

Guardian DHMO Dental Plan

	STANDARD (U50)	ENRICHED (U60)
CHOICE OF DENTIST	Limited to Participating Dentists in Private Practice	
MAXIMUM BENEFIT/DEDUCTIBLE	No Maximum, No Deductible	
TYPE I	STANDARD	ENRICHED
1110/20 Prophylaxis	You Pay No Charge	You Pay No Charge
0120 Periodic Oral Exam	No Charge	No Charge
0150 Comprehensive Oral Evaluation - New or Established	No Charge	No Charge
1203 Fluoride Treatment (children up to the age 19)	No Charge	No Charge
1351 Sealant- per tooth	\$5.00	No Charge
1510 Space Maintainers	\$30.00	No Charge
TYPE II	STANDARD	ENRICHED
Fillings: (silver)		
2140 one surface	\$5.00	No Charge
2150 two surfaces	\$5.00	No Charge
2160 three surfaces	\$10.00	No Charge
2161 four or more surfaces	\$13.00	No charge
Root canals		
3310 Anterior	\$75.00	\$70.00
3320 Bicuspid	\$85.00	\$80.00
3330 Molar	\$150.00	\$140.00
3410 Apicoectomy	\$100.00	\$90.00
Extractions:		
7111 single tooth	\$10.00	\$10.00
7140 Extraction, erupted tooth or exposed tooth	\$10.00	\$10.00
7210 surgical extraction of erupted tooth	\$30.00	\$35.00
Periodontics: (gum treatment)		
4210 Gingivectomy/gingivoplasty - per quadrant	\$75.00	\$60.00
4341 Periodontal scaling & root planing- per quadrant	\$30.00	\$25.00
4910 Periodontal maintenance procedures Two additional every 12 months	\$15.00 each (Twice every 12 months) \$60.00 each	\$15 each (Twice every 12 months) \$60.00 each
TYPE III	STANDARD	ENRICHED
Crown & Bridge:		
2751 Crown Porcelain fused to base metal	\$180.00	\$95.00
2791 Crown full cast predominately base metal	\$180.00	\$95.00
2930 Prefabricated stainless steel	\$15.00	\$10.00
Prostodontics (Dentures):		
5110 Complete upper	\$190.00	\$110.00
5120 Complete lower	\$190.00	\$110.00
5213/14 Partial upper or lower - cast metal base	\$220.00	\$130.00
ORTHODONTIA		
Consultation		
Evaluation		
Records		
Children-Normal Class II		
Adult - Normal Class II		
8680 Retention		
	This plan covers orthodontia as follows: Comprehensive for dependent children under age 19: \$1,500. Adults: \$2,800	This plan covers orthodontia as follows: Comprehensive for dependent children under age 19: \$1,500. Adults: \$2,800