## SUMMARY OF BENEFITS

**DENTAL PLAN: CitiDent PPO**

### Benefits Description

<table>
<thead>
<tr>
<th>Benefits Description</th>
<th>Plan Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year Maximum</strong></td>
<td>$1,200</td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>$50 per person, $150 per family</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>100% no deductible</td>
</tr>
<tr>
<td>X-rays, Exams, Teeth Cleaning (prophylaxis), Fluoride, Sealants, Emergency Treatment, Space Maintainers</td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>80% after deductible</td>
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<tr>
<td>Fillings; Stainless Steel Crowns; Extractions &amp; Oral Surgery; General Anesthesia &amp; IV Sedation; Local Anesthetics and Antibiotic Drugs Injected by the Attending Dentist; Periodontics; Endodontics; Repairs or Recementations; Relining of Dentures.</td>
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<tr>
<td><strong>Major Services</strong></td>
<td>50% after deductible</td>
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<tr>
<td>Inlays, Onlays, Crowns, Fixed Bridges, Full or Partial Dentures, Implants (up to the cost of a standard complete or partial denture)</td>
<td></td>
</tr>
<tr>
<td><strong>Non-Surgical TMJ</strong></td>
<td>50% after deductible</td>
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<tr>
<td>Orthodontia - (Covered for children between the ages of 6 and 19 when treatment begins) Orthodontia maximum paid up to a 24-month course of treatment.</td>
<td></td>
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</tbody>
</table>

Administered by SafeHealth Life Insurance Company

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**COVERED DENTAL EXPENSES**

### PREVENTATIVE AND DIAGNOSTIC SERVICES:

- Oral examination, including scaling and cleaning of teeth, but no more than two examinations per calendar year;
- One topical application of sodium or stannous fluoride per calendar year, up to age 15;
- One treatment of topical application of a sealant on each permanent posterior tooth during any period of 36 months, up to age 16;
- Emergency or palliative visits for relief of pain;
- Two office visits per calendar year;
- Space maintainers;
- Dental X-rays including:
  1. One entire dental series up to 14 films, including panoramic views, once during any period of 36 months, after age 12;
  2. Four bitewing films, twice per calendar year; and
  3. Periapical X-rays.

### BASIC AND RESTORATIVE SERVICES:

- Extractions;
- Stainless steel and acrylic crowns;
- Endodontics including root canal therapy;
- Amalgam, silicate, acrylic or plastic fillings;
- Local anesthetics and antibiotic drugs injected by the Attending Dentist;
- Anesthesia in conjunction with surgical procedures;
- Subgingival curettage, alveolar and gingival reconstruction, root planing, gingivectomy, osseous surgery, or other treatment of periodontal abscess and periodontitis;
- Repair or re-cementing of crowns, inlays, bridgework or dentures, or relining of dentures;
- I.V. sedation given by a Dentist for a covered oral surgery procedure.

### MAJOR SERVICES:

- Inlays: gold fillings, porcelain, and gold crowns, and gold dowel pins;
- Initial installation of fixed bridgework, including the accompanying inlays and crowns to form abutments, to replace one or more natural teeth;
- Initial installation of partial or full removable dentures to replace one or more natural teeth;
- Implants up to the cost of a standard complete or partial denture, whichever is applicable;
- Non-surgical treatment of Temporomandibular Joint dysfunction limited to a lifetime Maximum Benefit of $500;

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You save when using a SafeGuard PPO dentist... SafeGuard PPO dentists have agreed to reduce their treatment fees up to 30% for SafeGuard enrollees. Using a SafeGuard PPO dentist lowers your out-of-pocket expenses.

Your Costs: The usual & customary charge is determined by weighing the complexity of the treatment, and the fee most commonly charged for that service in your dentist’s specific geographic area. Claims payment is based on the usual & customary charge for each procedure; this is the maximum amount that SafeGuard will pay. The benefit will be calculated based on the dentist’s submitted fee or the usual & customary amount, whichever is less.

Balance Billing: If you receive care from a dentist that is not contracted with SafeGuard, and that dentist charges more than the maximum amount for a specific procedure, you are responsible for the difference between what the dentist charges you and SafeGuard’s maximum amount. This is called “Balance Billing”. If you receive treatment from a SafeGuard contracted dentist, you will not be “Balance Billed” — SafeGuard contracted dentists have agreed to accept a negotiated amount, plus your co-insurance payment if any, as payment in full.
• Replacement of existing partial or full removable dentures or fixed bridgework, or the addition of teeth to an existing artificial removable denture or to bridgework to replace extracted natural teeth, but only if evidence satisfactory to the Company that:

  1. The replacement or addition of teeth is required to replace one or more natural teeth and after the existing denture or bridgework was installed; or
  2. The existing denture or bridgework was installed at least five years prior to its replacement and that the existing denture or bridgework cannot be made serviceable; or
  3. The existing denture is an immediate temporary denture, and replacement by a permanent denture is required and takes place within 12 months from the date of installation of the immediate temporary denture.

• Nightguards, limited to one appliance during any period of 36 months;

ORTHODONTIC SERVICES (Ages 6-19):

Benefits for orthodontic services are subject to a separate lifetime Maximum Benefit as shown in the Schedule of Dental Benefits:

• Oral examinations and diagnosis;
• Initial (and subsequent, if any) installation of orthodontic appliances and adjustment of orthodontic appliances;
• Comprehensive full-banded treatment;
• All other orthodontic treatment required by accepted orthodontic practice.

DENTAL EXCLUSIONS

No benefits will be paid under this Plan for:

1. Treatment by other than a Dentist, except that scaling or cleaning of the teeth may be performed by a licensed Dental Hygienist if the treatment is rendered under the supervision and direction of a Dentist.
2. Dental care rendered or supplied by a Dentist employed by a government, or at the expense of a government or agency thereof.
3. Any treatment or service which is covered by a Workers’ Compensation law or other similar legislation.
4. Any treatment or service which does not have uniform professional endorsement, including (but not limited to) experimental materials and procedures.
5. Covered charges which exceed Usual and Customary Charges.
7. Prosthetic devices (including bridges and crowns) and the fitting thereof which were recommended or ordered before the Covered Person was covered under this Plan or which were ordered while the Covered Person was covered under this Plan, but installed or delivered more than 30 days after termination of his or her coverage.
8. Duplication or replacement of a lost or stolen prosthetic device.

9. Treatment for congenital (hereditary) or developmental malformations, cosmetic surgery or dentistry for cosmetic reasons, including (but not limited to) personalization or characterization of dentures and facings on crowns or pontics posterior to the second bicuspid; cleft palate; maxillary or mandibular (upper and lower jaw) degeneration; enamel hypoplasia (lack of development); fluorosis.
10. Plaque control, oral hygiene, or diet control.
11. Any treatment of service for the primary purpose of altering vertical dimension or restoring occlusion.
12. Orthodontic services and supplies incurred by a Dependent Child before reaching age 6, or after attaining age 20, unless:

   (1) The appliance or bands were inserted before age 19 and under a Dental Treatment Plan which began while he or she was covered under this benefit;
   (2) The Dental Treatment Plan continued; and
   (3) The person remains covered.

13. Treatment of services covered under any other plan in which the Employer pays all or part of the cost.
14. With the exception of nightguards; services for restoring tooth structure lost from wear, erosion, or abrasion, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include, but are not limited to: equilibration, periodontal splinting.