



SCHEDULE OF BENEFITS

DENTAL HMO PLAN 0546-D

This Schedule of Benefits lists the services available to you under your SafeGuard plan, as well as the co-payments associated with each service. There are other factors that impact how your plan works and those are included here in the Exclusions & Limitations. We have also added some dental terminology definitions to help you better understand your plan - these can be found at the back of this Schedule.

Benefits provided by SafeGuard Health Plans, Inc.

Code	Service	Co-payment
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Diagnostic Treatment

D0120	Periodic oral evaluation	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D9491	Office visit fee - per visit	\$0
D0210	X-rays intraoral - complete series - including bitewings	\$0
D0220	X-rays intraoral - periapical - first film	\$0
D0230	X-rays intraoral - periapical - each additional film	\$0
D0240	X-rays intraoral - occlusal film	\$0
D0250	X-rays extraoral - first film	\$0
D0260	X-rays extraoral - each additional film	\$0
D0270	X-rays bitewing - single film	\$0
D0272	X-rays bitewings - two films	\$0
D0274	X-rays bitewings - four films	\$0
D0330	X-rays panoramic film	\$0
D0350	Oral/facial photographic images	\$0
D0415	Bacteriologic studies for determination of pathologic agents	\$0
D0460	Pulp vitality tests	\$0

Preventive Services

Procedures identified with an asterisk () are limited to twice a year, unless medically necessary.*

D1110	Prophylaxis - adult*	\$0
D1120	Prophylaxis - child*	\$0
D1201	Topical application of fluoride (including prophylaxis) - child*	\$0
D1203	Topical application of fluoride (excluding prophylaxis) - child*	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$5
D1510	Space maintainer - fixed - unilateral	\$0
D1515	Space maintainer - fixed - bilateral	\$0
D1520	Space maintainer - removable - unilateral	\$0
D1525	Space maintainer - removable - bilateral	\$0

Restorative Treatment

D2140	Amalgam - one surface, primary or permanent	\$0
D2150	Amalgam - two surfaces, primary or permanent	\$0
D2160	Amalgam - three surfaces, primary or permanent	\$0
D2161	Amalgam - four or more surfaces, primary or permanent	\$0
D2330	Resin - one surface, anterior	\$0
D2331	Resin - two surfaces, anterior	\$0
D2332	Resin - three surfaces, anterior	\$0
D2335	Resin - four or more surfaces or involving incisal angle, anterior	\$0
D2390	Resin-based composite crown, anterior	\$0

Code	Service	Co-payment
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Crowns

- An additional charge will be applied for any procedure using noble or high noble metal.
- \$75 fee per crown unit above co-pay for porcelain on molars.

D2542	Onlay - metallic - two surfaces	\$45
D2543	Onlay - metallic - three surfaces	\$45
D2544	Onlay - metallic - four or more surfaces	\$45
D2710	Crown - resin	\$30
D2720	Crown - resin with high noble metal	\$45
D2721	Crown - resin with predominantly base metal	\$45
D2722	Crown - resin with noble metal	\$45
D2740	Crown - porcelain/ceramic substrate	\$30
D2750	Crown - porcelain fused to high noble metal	\$45
D2751	Crown - porcelain fused to predominantly base metal	\$45
D2752	Crown - porcelain fused to noble metal	\$45
D2780	Crown - 3/4 cast high noble metal	\$45
D2781	Crown - 3/4 cast predominantly base metal	\$45
D2782	Crown - 3/4 cast noble metal	\$45
D2790	Crown - full cast high noble metal	\$45
D2791	Crown - full cast predominantly base metal	\$45
D2792	Crown - full cast noble metal	\$45
D2794	Crown - titanium	\$45
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	\$0
D2931	Prefabricated stainless steel crown - permanent tooth	\$0
D2940	Sedative filling	\$0
D2950	Core build up, including any pins	\$10
D2951	Pin retention - per tooth, in addition to restoration	\$10
D2952	Cast post and core in addition to crown	\$40
D2954	Prefabricated post and core in addition to crown	\$40

Endodontics

All procedures exclude final restoration

D3110	Pulp cap - direct (excluding final restoration)	\$0
D3120	Pulp cap - indirect (excluding final restoration)	\$0
D3220	Therapeutic pulpotomy	\$0
D3310	Root canal - anterior, per tooth	\$0
D3320	Root canal - bicuspid, per tooth	\$0
D3330	Root canal - molar, per tooth	\$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$0
D3346	Retreatment of root canal - anterior, per tooth	\$0
D3347	Retreatment of root canal - bicuspid, per tooth	\$0
D3348	Retreatment of root canal - molar, per tooth	\$0
D3351	Apexification/recalcification - initial visit	\$0
D3410	Apicoectomy/periradicular surgery - anterior	\$0
D3421	Apicoectomy/periradicular surgery - bicuspid, 1st root	\$0
D3425	Apicoectomy/periradicular surgery - molar, 1st root	\$0
D3426	Apicoectomy/periradicular surgery - each additional root	\$0
D3430	Retrograde filling - per root	\$0

