



SafeGuard[®] SCHEDULE OF BENEFITS

SELF-REFERRAL DENTAL PLAN TX300D

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.

The following co-payments apply only when services are performed by your selected SafeGuard general dentist. If you choose to receive services from a SafeGuard contracted dentist whose practice is limited to specialty care (periodontics, oral surgery, endodontics, pedodontics, orthodontics), your co-payment will be 70% of that dentist's usual fee for those services. A list of these contracted dentists may be found through SafeGuard's online directory at www.safeguard.net.

Benefits provided by SafeGuard Health Plans, Inc.

Code	Service	Co-payment
Diagnostic Treatment		
<i>Diagnostic procedures which are referenced below with frequency limitations are limited unless medically necessary.</i>		
D0120	Periodic oral evaluation – established patient (2 per 12 month period)	\$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	\$18
9491	Office visit - per visit (including all fees for sterilization and/or infection control)	\$3
Radiographs/Diagnostic Imaging (X-rays)		
D0210	Intraoral – complete series (including bitewings) (once every 3 years)	\$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		
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts (excluding orthodontia)	\$0

Code	Service	Co-payment
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Preventive Services

Prophylaxis (teeth cleaning) and Fluoride Treatments are limited to twice a year, unless medically necessary.

D1110	Prophylaxis – adult*	\$18
D1120	Prophylaxis – child*	\$9
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	\$10
D1510	Space maintainer – fixed – unilateral	\$50
D1515	Space maintainer – fixed – bilateral	\$50
D1520	Space maintainer – removable – unilateral	\$50
D1525	Space maintainer – removable – bilateral	\$50
D1550	Recementation of space maintainer	\$0
D1555	Removal of fixed space maintainer	\$0

Restorative Treatment

D2140	Amalgam – one surface, primary or permanent	\$11
D2150	Amalgam – two surfaces, primary or permanent	\$13
D2160	Amalgam – three surfaces, primary or permanent	\$15
D2161	Amalgam – four or more surfaces, primary or permanent	\$15
D2330	Resin-based composite – one surface, anterior	\$15
D2331	Resin-based composite – two surfaces, anterior	\$18
D2332	Resin-based composite – three surfaces, anterior	\$23
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$23
D2391	Resin-based composite – one surface, posterior	\$48
D2392	Resin-based composite – two surfaces, posterior	\$68
D2393	Resin-based composite – three surfaces, posterior	\$115
D2394	Resin-based composite – four or more surfaces, posterior	\$115

Crowns

- Replacement limit 1 every 5 years.
- The use of noble or high noble for any procedure will include additional lab fees.
- Cases involving 5 or more crowns in the same treatment plan require additional lab fee.
- \$75 fee per crown unit above co-pay for porcelain on molars.

D2410	Gold foil – one surface	\$60
D2420	Gold foil – two surfaces	\$140
D2430	Gold foil – three surfaces	\$180
D2510	Inlay – metallic – one surface	\$170
D2520	Inlay – metallic – two surfaces	\$170
D2530	Inlay – metallic – three or more surfaces	\$170
D2610	Inlay – porcelain/ceramic – one surface	\$220
D2710	Crown – resin-based composite (indirect)	\$155
D2712	Crown – ¾ resin-based composite (indirect)	\$175
D2720	Crown – resin with high noble metal	\$155
D2721	Crown – resin with predominantly base metal	\$155
D2722	Crown – resin with noble metal	\$155
D2740	Crown – porcelain/ceramic substrate	\$195
D2750	Crown – porcelain fused to high noble metal	\$195
D2751	Crown – porcelain fused to predominantly base metal	\$195
D2752	Crown – porcelain fused to noble metal	\$195

Code	Service	Co-payment
D2780	Crown – ¾ cast high noble metal	\$185
D2781	Crown – ¾ cast predominantly base metal	\$185
D2782	Crown – ¾ cast noble metal	\$185
D2790	Crown – full cast high noble metal	\$185
D2791	Crown – full cast predominantly base metal	\$185
D2792	Crown – full cast noble metal	\$185
D2794	Crown – titanium	\$195
D2910	Recement inlay, onlay, or partial coverage restoration	\$12
D2915	Recement cast or prefabricated post and core	\$12
D2920	Recement crown	\$12
D2930	Prefabricated stainless steel crown – primary tooth	\$50
D2940	Sedative filling	\$5
D2950	Core buildup, including any pins	\$45
D2951	Pin retention – per tooth, in addition to restoration	\$45
D2952	Post and core in addition to crown, indirectly fabricated	\$50
D2954	Prefabricated post and core in addition to crown	\$47
D2960	Labial veneer (resin laminate) – chairside	\$90
D2962	Labial veneer (porcelain laminate) – laboratory	\$240
D2970	Temporary crown (fractured tooth)	\$0

Endodontics

All procedures exclude final restoration.

