 1 TO 3 TEETH OR SPACES, QUAD  | \$405.00      | D6101    | DEBRIDEMENT OF A PERIIMPLANT DEFECT           | \$321.00      |
| D4240    | GINGIVAL FLAP, W/ ROOT PLANING-4+ TEETH/QUAD   | \$458.00      | D6102    | DEBRIDE/OSSEOUS CONTOUR OF PERIIMPLANT DEFECT | \$608.00      |

The listing of codes on this fee schedule does not guarantee coverage. Orthodontic Fee Schedule amounts may apply. Endodontists, Oral Surgeons & Peridodontists: (1) contact Guardian for the Orthodontic Fee Schedule applicable in your area; (2) CDT codes not listed on the Specialist, General or Orthodontic Fee Schedules may be charged at your usual fee; (3) if a code is listed on this Specialist Fee Schedule and also on the DentalGuard General Fee Schedule applicable in your area, the fee listed on this Specialist Fee Schedule will apply.

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 - Specialist Fee Schedule  
Maximum Allowable Fees**

| CDT Code | Description                                    | DGP DGPS Fees | CDT Code | Description                                   | DGP DGPS Fees |
|----------|--|---------------|----------|---|---------------|
| D6103    | BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT    | \$261.00      | D9230    | ADMIN OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS  | \$36.00       |
| D6104    | BONE GRAFT AT TIME OF IMPLANT PLACEMENT        | \$320.00      | D9239    | IV MODERATE SEDATION/ANESTH - FIRST 15 MIN    | \$129.00      |
| D6106    | GUIDED TISSUE REGEN - RESORBABLE, PER IMPLANT  | \$0.00        | D9243    | IV MOD SEDATION/ANALGESIA - ADD'L 15 MIN      | \$129.00      |
| D6107    | GUIDED TISSUE REGEN - NON-RESORB, PER IMPLANT  | \$0.00        | D9248    | NON-INTRAVENOUS CONSCIOUS SEDATION            | \$245.00      |
| D6190    | RADIOGRAPHIC/SURGICAL IMPLANT INDEX,BY REPORT  | \$203.00      | D9310    | CONSULTATION (OTHER THAN REQUESTING DOCTOR)   | \$82.00       |
| D7111    | EXTRACTION, CORONAL REMNANTS, PRIMARY TOOTH    | \$62.00       | D9430    | OFFICE VISIT FOR OBSERVATION-NO OTHER SERVICE | \$38.00       |
| D7140    | EXTRACTION, ERUPTED TOOTH/EXPOSED ROOT         | \$95.00       | D9440    | OFFICE VISIT - AFTER REGULAR HOURS            | \$75.00       |
| D7210    | SURGICAL REMOVAL W/ELEVATION/SECTIONING        | \$189.00      | D9610    | THERAPEUTIC PARENTERAL DRUG, SINGLE           | \$34.00       |
| D7220    | REMOVAL OF IMPACTED TOOTH - SOFT TISSUE        | \$219.00      | D9612    | THERAPEUTIC PARENTERAL DRUGS, TWO+, DIFF MEDS | \$51.00       |
| D7230    | REMOVAL OF IMPACTED TOOTH - PARTIAL BONY       | \$298.00      | D9951    | OCCLUSAL ADJUSTMENT - LIMITED                 | \$75.00       |
| D7240    | REMOVAL OF IMPACTED TOOTH - FULL BONY          | \$364.00      | D9952    | OCCLUSAL ADJUSTMENT - COMPLETE                | \$202.00      |
| D7241    | REMOVAL OF IMPACTED TOOTH - FULL BONY W/COMP   | \$393.00      |          |   |               |
| D7250    | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS       | \$176.00      |          |   |               |
| D7251    | CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL  | \$275.00      |          |   |               |
| D7260    | OROANTRAL FISTULA CLOSURE                      | \$398.00      |          |   |               |
| D7261    | PRIMARY CLOSURE OF A SINUS PERFORATION         | \$398.00      |          |   |               |
| D7280    | SURGICAL ACCESS OF AN UNERUPTED TOOTH          | \$292.00      |          |   |               |
| D7283    | DEVICE TO FACILITATE ERUPTION OF IMP TOOTH     | \$115.00      |          |   |               |
| D7285    | BIOPSY OF ORAL TISSUE - HARD                   | \$323.00      |          |   |               |
| D7286    | BIOPSY OF ORAL TISSUE - SOFT                   | \$179.00      |          |   |               |
| D7291    | TRANSSEPTAL FIBEROTOMY, BY REPORT              | \$79.00       |          |   |               |
| D7292    | SURG PLACE: TEMP ANCHOR DEVICE, SCREW PLATE    | \$393.00      |          |   |               |
| D7293    | SURG PLACE: TEMP ANCHOR DEVICE W/ FLAP         | \$334.00      |          |   |               |
| D7294    | SURG PLACE: TEMP ANCHOR DEVICE W/O FLAP        | \$255.00      |          |   |               |