Code	Service	Co-payment
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$0
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$0
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$0
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$0
D4341	Periodontal scaling and root planing - four or more teeth - per quadrant	\$25
D4342	Periodontal scaling and root planing - one to three teeth - per quadrant	\$19
Removable Prosthodontics		
<ul style="list-style-type: none"> • Replacement limit 1 every 3 years. • Denture relines: Twice in one year • Includes up to 3 adjustments within 6 months of delivery. 		
D5110	Complete upper denture	\$50
D5120	Complete lower denture	\$50
D5130	Immediate upper denture	\$50
D5140	Immediate lower denture	\$50
D5211	Upper partial - resin base (including clasps, rests and teeth)	\$50
D5212	Lower partial - resin base (including clasps, rests and teeth)	\$50
D5213	Upper partial - cast metal base with resin saddles (including clasps, rests and teeth)	\$50
D5214	Lower partial - cast metal base with resin saddles (including clasps, rests and teeth)	\$50
D5410	Adjust complete denture - upper	\$0
D5411	Adjust complete denture - lower	\$0
D5421	Adjust partial denture - upper	\$0
D5422	Adjust partial denture - lower	\$0
D5510	Repair broken complete denture base	\$0
D5520	Replace missing or broken teeth	\$0
D5610	Repair resin denture base	\$0
D5620	Repair cast framework	\$0
D5630	Repair or replace broken clasp	\$0
D5640	Replace broken teeth - per tooth	\$0
D5650	Add tooth to existing partial denture	\$0
D5660	Add clasp to existing partial denture	\$0
D5710	Rebase complete upper denture	\$0
D5711	Rebase complete lower denture	\$0
D5720	Rebase upper partial denture	\$0
D5721	Rebase lower partial denture	\$0
D5730	Reline complete upper denture (chairside)	\$0
D5731	Reline complete lower denture (chairside)	\$0
D5740	Reline upper partial denture (chairside)	\$0
D5741	Reline lower partial denture (chairside)	\$0
D5750	Reline complete upper denture (laboratory)	\$0
D5751	Reline complete lower denture (laboratory)	\$0
D5760	Reline upper partial denture (laboratory)	\$0

Code	Service	Co-payment
D5761	Reline lower partial denture (laboratory)	\$0
D5820	Interim partial denture - upper	\$0
D5821	Interim partial denture - lower	\$0
Crowns/Fixed Bridges - Per Unit		
<ul style="list-style-type: none"> • An additional charge will be applied for any procedure using noble or high noble metal. • \$75 fee per crown/bridge unit above co-pay for porcelain on molars. 		
D6210	Pontic - cast high noble metal	\$45
D6211	Pontic - cast predominantly base metal	\$45
D6212	Pontic - cast noble metal	\$45
D6214	Pontic - titanium	\$45
D6240	Pontic - porcelain fused to high noble metal	\$45
D6241	Pontic - porcelain fused to predominantly base metal	\$45
D6242	Pontic - porcelain fused to noble metal	\$45
D6250	Pontic - resin with high noble metal	\$45
D6251	Pontic - resin with predominantly base metal	\$45
D6252	Pontic - resin with noble metal	\$45
D6720	Crown - resin with high noble metal	\$45
D6721	Crown - resin with predominantly base metal	\$45
D6722	Crown - resin with noble metal	\$45
D6750	Crown - porcelain fused to high noble metal	\$45
D6751	Crown - porcelain fused to predominantly base metal	\$45
D6752	Crown - porcelain fused to noble metal	\$45
D6780	Crown - 3/4 cast high noble metal	\$45
D6781	Crown - 3/4 cast predominantly base metal	\$45
D6782	Crown - 3/4 cast noble metal	\$45
D6790	Crown - full cast high noble metal	\$45
D6791	Crown - full cast predominantly base metal	\$45
D6792	Crown - full cast noble metal	\$45
D6794	Crown - titanium	\$0
D6930	Recement bridge	\$0
D6940	Stress breaker	\$0
D6970	Cast post and core in addition to bridge retainer	\$40
D6971	Cast post as part of bridge retainer	\$40
D6972	Prefabricated post and core in addition to bridge retainer	\$40
D6973	Core build up for retainer, including any pins	\$10
Oral Surgery		
<ul style="list-style-type: none"> • Includes routine - post operative visits/treatment. • Surgical removal of impacted teeth - (not covered unless pathology [disease] exists). • Surgical removal of wisdom tooth/third molar for orthodontic reasons <u>only</u> is not covered. 		
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7210	Surgical removal of erupted tooth	\$0
D7220	Extraction - removal of impacted tooth - soft tissue	\$0
D7230	Extraction - removal of impacted tooth - partially bony	\$0
D7240	Extraction - removal of impacted tooth - completely bony	\$0
D7250	Surgical extraction - removal of residual tooth roots	\$0
D7285	Biopsy of oral tissue - hard	\$0
D7286	Biopsy of oral tissue - soft	\$0
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$0
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$0