D3110	Pulp cap – direct (excluding final restoration)	\$5
D3120	Pulp cap – indirect (excluding final restoration)	\$5
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$20
D3310	Anterior (excluding final restoration)	\$95
D3320	Bicuspid (excluding final restoration)	\$118
D3330	Molar (excluding final restoration)	\$175
D3331	Treatment of root canal obstruction; non-surgical access	\$190
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$50
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$7
D3410	Apicoectomy/periradicular surgery – anterior	\$100
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$100
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$100
D3426	Apicoectomy/periradicular surgery (each additional root)	\$100
D3430	Retrograde filling – per root	\$30

Periodontics

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$100
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	\$75
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$190
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	\$143
D4320	Provisional splinting – intracoronal	\$75
D4321	Provisional splinting – extracoronal	\$75
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$40
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$30
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$30

Code	Service	Co-payment
Removable Prosthodontics		
• Replacement limit 1 every 5 years.		
• Denture relines are limited to 1 every 24 months.		
• Includes up to 3 adjustments within 6 months of delivery.		
D5110	Complete denture – maxillary (plus lab fee)	\$250
D5120	Complete denture – mandibular (plus lab fee)	\$250
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$375
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$375
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$400
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$400
D5410	Adjust complete denture – maxillary	\$10
D5411	Adjust complete denture – mandibular	\$10
D5421	Adjust partial denture – maxillary	\$10
D5422	Adjust partial denture – mandibular	\$10
D5510	Repair broken complete denture base	\$45
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$20
D5610	Repair resin denture base	\$45
D5620	Repair cast framework	\$45
D5630	Repair or replace broken clasp	\$45
D5640	Replace broken teeth – per tooth	\$20
D5650	Add tooth to existing partial denture	Lab Fee
D5660	Add clasp to existing partial denture	Lab Fee
D5730	Reline complete maxillary denture (chairside)	\$62
D5731	Reline complete mandibular denture (chairside)	\$62
D5740	Reline maxillary partial denture (chairside)	\$62
D5741	Reline mandibular partial denture (chairside)	\$62
D5750	Reline complete maxillary denture (laboratory)	\$75
D5751	Reline complete mandibular denture (laboratory)	\$75
D5760	Reline maxillary partial denture (laboratory)	\$75
D5761	Reline mandibular partial denture (laboratory)	\$75
D5820	Interim partial denture (maxillary)	\$90
D5821	Interim partial denture (mandibular)	\$90
D5850	Tissue conditioning, maxillary	\$30
D5851	Tissue conditioning, mandibular	\$30
D5862	Precision attachment, by report	\$150

Crowns/Fixed Bridges - Per Unit

• Replacement limit 1 every 5 years.		
• The use of noble or high noble for any procedure will include additional lab fees.		
• Cases involving 5 or more crowns and/or fixed bridge units in the same treatment plan require additional lab fee.		
• \$75 fee per crown/bridge unit above co-pay for porcelain on molars.		
D6205	Pontic – indirect resin based composite	\$175
D6210	Pontic – cast high noble metal	\$230
D6211	Pontic – cast predominantly base metal	\$230
D6212	Pontic – cast noble metal	\$230
D6214	Pontic – titanium	\$230
D6240	Pontic – porcelain fused to high noble metal	\$230
D6241	Pontic – porcelain fused to predominantly base metal	\$230
D6242	Pontic – porcelain fused to noble metal	\$230

Code	Service	Co-payment
D6710	Crown – indirect resin based composite	\$175
D6750	Crown – porcelain fused to high noble metal	\$230
D6751	Crown – porcelain fused to predominantly base metal	\$230
D6752	Crown – porcelain fused to noble metal	\$230
D6790	Crown – full cast high noble metal	\$230
D6791	Crown – full cast predominantly base metal	\$230
D6792	Crown – full cast noble metal	\$230
D6794	Crown – titanium	\$230
D6930	Recement fixed partial denture	\$25
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$50
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$47
D6973	Core build up for retainer, including any pins	\$45

