SafeGuard® SCHEDULE OF BENEFITS

Direct Referral Dental Plan* SG100A

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 & Limitations.

Specialty Care Information: 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 for endodontics, oral surgery, or periodontics; no referral or pre-authorization from SafeGuard is required.

* Prior authorization from SafeGuard is required for referrals to participating orthodontists and pediatric specialists. Your selected general dentist will submit all required documentation to SafeGuard and SafeGuard will advise you of the name, address and telephone number of a SafeGuard contracted orthodontist or pediatric specialist in your area.

Benefits provided by SafeGuard Health Plans, Inc.

Code	Service	Co-payment
Diagnostic Treatment		
D0120	Periodic oral evaluation – established patient	$0
D0140	Limited oral evaluation – problem focused	$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$0
D0150	Comprehensive oral evaluation – new or established patient	$0
D0180	Comprehensive periodontal evaluation – new or established patient	$0
9491	Office visit - per visit (including all fees for sterilization and/or infection control)	$0
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
D0273	Bitewings – three films	$0
D0274	Bitewings – four films	$0
D0330	Panoramic film	$0
D0350	Oral/facial photographic images	$0
Tests and Examinations		
D0460	Pulp vitality tests	$0
D0470	Diagnostic casts	$0

Code	Service	Co-payment
Preventive Services		
Procedures identified with an asterisk (*) are limited to twice a year, unless medically necessary.		
D1110	Prophylaxis – adult*	$0
D1120	Prophylaxis – child*	$0
D1203	Topical application of fluoride (prophylaxis not included) – child*	$0
D1204	Topical application of fluoride (prophylaxis not included) – adult*	$0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients*	$0
D1330	Oral hygiene instructions	$0
D1351	Sealant – per tooth	$5
D1510	Space maintainer – fixed – unilateral	$30
D1515	Space maintainer – fixed – bilateral	$30
D1520	Space maintainer – removable – unilateral	$30
D1525	Space maintainer – removable – bilateral	$30
D1550	Recementation of space maintainer	$5
D1555	Removal of fixed space maintainer	$5
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-based composite – one surface, anterior	$0
D2331	Resin-based composite – two surfaces, anterior	$0
D2332	Resin-based composite – three surfaces, anterior	$0
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	$0
D2390	Resin-based composite crown, anterior	$30
D2391	Resin-based composite – one surface, posterior	$65
D2392	Resin-based composite – two surfaces, posterior	$75
D2393	Resin-based composite – three surfaces, posterior	$80
D2394	Resin-based composite – four or more surfaces, posterior	$80
Crowns		
• *Replacement limit 1 every 5 years.*		
• *An additional charge will be applied for any procedure using noble or high noble metal.*		
• *Cases involving 7 or more crowns in the same treatment plan require additional $125 member fee per unit in addition to co-pay.*		
• *$75 fee per crown unit above co-pay for porcelain on molars.*		
D2510	Inlay – metallic – one surface	$100
D2520	Inlay – metallic – two surfaces	$100
D2530	Inlay – metallic – three or more surfaces	$100
D2543	Onlay – metallic – three surfaces	$100
D2544	Onlay – metallic – four or more surfaces	$100
D2740	Crown – porcelain/ceramic substrate	$225
D2750	Crown – porcelain fused to high noble metal	$100
D2751	Crown – porcelain fused to predominantly base metal	$100
D2752	Crown – porcelain fused to noble metal	$100
D2780	Crown – ¾ cast high noble metal	$100
D2781	Crown – ¾ cast predominantly base metal	$100
D2782	Crown – ¾ cast noble metal	$100
D2790	Crown – full cast high noble metal	$100
D2791	Crown – full cast predominantly base metal	$100
D2792	Crown – full cast noble metal	$100

Code	Service	Co-payment
D2794	Crown – titanium	$100
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 buildup, including any pins	$15
D2951	Pin retention – per tooth, in addition to restoration	$10
D2952	Post and core in addition to crown, indirectly fabricated	$40
D2954	Prefabricated post and core in addition to crown	$40
D2955	Post removal (not in conjunction with endodontic therapy)	$10
D2970	Temporary crown (fractured tooth)	$0