Code	Service	Co-payment
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0
D7510	Incision and drainage of abscess - intraoral soft tissue	\$10
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$10
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$0
D7963	Frenuloplasty	\$0
Orthodontics		
D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	\$1,350
D8090	Comprehensive orthodontic treatment of the adult dentition (full treatment case up to 24 months - including fixed/removable appliances)	\$1,350
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain - minor procedures	\$0
D9215	Local anesthesia	\$0
D9220	General anesthesia - first 30 minutes when medically necessary	\$0
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$0
D9430	Office visit for observation (during regularly scheduled hours)	\$0
D9440	Office visit - after regularly scheduled hours	\$0
D9952	Occlusal adjustment - complete	\$0
D9999	Broken appointment (less than 24-hour notice)	\$10

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

Exclusions and Limitations

Exclusions

1. Services performed by a general dentist or dentist whose practice is limited to providing Specialty Care, not contracted with SafeGuard without prior approval by SafeGuard, (except for out of area emergency services).
2. 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.
3. Any procedures not specifically listed as a covered benefit in the *Schedule of Benefits*.
4. Dental procedures or services performed solely for cosmetic purposes or solely for appearance.
5. Orthognathic surgery.
6. General anesthesia or intravenous sedation, unless specifically listed in your plan.
7. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
8. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen, or damaged due to abuse, misuse, or neglect.
9. Treatment of malignancies, cysts, or neoplasms.
10. Procedures, appliances, or restorations whose 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 specified as an orthodontic benefit on the *Schedule of Benefits*.
11. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
12. Precision attachments.
13. Dental procedures initiated prior to the member's eligibility under this Plan or started after the member's termination from the Plan.
14. 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.
15. Dental services required while serving in the Armed Forces of any country or international authority or relating to a declared or undeclared war or acts of war.
16. Services considered unnecessary or experimental in nature.
17. Dental procedures or appliances for minor tooth guidance or for the control of harmful habits such as thumb sucking and tongue thrusting.
18. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member including, but not limited to physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.
19. Dental services relating to injuries which are self-inflicted.

Limitations

1. Procedures identified by * are limited to twice a year unless medically necessary.
2. An additional charge will be applied for any procedure using noble or high noble metal.
3. Full-mouth X-rays: Once initially and thereafter when diagnostically necessary.

EL's 2.14

Exclusions and Limitations

4. Dentures (full or partial): Replacement only after three (3) years have elapsed following any prior provision of such dentures under a SafeGuard Benefit Plan. Replacements will be a benefit only if the existing denture is unsatisfactory and can not be made satisfactory as determined by the SafeGuard Selected General dentist.
5. Denture relines: Twice in one year
6. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption.
7. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.
8. Surgical removal of wisdom teeth/third molar for orthodontic reasons only is not a covered benefit.
9. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.
10. Surgical removal of impacted teeth is not a covered benefit unless pathology [disease] exists.
11. The co-payments listed for endodontic procedures do not include the cost of final restoration.

Orthodontic Exclusions & Limitations

1. Orthodontic treatment must be provided by a SafeGuard Selected General Dentist or contracted dentist whose practice is limited to providing Specialty Care in order for the co-payments listed in the *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 per-office-visit charge of \$25 dollars.
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 in progress at inception of eligibility;
 - D. Interceptive or phase I orthodontics;
 - E. Changes in treatment necessitated by an accident;
 - F. Treatment involving:
 - 1.) Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia
 - 2.) Hormonal imbalances or other factors affecting growth or developmental abnormalities;
 - 3.) Treatment related to temporomandibular joint disorders;
 - 4.) Lingually placed direct bonded appliances and arch wires ("invisible braces"); and
 - 5.) Functional appliances that are used in conjunction with fixed appliances.
 - G. Diagnostic records:
 - 1.) Cephalometric x-rays and other x-rays;
 - 2.) Diagnostic tracings of cephalometric x-rays;
 - 3.) Photographs; and
 - 4.) Study models.

EL's 2.14

Exclusions and Limitations

4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
5. Should a member or client terminate from the Plan for any reason and at that time be receiving orthodontic treatment, the Member and not SafeGuard shall be responsible for payment of the balance due for any orthodontic treatment performed after termination. The member's payment shall be increased by an additional \$1,750 above the member's co-payment and excluding any charges for diagnostic records, shall be prorated over the number of months to completion of active treatment, and be payable on such terms and conditions as are arranged between the Member and the orthodontist.
6. The retention phase of treatment, if required, shall include the construction, placement and adjustment of retainers, the maximum cost of which shall not exceed \$250.00.
7. If a member does not require treatment or chooses not to start treatment after the participating SafeGuard orthodontist has completed a diagnosis and consultation, the Member will be charged a consultation fee of \$25.00 in addition to the fees for such diagnostic records.