Guardian Prepaid Dental Plan
Plan 3NY05M

Diagnostic		Copayment
101	Office Visit,All	$5
102	Broken Appointment (without 24 h	$20
0150	Comprehensive Oral Examination	No Charge
0120	Periodic Oral Exam	No Charge
0140	Limited Problem Focused Exam	No Charge
0210	Intraoral-complete series (incl bitev	No Charge
0220	Periapical-first film	No Charge
0230	Periapical-each add'l	No Charge
0240	Occlusal x-ray	No Charge
0270-74	Bitewing x-rays	No Charge
0330	Panoramic film	No Charge
0460	Pulp vitality test	No Charge
0470	Diagnostic casts	No Charge
Preventive		
1110/20	Prophylaxis-adult/child	No Charge
1201	Tropical Application of Fluoride	No Charge
1203	Topical fl w/o prophy-child/adult	No Charge
1310	Nutritional counseling	No Charge
1330	Oral hygiene instruction	No Charge
1351	Sealant-per tooth	$8
1510	Space maint-fixed unilateral	$54
1515	Space maint-fixed bilateral	$72
1550	Recementation space maint	$12
Minor Restorative		
2110	Amalgam-1 surf primary	$15
2120	Amalgam-2 surf primary	$19
2130	Amalgam-3 surf primary	$23
2131	Amalgam-4 or 4+ surf primary	$28
2140	Amalgam-1 surf permanent	$17
2150	Amalgam-2 surf permanent	$22
2160	Amalgam-3 surf permanent	$26
2161	Amalgam-4 or 4+ surf permanent	$32
2210	Silicate cement- per restoration	$15
2330	Resin-1 surf anterior	$20
2331	Resin-2 surf anterior	$26
2332	Resin-3 surf anterior	$32
2335	Resin-4+ or incisal, anterior	$38
2336	Composite Resin Crown, Anterior I	$95
2380	Resin - 1 surf Posterior Primary	$55
2381	Resin - 2 surf Posterior Primary	$65
2382	Resin - 3 surf Posterior Primary	$80
2385	Resin - 1 Surf Posterior Permanen	$56
2386	Resin - 2 Surfs Posterior Permane	$75
2387	Resin - 3 Surf Posterior Permanen	$95
2910	Recement inlay	$18
2920	Recement crown	$18
2940	Sedative filling	$17
Crowns & Fixed Bridges		
2510	Inlay-metallic-1 surf*	$280
2520	Inlay-metallic-2 surf*	$320
2530	Inlay-metallic-3 surf*	$370
2543	Onlay-metallic-3 Surfaces*	$380
2544	Onlay-metallic-4 or more Surfaces*	$395
2702	Crown supporting existing partial d	$125
2703	Multiple crown and bridge unit trea	$125
2740	Crown-porcelain/ceramic substrate	$395
2750	Crown-porcelain fused to high nob	$395
2751	Crown-porc to predominantly base	$395
2752	Crown-porcelain fused to noble me	$395
2790	Crown-full cast high noble metal*	$395
2791	Crown-full cast predominantly base	$395
2792	Crown-full cast noble metal	$395

Crowns & Fixed Bridges		Copayment
2810	Crown-3/4 cast metallic*	$395
2930	Prefab stainless steel crown-prima	$110
2931	Prefab stainless steel crown-perma	$110
2932	Prefabricated Resin Crown	$135
2950	Core buildup, including any pins	$100
2951	Pin retention-per tooth, in add'n to	$22
2952	Cast post & core in add'n to crown	$155
2954	Prefab post & core in add'n to crow	$125
6210	Pontic-cast high noble metal*	$385
6211	Pontic-cast predominantly base me	$385
6212	Pontic-cast noble metal	$385
6240	Pontic-porc fused to high noble me	$385
6241	Pontic-porc fused to predom base	$385
6242	Pontic-porc fused to noble metal	$385
6520	Inlay-metallic-2 surfaces*	$320
6530	Inlay-metallic-3 or more surfaces*	$370
6543	Retainer onlay, metallic, three surfa	$380
6544	Retainer onlay, metallic, four or mo	$395
6750	Crown-porcelain fused to high nob	$395
6751	Crown-porc fused to predom base	$395
6752	Crown-porcelain fused to noble me	$395
6780	Crown-3/4 cast high noble metal*	$395
6790	Crown-full cast high noble metal*	$395
6791	Crown-full cast predominantly base	$395
6792	Crown-full cast noble metal	$395
6970	Cast post & core in add'n to abut*	$155
6972	Prefab post & core in add'n to abut	$125
6973	Core buildup for abut, incl any pins	$100
Endodontics		
3110	Pulp cap-direct (excl rest)	$10
3120	Pulp cap-indirect (excl rest)	$10
3220	Therapeutic pulpotomy (excl rest)	$25
3310	Anterior root canal (excl final rest)	$120
3320	Bicuspid root canal (excl final rest)	$145
3330	Molar root canal (excl final restr)	$370
3346	Retreatment-anterior, by report	$315
3347	Retreatment-bicuspid, by report	$370
3348	Retreatment-molar, by report	$445
3410	Apicoectomy/periradicular surg-ant	$265
3421	Apico/perirad surg-bicuspid (first ro	$300
3425	Apico-perirad surg-molar (first root	$350
3426	Apico/periradic surg (each add'l roo	$110
3430	Retrograde filling-per root	$80
Periodontics		
4210	Gingivectomy or gingivoplasty-per	$235
4211	Gingivectomy or gingivoplasty-per	$60
4240	Gingival Flap Procedure, including	$275
4249	Crown lengthening-hard & soft tiss	$275
4260	Osseous surg incl flap entry/closur	$392
4261	Osseous Surgery Inc.flap entry/clo	$235
4270	Pedical soft tissue graft procedure	$290
4271	Free soft tissue graft proc (incl don	$298
4341	Periodontal scaling/root planing-pe	$40
4355	Debridement to Enable Diagnosis	$24
4910	Periodontal maintenance procedur	$22
4920	Unscheduled dressing change (otl	$19
Dentures		
5110/20	Complete upper or lower denture	$452
5130/40	Immediate upper or lower Denture	$492
5211	Upper partial-resin base	$381
5212	Lower partial-resin base	$443
5213/14	Upper or lower partial -Chrome ca	$500