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 (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	$0
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	$5
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	$10
D3310	Anterior (excluding final restoration)	$70
D3320	Bicuspid (excluding final restoration)	$80
D3330	Molar (excluding final restoration)	$200
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	$70
D3346	Retreatment of previous root canal therapy – anterior	$80
D3347	Retreatment of previous root canal therapy – bicuspid	$100
D3348	Retreatment of previous root canal therapy – molar	$210
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$65
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	$65
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	$65
D3410	Apicoectomy/periradicular surgery – anterior	$180
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	$180
D3425	Apicoectomy/periradicular surgery – molar (first root)	$180
D3426	Apicoectomy/periradicular surgery (each additional root)	$180
D3430	Retrograde filling – per root	$180
D3450	Root amputation – per root	$95
D3920	Hemisection (including any root removal), not including root canal therapy	$90

Periodontics

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	$50
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	$38
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	$300
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	$225

Code	Service	Co-payment
D4249	Clinical crown lengthening – hard tissue	$125
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	$300
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	$225
D4270	Pedicle soft tissue graft procedure	$250
D4271	Free soft tissue graft procedure (including donor site surgery)	$250
D4273	Subepithelial connective tissue graft procedures, per tooth	$75
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	$70
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
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	$25
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	$60
D4910	Periodontal maintenance (2 in a 12 month period)	$25

Removable Prosthodontics

- *Replacement 1 every 5 years.*
- *Relines are limited to 1 every 24 months.*
- *Includes up to 3 adjustments within 6 months of delivery.*

D5110	Complete denture – maxillary	$125
D5120	Complete denture – mandibular	$125
D5130	Immediate denture – maxillary	$125
D5140	Immediate denture – mandibular	$125
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	$110
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	$110
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$150
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$150
D5410	Adjust complete denture – maxillary	$0
D5411	Adjust complete denture – mandibular	$0
D5421	Adjust partial denture – maxillary	$0
D5422	Adjust partial denture – mandibular	$0
D5510	Repair broken complete denture base	$15
D5520	Replace missing or broken teeth – complete denture (each tooth)	$15
D5610	Repair resin denture base	$15
D5620	Repair cast framework	$15
D5630	Repair or replace broken clasp	$15
D5640	Replace broken teeth – per tooth	$15
D5650	Add tooth to existing partial denture	$15
D5660	Add clasp to existing partial denture	$15
D5710	Rebase complete maxillary denture	$50
D5711	Rebase complete mandibular denture	$50
D5720	Rebase maxillary partial denture	$50
D5721	Rebase mandibular partial denture	$50
D5730	Reline complete maxillary denture (chairside)	$40
D5731	Reline complete mandibular denture (chairside)	$40
D5740	Reline maxillary partial denture (chairside)	$40
D5741	Reline mandibular partial denture (chairside)	$40

Code	Service	Co-payment
D5750	Reline complete maxillary denture (laboratory)	$40
D5751	Reline complete mandibular denture (laboratory)	$40
D5760	Reline maxillary partial denture (laboratory)	$40
D5761	Reline mandibular partial denture (laboratory)	$40
D5820	Interim partial denture (maxillary)	$40
D5821	Interim partial denture (mandibular)	$40
D5850	Tissue conditioning, maxillary	$10
D5851	Tissue conditioning, mandibular	$10

Crowns/Fixed Bridges - Per Unit

- *Replacement limit 1 every 5 years.*
- *An additional charge will be applied for any procedure using noble or high noble metal.*
- *Cases involving 7 or more crowns and/or fixed bridge units in the same treatment plan require additional $125 member fee per unit in addition to co-pay.*
- *$75 fee per crown/bridge unit above co-pay for porcelain on molars.*

D6210	Pontic – cast high noble metal	$100
D6211	Pontic – cast predominantly base metal	$100
D6212	Pontic – cast noble metal	$100
D6214	Pontic – titanium	$100
D6240	Pontic – porcelain fused to high noble metal	$100
D6241	Pontic – porcelain fused to predominantly base metal	$100
D6242	Pontic – porcelain fused to noble metal	$100
D6750	Crown – porcelain fused to high noble metal	$100
D6751	Crown – porcelain fused to predominantly base metal	$100
D6752	Crown – porcelain fused to noble metal	$100
D6780	Crown – ¾ cast high noble metal	$100
D6781	Crown – ¾ cast predominantly base metal	$100
D6782	Crown – ¾ cast noble metal	$100
D6790	Crown – full cast high noble metal	$100
D6791	Crown – full cast predominantly base metal	$100
D6792	Crown – full cast noble metal	$100
D6794	Crown – titanium	$100
D6930	Recement fixed partial denture	$0
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	$40
D6972	Prefabricated post and core in addition to fixed partial denture retainer	$40
D6973	Core build up for retainer, including any pins	$15

