SafeGuard SCHEDULE OF BENEFITS

DIRECT REFERRAL DENTAL PLAN SGX290-CA

This Schedule of Benefits lists the services available to you under your SafeGuard plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations.

During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your selected general dentist may refer you directly to a contracted SafeGuard specialty care provider; no referral or pre-authorization from SafeGuard is required.

In addition, non-listed services are available with your SafeGuard selected general dentist or specialty care dentist at 75% of their usual and customary fees.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention.

Benefits provided by SafeGuard Health Plans, Inc.

Code	Service	Co-payment
Diagnostic Treatment		
D0120	Periodic oral evaluation	$0
D0140	Limited oral evaluation - problem focused	$0
D0150	Comprehensive oral evaluation - new or established patient	$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0
D0180	Comprehensive periodontal evaluation - new or established patient	$0
D9491	Office visit - per visit (including all fees for sterilization and/ or infection control)	$5
Radiographs/Diagnostic Imaging (X-rays)		
D0210	Intraoral - complete series (including bitewings)	$0
D0220	Intraoral - periapical first film	$0
D0230	Intraoral - periapical each additional film	$0
D0240	Intraoral - occlusal film	$0
D0250	Extraoral - first film	$0
D0260	Extraoral - each additional film	$0
D0270	Bitewing - single film	$0
D0272	Bitewings - two films	$0
D0274	Bitewings - four films	$0
D0277	Vertical bitewings - 7 to 8 films	$0
D0330	Panoramic film	$0
D0350	Oral/facial photographic images	$0
Tests and Examinations		
D0415	Collection of microorganisms for culture and sensitivity	$0
D0425	Caries susceptibility tests	$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$50
D0460	Pulp vitality tests	$0
D0470	Diagnostic casts	$0

Code	Service	Co-payment
D0472	Accession of tissue, gross examination, preparation and transmission of written report	$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	$0
Preventive Services		
D1110	Prophylaxis - adult	$5
D1111	Additional-adult prophylaxis, with or without fluoride (maximum of 2 additional per year)	$45
D1120	Prophylaxis - child	$5
D1121	Additional-child prophylaxis, with or without fluoride (maximum of 2 additional per year)	$35
D1201	Topical application of fluoride (prophylaxis not included) - child	$5
D1203	Topical application of fluoride (prophylaxis not included) - child	$0
D1204	Topical application of fluoride (excluding prophylaxis) - adult	$0
D1205	Topical application of fluoride (including prophylaxis) - adult	$5
D1310	Nutritional counseling for control of dental disease	$0
D1320	Tobacco counseling for the control and prevention of oral disease	$0
D1330	Oral hygiene instructions	$0
D1351	Sealant - per tooth	$0
D1510	Space maintainer - fixed - unilateral	$25
D1515	Space maintainer - fixed - bilateral	$25
D1520	Space maintainer - removable - unilateral	$35
D1525	Space maintainer - removable - bilateral	$35
D1550	Re-cementation of space maintainer	$15
Restorative Treatment		
D2140	Amalgam - one surface, primary or permanent	$12
D2150	Amalgam - two surfaces, primary or permanent	$20
D2160	Amalgam - three surfaces, primary or permanent	$23
D2161	Amalgam - four or more surfaces, primary or permanent	$25
D2330	Resin-based composite - one surface, anterior	$12
D2331	Resin-based composite - two surfaces, anterior	$20
D2332	Resin-based composite - three surfaces, anterior	$23
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	$25
D2390	Resin-based composite crown, anterior	$30
D2391	Resin-based composite - one surface, posterior	$30
D2392	Resin-based composite - two surfaces, posterior	$45
D2393	Resin-based composite - three surfaces, posterior	$65
D2394	Resin-based composite - four or more surfaces, posterior	$65

Crowns

- *An additional charge, not to exceed $150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a $75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.*
- *Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional $125 co-payment per unit in addition to co-payment for each crown/ bridge unit.*