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)	\$14
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$25
D7220	Removal of impacted tooth – soft tissue	\$45
D7230	Removal of impacted tooth – partially bony	\$55
D7240	Removal of impacted tooth – completely bony	\$80
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$35
D7280	Surgical access of an unerupted tooth (for orthodontics)	\$25
D7283	Placement of device to facilitate eruption of impacted tooth	\$35
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$30
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$15
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$40
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$20
D7471	Removal of lateral exostosis (maxilla or mandible)	\$40
D7472	Removal of torus palatinus	\$40
D7473	Removal of torus mandibularis	\$40
D7510	Incision and drainage of abscess – intraoral soft tissue	\$20
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$20
D7520	Incision and drainage of abscess – extraoral soft tissue	\$20
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$20
D7910	Suture of recent small wounds up to 5 cm	\$0

Code	Service	Co-payment
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Orthodontics

The following orthodontic treatment co-payments apply only when services are performed by your selected SafeGuard general dentist. If your general dentist does not provide orthodontic care, you may receive care from a SafeGuard contracted dentist whose practice is limited to orthodontic care. Your co-payments will be 70% of that dentist's usual fees. A listing of contracted dentists whose practice is limited to orthodontic care can be found online at www.safeguard.net or you may call Customer Service. (See "Orthodontic Exclusions & Limitations" later in the document for further information.)

D8070	Comprehensive orthodontic treatment of the transitional dentition (full treatment case up to 24 months - including fixed/removable appliances)	30% discount
D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case up to 24 months - including fixed/removable appliances)	\$1480
D8090	Comprehensive orthodontic treatment of the adult dentition (full treatment case up to 24 months - including fixed/removable appliances)	\$1780
D8660	Consultation	\$65
D8680	Retention phase (including fee for fixed/removable retainers and monthly visits for 24 months)	\$60
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$0
D8999	Palatal expansion	\$350

Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$10
D9120	Fixed partial denture sectioning	\$0
D9211	Regional block anesthesia	\$0
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide (per 30 minutes)	\$10
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	\$20
D9610	Therapeutic parenteral drug, single administration	\$3
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$13
D9951	Occlusal adjustment – limited	\$0
D9952	Occlusal adjustment – complete	\$20

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 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 bicuspid (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 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.
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. Dental procedures initiated prior to the member’s eligibility under this Plan or started after the member’s termination from the Plan.
13. 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.
14. 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.
15. Services considered unnecessary or experimental in nature.
16. Dental procedures or appliances for minor tooth guidance or for the control of harmful habits such as thumb sucking and tongue thrusting.

Limitations

1. Prophylaxis (teeth cleaning) and fluoride treatments are limited to twice a year, unless medically necessary.
2. The use of noble or high noble for any procedure will include additional lab fees.
3. Denture relines are limited to one every twenty four (24) months.
4. Full-mouth X-rays: Once every three (3) years unless medically necessary.
5. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under 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.

Exclusions and Limitations

6. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary.
7. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
8. Cases involving five (5) or more crowns and/or fixed bridge units in the same treatment plan require additional lab fees per unit in addition to copayment for each crown/bridge unit.
9. There is a \$75 copayment per crown/bridge unit in addition to regular copayments for porcelain on molars.
10. Surgical removal of wisdom teeth/third molar for orthodontic reasons only is not a covered benefit.
11. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.
12. Surgical removal of impacted teeth is not a covered benefit unless pathology [disease] exists.
13. The copayments listed for endodontic procedures do not include the cost of final restoration.
14. Lab Fees - In-lays \$97, dentures (upper or lower) \$187, partials \$193, all removable prosthetic repairs \$78, rebase denture (upper or lower) \$164, bridges per unit \$148, bridge repair per unit \$123, biopsy \$150, and habit appliance \$175.

Orthodontic Exclusions and Limitations

1. Orthodontic treatment must be provided by a SafeGuard Selected General Dentist in order for the copayments listed in the *Schedule of Benefits* to apply. If orthodontic treatment is provided by a SafeGuard contracted dentist whose practice is limited to providing Specialty Care, the copayment will be 70% of the SafeGuard contracted usual and customary fees. If orthodontic treatment is provided by a non-contracted general dentist or dentist whose practice is limited to specialty care, no benefit will apply and the member will be responsible for all costs associated with such orthodontic treatment.
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 twenty-five (\$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. Changes in treatment necessitated by an accident;
 - D. 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; and
 - 4.) Lingually placed direct bonded appliances and arch wires ("invisible braces").
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.