Oral Surgery

- *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 only is not covered.*

D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$0
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	$20
D7220	Removal of impacted tooth – soft tissue	$50
D7230	Removal of impacted tooth – partially bony	$100
D7240	Removal of impacted tooth – completely bony	$125
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	$130
D7250	Surgical removal of residual tooth roots (cutting procedure)	$50
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$110
D7280	Surgical access of an unerupted tooth	$175

Code	Service	Co-payment
D7285	Biopsy of oral tissue – hard (bone, tooth)	$0
D7286	Biopsy of oral tissue – soft	$0
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, 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 – four or more teeth or tooth spaces, per quadrant	$0
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	$0
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	$0
D7963	Frenuloplasty	$0
D7971	Excision of pericoronal gingiva	$40

Orthodontics

Benefits cover 24 months of usual & customary orthodontic treatment and 24 months of retention.

D8020	Limited orthodontic treatment of the transitional dentition	$725
D8030	Limited orthodontic treatment of the adolescent dentition	$725
D8040	Limited orthodontic treatment of the adult dentition	$725
D8070	Comprehensive orthodontic treatment of the transitional dentition	$1,450
D8080	Comprehensive orthodontic treatment of the adolescent dentition	$1,450
D8090	Comprehensive orthodontic treatment of the adult dentition	$1,450
D8660	Pre-orthodontic treatment visit	$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	$250
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	$0
D8999	Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	$250

Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain – minor procedure	$0
D9120	Fixed partial denture sectioning	$0
D9215	Local anesthesia	$0
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	$0
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	$0
D9440	Office visit – after regularly scheduled hours	$25
D9630	Other drugs and/or medicaments, by report	$15
D9951	Occlusal adjustment – limited	$0
D9952	Occlusal adjustment – complete	$0
D9999	Broken appointment (less than 24 hour notice)	$10

SG100A-SOB Customer Service (800) 880-1800 3/07

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 eight 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 the nerve or the pulp of the tooth due to injury or infection.

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, including molars and bicuspids (premolars).

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

Prophylaxis: Scaling and polishing of teeth by removal of the plaque above the gum line.

Prosthodontics: The restoration of natural and/or the replacement of missing teeth with artificial substitutes.

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 specialty care dentist, not contracted with SafeGuard, without prior approval by SafeGuard (except for out of area emergency services).
2. Any procedures not specifically listed as a covered benefit in the Schedule of Benefits.
3. Dental procedures initiated prior to the member's eligibility under this Plan or started after the member's termination from the Plan.
4. 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.
5. Dental procedures or services performed solely for cosmetic purposes or solely for appearance.
6. Orthognathic surgery.
7. General anesthesia or intravenous sedation.
8. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
9. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen, or damaged due to abuse, misuse, or neglect.
10. Treatment of malignancies, cysts, or neoplasms.
11. 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.
12. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
13. Precision attachments.
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.

Limitations

1. Cleanings (prophylaxis) and fluoride treatments 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. Relines are limited to one every twenty four (24) months.
4. Full-mouth X-rays: Once every three (3) years, unless medically necessary.
5. Periodontal maintenance procedures (following active periodontal therapy) are limited to 2 in a 12-month period.

Exclusions and Limitations

6. Dentures (full or partial): Replacement only after five (5) 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 contracted general dentist.
7. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption.
8. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
9. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require additional $125 co-payment per unit in addition to co-payment for each crown/bridge unit.
10. There is a $75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.
11. Surgical removal of wisdom teeth/third molar for orthodontic reasons only is not a covered benefit.
12. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.
13. Surgical removal of impacted teeth is not a covered benefit unless pathology [disease] exists.
14. The co-payments listed for endodontic procedures do not include the cost of final restoration.

Orthodontic Exclusions and Limitations

1. Orthodontic treatment must be provided by a SafeGuard Selected General Dentist or contracted orthodontist 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 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
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.