D2510	Inlay - metallic - one surface	$270
D2520	Inlay - metallic - two surfaces	$270
D2530	Inlay - metallic - three or more surfaces	$270

Code	Service	Co-payment
D2542	Onlay - metallic - two surfaces	$270
D2543	Onlay - metallic - three surfaces	$270
D2544	Onlay - metallic - four or more surfaces	$270
D2610	Inlay - porcelain/ceramic - one surface	$290
D2620	Inlay - porcelain/ceramic - two surfaces	$290
D2630	Inlay - porcelain/ceramic - three or more surfaces	$290
D2642	Onlay - porcelain/ceramic - two surfaces	$290
D2643	Onlay - porcelain/ceramic - three surfaces	$290
D2644	Onlay - porcelain/ceramic - four or more surfaces	$290
D2650	Inlay - resin-based composite - one surface	$290
D2651	Inlay - resin-based composite - two surfaces	$290
D2652	Inlay - resin-based composite - three or more surfaces	$290
D2662	Onlay - resin-based composite - two surfaces	$290
D2663	Onlay - resin-based composite - three surfaces	$290
D2664	Onlay - resin-based composite - four or more surfaces	$290
D2710	Crown - resin-based composite (indirect)	$290
D2712	Crown - 3/4 resin-based composite (indirect)	$290
D2720	Crown - resin with high noble metal	$290
D2721	Crown - resin with predominantly base metal	$290
D2722	Crown - resin with noble metal	$290
D2740	Crown - porcelain/ceramic substrate	$310
D2750	Crown - porcelain fused to high noble metal	$290
D2751	Crown - porcelain fused to predominantly base metal	$290
D2752	Crown - porcelain fused to noble metal	$290
D2780	Crown - 3/4 cast high noble metal	$290
D2781	Crown - 3/4 cast predominantly base metal	$290
D2782	Crown - 3/4 cast noble metal	$290
D2783	Crown - 3/4 porcelain/ceramic	$290
D2790	Crown - full cast high noble metal	$290
D2791	Crown - full cast predominantly base metal	$290
D2792	Crown - full cast noble metal	$290
D2794	Crown - titanium	$290
D2799	Provisional crown	$0
D2910	Recement inlay, onlay, or partial coverage restoration	$0
D2915	Recement cast or prefabricated post and core	$0
D2920	Recement crown	$0
D2930	Prefabricated stainless steel crown - primary tooth	$25
D2931	Prefabricated stainless steel crown - permanent tooth	$25
D2932	Prefabricated resin crown	$45
D2933	Prefabricated stainless steel crown with resin window	$45
D2940	Sedative filling	$0
D2950	Core build up, including any pins	$75
D2951	Pin retention - per tooth, in addition to restoration	$10
D2952	Cast post and core in addition to crown	$50
D2953	Each additional cast post - same tooth	$50
D2954	Prefabricated post and core in addition to crown	$30
D2955	Post removal (not in conjunction with endodontic therapy)	$10
D2957	Each additional prefabricated post - same tooth	$30
D2960	Labial veneer (resin laminate) - chairside	$250
D2961	Labial veneer (resin laminate) - laboratory	$300
D2962	Labial veneer (porcelain laminate) - laboratory	$350
D2971	Additional procedures to construct new crown under existing partial denture framework	$50
D2980	Crown repair, by report	$0