| D7310    | ALVEOLOPLASTY WITH EXTRACTION, 4+ TEETH/QUAD   | \$151.00      |          |   |               |
| D7311    | ALVEOLOPLASTY WITH EXT, 1-3 TEETH/QUAD         | \$76.00       |          |   |               |
| D7320    | ALVEOLOPLASTY W/OUT EXTRACTION, 4+ TEETH/QUAD  | \$198.00      |          |   |               |
| D7321    | ALVEOLOPLASTY W/OUT EXT, 1-3 TEETH/QUAD        | \$138.00      |          |   |               |
| D7410    | EXCISION OF BENIGN LESION UP TO 1.25CM         | \$219.00      |          |   |               |
| D7411    | EXCISION OF BENIGN LESION > 1.25CM             | \$318.00      |          |   |               |
| D7412    | EXCISION OF BENIGN LESION, COMPLICATED         | \$351.00      |          |   |               |
| D7413    | EXCISION OF MALIGNANT LESION UP TO 1.25CM      | \$219.00      |          |   |               |
| D7414    | EXCISION OF MALIGNANT LESION > 1.25CM          | \$318.00      |          |   |               |
| D7415    | EXCISION OF MALIGNANT LESION, COMPLICATED      | \$351.00      |          |   |               |
| D7440    | EXCISION OF MALIGNANT TUMOR-LESION TO 1.25CM   | \$278.00      |          |   |               |
| D7441    | EXCISION OF MALIGNANT TUMOR-LESION > 1.25CM    | \$293.00      |          |   |               |
| D7450    | REMOVAL OF BENIGN ODONT CYST/TUMOR TO 1.25CM   | \$273.00      |          |   |               |
| D7451    | REMOVAL OF BENIGN ODONT CYST/TUMOR > 1.25CM    | \$277.00      |          |   |               |
| D7460    | REMOVAL OF BENIGN NONODONT CYST/TUMOR TO 1.25  | \$234.00      |          |   |               |
| D7461    | REMOVAL OF BENIGN NONODONT CYST/TUMOR > 1.25   | \$497.00      |          |   |               |
| D7471    | REMOVAL OF LATERAL EXOSTOSIS-MAX/MAND          | \$481.00      |          |   |               |
| D7472    | REMOVAL OF TORUS PALATINUS                     | \$481.00      |          |   |               |
| D7473    | REMOVAL OF TORUS MANDIBULARIS                  | \$481.00      |          |   |               |
| D7509    | MARSUPIALIZATION OF ODONTOGENIC CYST           | \$0.00        |          |   |               |
| D7510    | I & D OF ABSCESS - INTRAORAL SOFT TISSUE       | \$114.00      |          |   |               |
| D7511    | I & D ABSCESS - INTRAORAL SOFT TISSUE - CMLPX  | \$125.00      |          |   |               |
| D7520    | I & D OF ABSCESS - EXTRAORAL SOFT TISSUE       | \$136.00      |          |   |               |
| D7521    | I & D ABSCESS - EXTRAORAL SOFT TISSUE - CMLPX  | \$151.00      |          |   |               |
| D7922    | PLACEMENT OF BIOLOGICAL DRESSING-SITE          | \$67.00       |          |   |               |
| D7953    | BONE RPLCEMNT GRFT RIDGE PRESERVATION-PER SITE | \$320.00      |          |   |               |
| D7956    | GUIDED TISSUE REGEN, EDENT AREA - RESORB/SITE  | \$0.00        |          |   |               |
| D7957    | GUIDED TISSUE REGEN, EDENT - NON-RESORB/SITE   | \$0.00        |          |   |               |
| D7961    | BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)        | \$263.00      |          |   |               |
| D7962    | LINGUAL FRENECTOMY (FRENULECTOMY)              | \$263.00      |          |   |               |
| D7963    | FRENULOPLASTY                                  | \$421.00      |          |   |               |
| D9110    | PALLIATIVE TX OF DENTAL PAIN, PER VISIT        | \$67.00       |          |   |               |
| D9222    | DEEP SEDATION/GENERAL ANESTH - FIRST 15 MIN    | \$129.00      |          |   |               |
| D9223    | DEEP SEDATION/GENERAL ANESTH - ADD'L 15 MIN    | \$129.00      |          |   |               |

The listing of codes on this fee schedule does not guarantee coverage. Orthodontic Fee Schedule amounts may apply. Endodontists, Oral Surgeons & Peridontists: (1) contact Guardian for the Orthodontic Fee Schedule applicable in your area; (2) CDT codes not listed on the Specialist, General or Orthodontic Fee Schedules may be charged at your usual fee; (3) if a code is listed on this Specialist Fee Schedule and also on the DentalGuard General Fee Schedule applicable in your area, the fee listed on this Specialist Fee Schedule will apply.

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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