Dentures		Copayment
5410/11	Adjust complete denture-upper or l	$25
5421/22	Adjust partial denture-upper or low	$25
5510	Repair broken complete denture ba	$50
5520	Replace Missing or Broken Teeth	$45
5610	Repair resin saddle or base	$55
5630	Repair or relace broken clasp	$70
5640	Replace broken teeth-per tooth	$45
5650	Add tooth to existing partial dentur	$65
5660	Add clasp to existing partial dentur	$80
5710	Rebase Complete Upper Denture	$200
5711	Rebase Complete Lower Denture	$200
5720/21	Rebase Partial Upper or Lower De	$200
5730/31	Reline complete upper/lower (chai	$110
5740/41	Reline upper/lower partial (chairsid	$110
5750/51	Reline complete upper/lower dentu	$150
5760/61	Reline upper/lower partial denture	$150
5820	Interim partial denture (stay plate)	$175
5821	Interim partial denture (stay plate)	$175
5850/51	Tissue conditioning, upper/lower-p	$45
Oral Surgery		
7110	Single tooth extraction	$22
7120	Each additional tooth extraction	$22
7130	Root removal-exposed roots	$30
7210	Surgical removal erupted tooth w/fl	$90
7220	Removal of impacted tooth-soft tiss	$115
7230	Removal of impacted tooth-partial	$150
7240	Removal of impacted tooth-full bor	$180
7241	Removal of impacted tooth-complic	$225
7250	Surgical removal of residual tooth r	$95
7270	Tooth reimplantation and/or stabiliz	$210
7280	Surgical exposure of impacted or u	$230
7281	Surgical exposure to aid eruption	$195
7285	Biopsy of oral tissue- hard	$125
7286	Biopsy of oral tissue- soft	$85
7310	Alveoplasty in conjunction w/ext-qu	$105
7320	Alveoplasty w/o extract-quad	$140
7450	Removal odont cyst-Lesion up to 1	$350
7451	Removal odont cyst-Lesion over 1.	$540
7470	Removal of exostosis- maxilla or m	$450
7510	Incision/drainage of abscess-intrac	$105
7960	Frenulectomy (frenectomy or freno	$230
Cosmetic		
2960	Labial veneer (laminate)-chairside	$295
Orthodontics		
102	Broken appointment (without 24 h	$20
8601	Orthodontic evaluation and consul	$100
8602	Orthodontic treatment plan and rec	$150
	x-rays, study models and diagnostic photos	
8070	Comprehensive orthodontic treatm	$2,425
8080	fabrication and insertion of fixed ba	$2,425
8090	appliance and periodic visits up to	$2,425
8670	Periodic comprehensive orthodonti	$102
8680	Orthodontic retention	$425
9430	Office visit for observation, no othe	$0
9440	Emergency office visit after hours	$20
Miscellaneous		
9110	Emergency palliative treatment	$20
9215	Local anesthesia	No Charge
9310	Consultation by other than primary	$30
9430	Office Visit for Observation	No Charge
9440	Office Visit, after hours	$20
9951	Occlusal adjustment-limited per vis	$20

**** Copayment is exclusive of the price of gold.***

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