Code	Service	Co-payment
Endodontics		
All procedures exclude final restoration.		
D3110	Pulp cap - direct	$5
D3120	Pulp cap - indirect	$5
D3220	Therapeutic pulpotomy - removal of pulp coronal to the dentinocemental junction and application of medicament	$40
D3221	Pulpal debridement, primary and permanent teeth	$55
D3230	Pulpal therapy (resorbable filling) anterior, primary tooth	$40
D3240	Pulpal therapy (resorbable filling) posterior, primary tooth	$40
D3310	Root canal - anterior, per tooth	$115
D3320	Root canal - bicuspid, per tooth	$185
D3330	Root canal - molar, per tooth	$265
D3331	Treatment of root canal obstruction; non-surgical access	$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$110
D3333	Internal root repair of perforation defects	$85
D3346	Retreatment of previous root canal therapy - anterior	$230
D3347	Retreatment of previous root canal therapy - bicuspid	$280
D3348	Retreatment of previous root canal therapy - molar	$325
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$70
D3352	Apexification/recalcification - interim visit (apical closure/calcific repair of perforations, root resorption, etc.)	$70
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	$70
D3410	Apicoectomy/periradicular surgery - anterior	$95
D3421	Apicoectomy/periradicular surgery - bicuspid (1st root)	$95
D3425	Apicoectomy/periradicular surgery - molar (1st root)	$95
D3426	Apicoectomy/periradicular surgery (each additional root)	$80
D3430	Retrograde filling - per root	$60
D3450	Root amputation - per root	$110
D3910	Surgical procedure for isolation of tooth with rubber dam	$19
D3920	Hemisection (including any root removal) not including root canal therapy	$90
D3950	Canal preparation and fitting of preformed dowel or post	$15
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	$150
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	$100
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	$170
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	$130
D4245	Apically positioned flap	$165
D4249	Clinical crown lengthening - hard tissue	$160
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	$330
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	$248
D4263	Bone replacement graft - first site in quadrant	$180
D4264	Bone replacement graft - each additional site in quadrant	$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	$95

Code	Service	Co-payment
D4266	Guided tissue regeneration - resorbable barrier, per site	$215
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	$255
D4270	Pedicle soft tissue graft procedure	$250
D4271	Free soft tissue graft procedure (including donor site surgery)	$260
D4273	Subepithelial connective tissue graft procedure, per tooth	$75
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	$100
D4275	Soft tissue allograft	$380
D4320	Provisional splinting - intracoronal	$95
D4321	Provisional splinting - extracoronal	$85
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	$50
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	$38
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	$50
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	$65
D4910	Periodontal maintenance	$40
D4911	Additional periodontal maintenance procedures (beyond 2 per 12 months)	$55
D4999	Periodontal charting for planning treatment of periodontal disease	$0
D4999	Periodontal hygiene instruction	$0

Removable Prosthodontics

Includes up to 3 adjustments within 6 months of delivery.

D5110	Complete denture - maxillary	$440
D5120	Complete denture - mandibular	$440
D5130	Immediate denture - maxillary	$440
D5140	Immediate denture - mandibular	$440
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	$405
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	$405
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$480
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$480
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$480
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	$480
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	$360
D5410	Adjust complete denture - maxillary	$20
D5411	Adjust complete denture - mandibular	$20
D5421	Adjust partial denture - maxillary	$20
D5422	Adjust partial denture - mandibular	$20
D5510	Repair broken complete denture base	$50
D5520	Replace missing or broken teeth - complete denture (each tooth)	$40
D5610	Repair resin denture base	$50
D5620	Repair cast framework	$50
D5630	Repair or replace broken clasp	$70
D5640	Replace broken teeth - per tooth	$40
D5650	Add tooth to existing partial denture	$60
D5660	Add clasp to existing partial denture	$70
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	$165

Code	Service	Co-payment
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	$165
D5710	Rebase complete maxillary denture	$125
D5711	Rebase complete mandibular denture	$125
D5720	Rebase maxillary partial denture	$125
D5721	Rebase mandibular partial denture	$125
D5730	Reline complete maxillary denture (chairside)	$100
D5731	Reline complete mandibular denture (chairside)	$100
D5740	Reline maxillary partial denture (chairside)	$90
D5741	Reline mandibular partial denture (chairside)	$90
D5750	Reline complete maxillary denture (laboratory)	$130
D5751	Reline complete mandibular denture (laboratory)	$130
D5760	Reline maxillary partial denture (laboratory)	$130
D5761	Reline mandibular partial denture (laboratory)	$130
D5810	Interim complete denture (maxillary)	$230
D5811	Interim complete denture (mandibular)	$230
D5820	Interim partial denture (maxillary)	$160
D5821	Interim partial denture (mandibular)	$170
D5850	Tissue conditioning, maxillary	$40
D5851	Tissue conditioning, mandibular	$40
D5862	Precision attachment, by report	$160

