

AlwaysDentalSM & Vision Discounts for Individuals

Sample Reimbursement for Highly Used Procedures. The following is a **partial** listing of insured covered dental procedures (and a vision exam allowance), applicable limitations and reimbursement amounts. Benefits will be paid as listed in the Schedule of Covered Procedures in your policy, subject to policy year deductible, annual maximum, and limitations and exclusions. Access to discount networks is also included.

COVERED DENTAL PROCEDURES


CALIFORNIA SCHEDULE AMOUNTS

PROCEDURE CODE	DESCRIPTION	LIMITATIONS	CALIFORNIA SCHEDULE AMOUNTS	
			First 3 Digits of Zip Code: 902-922, 921-931, 933-935, 940-951, 954-961	All Other Zip Codes
Oral Evaluations				
D0120	Periodic Oral Evaluation	j	22	20
D0150	Comprehensive Oral Evaluation	j	34	31
Prophylaxis (Simple Cleaning)				
D1110	Prophylaxis-Adult	a	44	39
D1120	Prophylaxis-Child	a	30	27
Radiographs				
D0210	Intraoral-Complete Series (7 or more films, Including Bitewings)	p	63	56
D0272	Bitewings-Two Films	k	19	17
D0330	Panoramic Film	p	50	45
Sealants				
D1351	Sealant-Per Tooth	b, l, d	19	17
Space Maintainers				
D1510	Space Maintainer-Fixed-Unilateral	l, n	125	112
Fillings				
D2140	Amalgam-One Surface-Primary or Permanent	h, g	48	43
D2150	Amalgam-Two Surfaces-Primary or Permanent	h, g	60	54
D2331	Resin-Two Surfaces-Anterior	h, g	68	61
Extractions				
D7140	Extraction-Single Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	i	55	49
D7230	Removal of Impacted Tooth-Partially Bony (12 month waiting period)		94	84
Palliative (Emergency) Treatment				
D9110	Palliative Treatment of Dental Pain-Minor Procedure	c	43	38
Endodontics (12 month waiting period)				
D3310	Root Canal-Anterior (Excluding Final Restoration)		178	160
D3330	Root Canal-Molar (Excluding Final Restoration)		266	238
Periodontics (12 month waiting period)				
D4260	Osseous Surgery (Including Flap Entry and Closure) Per Quadrant	f	281	252
D4341	Periodontal Scaling and Root Planing, Per Quadrant	e	61	55
Single Tooth Restorations (12 month waiting period)				
D2750	Crown-Porcelain Fused to High Noble Metal	m, o	266	238
D2950	Crown Buildup, Including Any Pins	m, o	61	55
D2952	Cast Post and Core in Addition to Crown	m, o	98	88
Prosthodontics (24 month waiting period)				
D5110	Complete Upper Denture	m	313	280
D5213	Upper Removable Partial Denture-Cast Metal Framework with Resin Denture Bases	m	366	328
Orthodontia 08000-08999			Network Discounts Apply	
Vision	Eye Exam (not applicable in WA)	c	\$35 per year	

Key to Limitations:

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|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| a) Maximum of 2 procedure per 12 months | h) Replacement of existing only if in place for 24 months | l) Limited to dependent children under age 16 |
| b) Maximum of 1 procedure per 36 months | i) Maximum 1 time per tooth | m) Maximum of 1 per 7-year period |
| c) Maximum of 1 procedure per 12 months | j) Limited to 2 oral evaluation procedures per 12-month period in any combination | n) Maximum of 1 per lifetime, per quadrant or arch |
| d) Applications made to permanent molar teeth only | k) Limited to 1 bitewing x-ray procedure per 12-month period-up to 4 films | o) Limited to patients age 16 and over |
| e) Maximum of 1 each quadrant per 24 months | | p) Limited to 1 x-ray procedure in any combination per 5-year period |
| f) Maximum of 1 each per quadrant per 36 months | | |
| g) Maximum of 1 per tooth surface per 24 months | | |

AlwaysDental is underwritten by National Guardian Life Insurance Company and administered by Cypress Dental Administrators. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, a.k.a. The Guardian or Guardian Life.


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