Crowns/Fixed Bridges - Per Unit

- *An additional charge, not to exceed $150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a $75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.*
- *Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional $125 co-payment per unit in addition to co-payment for each crown/bridge unit.*

D6210	Pontic - cast high noble metal	$290
D6211	Pontic - cast predominantly base metal	$290
D6212	Pontic - cast noble metal	$290
D6214	Pontic - titanium	$290
D6240	Pontic - porcelain fused to high noble metal	$290
D6241	Pontic - porcelain fused to predominantly base metal	$290
D6242	Pontic - porcelain fused to noble metal	$290
D6245	Pontic - porcelain/ceramic	$310
D6250	Pontic - resin with high noble metal	$290
D6251	Pontic - resin with predominantly base metal	$290
D6252	Pontic - resin with noble metal	$290
D6253	Provisional pontic	$0
D6545	Retainer - cast metal for resin bonded fixed prosthesis	$150
D6600	Inlay - porcelain/ceramic, two surfaces	$290
D6601	Inlay - porcelain/ceramic, three or more surfaces	$290
D6602	Inlay - cast high noble metal, two surfaces	$290
D6603	Inlay - cast high noble metal, three or more surfaces	$290
D6604	Inlay - cast predominantly base metal, two surfaces	$290
D6605	Inlay - cast predominantly base metal, three or more surfaces	$290
D6606	Inlay - cast noble metal, two surfaces	$290
D6607	Inlay - cast noble metal, three or more surfaces	$290
D6608	Onlay - porcelain/ceramic, two surfaces	$290
D6609	Onlay - porcelain/ceramic, three or more surfaces	$290
D6610	Onlay - cast high noble metal, two surfaces	$290
D6611	Onlay - cast high noble metal, three or more surfaces	$290
D6612	Onlay - cast predominantly base metal, two surfaces	$290

Code	Service	Co-payment
D6613	Onlay - cast predominantly base metal, three or more surfaces	$290
D6614	Onlay - cast noble metal, two surfaces	$290
D6615	Onlay - cast noble metal, three or more surfaces	$290
D6710	Crown - indirect resin based composite	$290
D6720	Crown - resin with high noble metal	$290
D6721	Crown - resin with predominantly base metal	$290
D6722	Crown - resin with noble metal	$290
D6740	Crown - porcelain/ceramic	$290
D6750	Crown - porcelain fused to high noble metal	$290
D6751	Crown - porcelain fused to predominantly base metal	$290
D6752	Crown - porcelain fused to noble metal	$290
D6780	Crown - 3/4 cast high noble metal	$290
D6781	Crown - 3/4 cast predominantly base metal	$290
D6782	Crown - 3/4 cast noble metal	$290
D6783	Crown - 3/4 porcelain/ceramic	$290
D6790	Crown - full cast high noble metal	$290
D6791	Crown - full cast predominantly base metal	$290
D6792	Crown - full cast noble metal	$290
D6794	Crown - titanium	$290
D6930	Recement fixed partial denture	$0
D6940	Stress breaker	$110
D6950	Precision attachment	$195
D6970	Cast post and core in addition to fixed partial denture retainer	$50
D6971	Cast post as part of fixed partial denture retainer	$30
D6972	Prefabricated post and core in addition to fixed partial denture retainer	$30
D6973	Core build up for retainer, including any pins	$10
D6976	Each additional cast post - same tooth	$40
D6977	Each additional prefabricated post - same tooth	$40
D6980	Fixed partial denture repair, by report	$45

Oral Surgery

- *Includes routine post operative visits/treatment.*
- *The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your SafeGuard selected general or specialty care dentist's usual and customary fees.*

D7111	Extraction, coronal remnants - deciduous tooth	$5
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	$5
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	$50
D7220	Removal of impacted tooth - soft tissue	$50
D7230	Removal of impacted tooth - partially bony	$65
D7240	Removal of impacted tooth - completely bony	$135
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$150
D7250	Surgical removal of residual tooth roots (cutting procedure)	$40
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$80
D7280	Surgical access of an impacted unerupted tooth	$100
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	$90
D7283	Placement of device to facilitate eruption of impacted tooth	$90
D7285	Biopsy of oral tissue - hard (bone, tooth)	$150
D7286	Biopsy of oral tissue - soft	$60
D7287	Exfoliative cytological sample collection	$50
D7288	Brush biopsy - transepithelial sample collection	$50

Code	Service	Co-payment
D7310	Alveoloplasty in conjunction with extractions - per quadrant	$40
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$25
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	$190
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$65
D7471	Removal of lateral exostosis (maxilla or mandible)	$80
D7472	Removal of torus palatinus	$60
D7473	Removal of torus mandibularis	$60
D7485	Surgical reduction of osseous tuberosity	$60
D7510	Incision and drainage of abscess - intraoral soft tissue	$35
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$35
D7520	Incision and drainage of abscess - extraoral soft tissue	$35
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$35
D7910	Suture of recent small wounds up to 5 cm	$25
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	$90
D7963	Frenuloplasty	$90
D7970	Excision of hyperplastic tissue - per arch	$55
D7971	Excision of pericoronal gingiva	$40

Orthodontics

- *Benefits cover 24 months of usual & customary orthodontic treatment and 24 months of retention.*
- *Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances.*

D8010	Limited orthodontic treatment of the primary dentition	$1,095
D8020	Limited orthodontic treatment of the transitional dentition	$1,095
D8030	Limited orthodontic treatment of the adolescent dentition	$1,095
D8040	Limited orthodontic treatment of the adult dentition	$1,095
D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount
D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount
D8070	Comprehensive orthodontic treatment of the transitional dentition	$2,095
D8080	Comprehensive orthodontic treatment of the adolescent dentition	$2,095
D8090	Comprehensive orthodontic treatment of the adult dentition	$2,095
D8210	Removable appliance therapy	25% Discount
D8220	Fixed appliance therapy	25% Discount
D8660	Pre-orthodontic treatment visit	$35
D8670	Periodic orthodontic treatment visit (as part of contract)	$35
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	$300
D8999	Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	$250
D8999	Ortho visits beyond 24 months of active treatment or retention	$25 per visit

Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain - minor procedure	$10
D9210	Local anesthesia not in conjunction with operative or surgical procedures	$0
D9211	Regional block anesthesia	$0
D9212	Trigeminal division block anesthesia	$0
D9215	Local anesthesia	$0
D9220	Deep sedation/general anesthesia - first 30 minutes	$150
D9221	Deep sedation/general anesthesia - each additional 15 minutes	$45

Code	Service	Co-payment
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	$15
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	$150
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	$45
D9248	Non-intravenous conscious sedation	$15
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	$0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	$0
D9440	Office visit - after regularly scheduled hours	$30
D9450	Case presentation, detailed and extensive treatment planning	$0
D9610	Therapeutic drug injection, by report	$15
D9630	Other drugs and/or medicaments, by report	$15
D9910	Application of desensitizing medicament	$15
D9940	Occlusal guard, by report	$85
D9942	Repair and/or reline of occlusal guard	$40
D9951	Occlusal adjustment - limited	$30
D9952	Occlusal adjustment - complete	$100
D9972	External bleaching - per arch	$125
D9999	Broken appointment (less than 24 hour notice)	Not to exceed $25

Current Dental Terminology © American Dental Association

Dental Terminology Definitions

These definitions are designed to give you a "layman's understanding" of some dental terminology in order for you to better understand your plan; they are not full descriptions.

Amalgam: A silver filling

Anterior: Teeth that are in the front of the mouth

Bicuspid: Most people have four bicuspid teeth; they are located immediately preceding the molar teeth with two in each quadrant of the mouth.

Bridge: A replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).

Crown: A covering created to place over a tooth to strengthen and/or replace tooth structure. A crown can be made of different materials (noble, high noble), base metal, porcelain or porcelain and metal.

Endodontics: Procedures that treat disease and injury to the inside of the tooth (the nerve or pulp).

Oral Surgery: Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth.

Orthodontics: Braces and other procedures to straighten the teeth.

Periodontics: Procedures related to treatment of the supporting structures of the teeth (gums, underlying bone).

Posterior: Teeth that set towards the back of the mouth.

Primary Teeth: The first set of teeth ("baby" teeth).

Prophylaxis: Teeth cleaning

Prosthodontics: Procedures related to the replacement of teeth with removable appliances like dentures or partial dentures.

Quadrant: One of the four equal sections into which your mouth can be divided (some procedures like periodontics are done in quadrants).

Resin-based Composite: Tooth-colored (white) fillings

Limitations

General

1. Any procedures not specifically listed as a covered benefit in this Plan's Schedule of Benefits are available at 75% of the usual and customary fees of the treating SafeGuard selected general or specialty care dentist, provided the services are included in the treatment plan and are not specifically excluded.
2. Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 75% of the usual and customary fees of the treating SafeGuard selected general or specialty care dentist, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits.
3. General anesthesia is a covered benefit only when administered by the treating dentist, in conjunction with oral and periodontal surgical procedures.

Preventive

1. Routine Cleanings (prophylaxis), periodontal maintenance services, and fluoride treatments are limited to twice a year. Two (2) additional cleanings (routine and periodontal) are available at the co-payment listed on this Plan's Schedule of Benefits. Additional prophylaxis are available, if medically necessary.
2. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary.

Diagnostic

1. Panoramic or full-mouth X-rays: Once every three (3) years, unless medically necessary.

Restorative

1. An additional charge, not to exceed $150 per unit, will be applied for any procedure using noble, high noble or titanium metal.
2. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
3. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional $125 co-payment per unit in addition to the specified co-payment for each crown/bridge unit.
4. There is a $75 co-payment per crown/bridge unit in addition to the specified co-payment for porcelain on molars.

Prosthodontics

1. Relines are limited to one (1) every twelve (12) months.
2. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a SafeGuard Plan, unless due to the loss of a natural functioning tooth. Replacements will be a benefit under this Plan only if the existing denture is unsatisfactory and cannot be made satisfactory as determined by the treating SafeGuard selected general dentist.
3. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.

Endodontics

1. The co-payments listed for endodontic procedures do not include the cost of the final restoration.

Oral Surgery

1. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your SafeGuard selected general or specialty care dentist's usual and customary fees.

General Exclusions

1. Services performed by any dentist not contracted with SafeGuard, without prior approval by SafeGuard (except out-of-area emergency services). This includes services performed by a general dentist or specialty care dentist.
2. Dental procedures started prior to the member's eligibility under this Plan or started after the member's termination from the Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
3. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health, as determined by the SafeGuard selected general dentist.
4. Orthognathic surgery.
5. Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
6. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen or damaged due to abuse, misuse, or neglect.
7. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.
8. Procedures, appliances, or restorations whose primary main purpose is to change the vertical dimension of occlusion, correct congenital, developmental, or medically induced dental disorders including, but not limited to treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits.
9. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
10. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
11. Dental services required while serving in the Armed Forces of any country or international authority.
12. Dental services considered experimental in nature.
13. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.

Orthodontic Exclusions & Limitations

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the member will be responsible for all costs associated with any orthodontic treatment.

If you terminate coverage from the SafeGuard Plan after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

1. Orthodontic treatment must be provided by a SafeGuard selected general dentist or SafeGuard contracted orthodontist in order for the co-payments listed in this Plan's Schedule of Benefits to apply.
2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of $25 per visit.

3. The following are not included as orthodontic benefits:
   A. Repair or replacement of lost or broken appliances;
   B. Retreatment of orthodontic cases;
   C. Treatment involving:
      i. Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
      ii. Hormonal imbalances or other factors affecting growth or developmental abnormalities;
      iii. Treatment related to temporomandibular joint disorders;
      iv. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
5. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.