



# Individual Dental Plan Comparison

800-445-8119  
www.gotodais.com



BENEFITS	Southern CA SM600		Southern CA SM400		Cent/Northern CA SM600		Cent/Northern CA SM400	
<b>PREVENTIVE</b>								
Exams	\$4		\$5		\$4		\$4	
X-rays (complete series)	\$20		\$6		\$5		\$5	
Cleaning (Twice Annually)	\$30		\$15		\$22		\$0	
<b>RESTORATIVE</b>								
Amalgam filling - one surface	\$46		\$11		\$36		\$10	
Amalgam filling - two surfaces	\$59		\$17		\$47		\$15	
<b>ORAL SURGERY</b>								
Extraction - uncomplicated (including post-op care)	\$56		\$15		\$44		\$15	
Extraction - partial bony	\$155		\$60		\$132		\$60	
<b>ENDODONTICS</b>								
Root canal - anterior	\$270		\$125		\$230		\$110	
Root canal - bicuspid	\$325		\$190		\$285		\$165	
<b>PERIODONTICS</b>								
Scaling/root planing - per quad	\$95		\$45		\$85		\$40	
Gingivectomy - per quad	\$243		\$90		\$215		\$85	
<b>CROWNS</b>								
Porcelain with metal - anterior	\$420		\$250*		\$400		\$190*	
Porcelain with metal - posterior	\$420		\$395*		\$400		\$375*	
<b>DENTURES AND PARTIALS</b>								
Denture reline - chairside (upper or lower)	\$145		\$33		\$110		\$33	
Partial denture - cast metal base with acrylic saddles	\$625		\$275*		\$55		\$250*	
Complete denture (upper or lower)	\$575		\$275*		\$475		\$250*	
<b>ELECTIVE SERVICES</b>								
Bleaching (per arch)	\$175		\$175		\$175		\$175	
Labial veneers (porcelain laminate)	\$425		\$425		\$400		\$400	
Cosmetic crown (porcelain fused to base metal)	\$420		\$420		\$400		\$400	
<b>ORTHODONTICS</b>								
Standard 24-month child program	\$2,200		\$2,100		\$2,200		\$2,000	
Standard 24-month adult program	\$2,400		\$2,250		\$2,400		\$2,150	
<b>SPECIALISTS**</b>	Oral Surgeons, Endodontists, Periodontists, Orthodontists, Pedodontists							
<b>RATES</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>
Member	\$69.96	\$6.65	\$192.96	\$17.00	\$69.96	\$6.65	\$192.96	\$17.00
Member & One dependent	\$114.96	\$10.40	\$288.96	\$25.20	\$114.96	\$10.40	\$288.96	\$25.20
Family	\$141.00	\$13.00	\$397.92	\$34.50	\$141.00	\$13.00	\$397.92	\$34.50
<b>Application Fee (one time)</b>	<b>\$16.00</b>		<b>\$16.00</b>		<b>\$16.00</b>		<b>\$16.00</b>	

- \* Subject to a six month waiting period.
- The amounts listed above are the member's responsibility for the services rendered.
- For any other services not listed here, consult the appropriate EOC plan summary found at www.gotodais.com.
- Effective Date: Applications must be received by the 10th of the month for coverage beginning the first of the following month.
- Benefits provided by SafeGuard Health Plans, Inc.

**For enrollment materials, please call:**  
**800-445-8119**

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# General Information

## Effective Date

Applications must be received by SmileSaver by the 10th of the month for coverage beginning the first of the following month. You will receive your ID Card prior to the effective date of your coverage.

## Payment Options

Members can choose annual or monthly payment options. Monthly payments can be made by credit card or automatic checking account deduction. Annual payments can be paid by check, money order or credit card. SmileSaver accepts Visa, MasterCard, Discover/Novus and American Express credit cards.

## Billing

Annual members receive renewal notices 60 days prior to their effective date. Payment is due by the 10th of the month prior to their effective date.

## Summary of Exclusions and Limitations on Benefits

1. Dental treatment must be received from the Member's participating dental office unless exception is specifically authorized, in writing, by the Plan.
2. Routine and periodic examinations are limited to once every (6) months, per enrolled Member
3. Routine prophylaxis procedures are limited to once every six (6) months.
4. Bitewing radiographs (x-ray) in conjunction with periodic examinations are limited to one series of films in any twelve (12) consecutive month period. Full mouth radiographs (x-rays) in conjunction with periodic examinations are limited to once every three (3) years. Panoramic films are limited to once every three (3) years.
5. Periodontal scaling and root planning, and periodontal maintenance procedures, are limited to on (1) course of therapy during any twelve (12) month period.
6. Major restorative work (i.e. crowns, bridgework or dentures) for a period of six (6) months from the effective date of coverage for Plan SM400 only.
7. For Plan SM600 only: contribution towards the cost of specialty care as a result of an approved referral is limited to a maximum of \$500 per contract year; lifetime maximum of \$2,000.

## The following dental services and procedures are not included in SmileSaver dental plans:

1. Any procedure not specifically listed as covered benefit.
2. Dental treatment or expenses incurred or in connection with any dental procedure started prior to the Member's effective date under this Plan or after termination of the Member's coverage. Example: teeth prepared for crowns, root canal treatment in progress, orthodontic treatment in progress.
3. All treatment of fractures and dislocations.
4. Extractions for orthodontic purposes.
5. Dental procedures and charges incurred as part of placement or maintenance of implants (placement or removal) and prosthetic devices placed on implants (fixed or removable, example: bridges, crowns, dentures).
6. Replacement of lost or stolen dentures, crowns and bridgework, or other dental appliances.
7. Dental treatment or procedures requiring or associated with fixed prosthodontic restorations when part of extensive oral rehabilitation or reconstruction (more than six units of crown and/or bridge work in one arch or more than 10 units total). Extensive oral rehabilitation or reconstruction is available at the doctor's regular fee.
8. Diagnosis or treatment by any method of any condition related to the jaw joint, Temporomandibular Joint (TMJ) or associated musculature, nerves and other tissues.
9. A dental treatment plan which, in the opinion of the Participating Dentist, is not dentally necessary, will not produce a beneficial result, or has a poor prognosis.
10. Any corrective treatment required as a result of dental services performed by a non-participating dentist while this coverage is in effect, and any dental services started by a non-participating dentist will not be the responsibility of the participating dental office or the Plan for completion or compensation.

## Additional Orthodontic Exclusions and Limitations

- A. Child co-payments apply only to those Members up to age nineteen (19). Age nineteen (19) and older are considered adults and are subject to adult co-payments. Age is determined on the date bands are placed.
- B. Treatment co-payments are for twenty-four (24) months of treatment. Treatment in excess of twenty-four (24) months (extended treatment) is available at usual and customary fees, payable until treatment is completed (retainers are placed). If the patient is in active treatment and the member elects to change provider, the member may incur additional expenses.
- C. Subscriber and his or her eligible dependant must remain on the Plan during the period of time the Subscriber or his or her eligible dependent is undergoing orthodontic treatment. An early termination will result in usual and customary charges for all unfinished work.
- D. Orthodontic treatment must be provided by a member of Safeguard orthodontic panel.
- E. The following are not benefits included as orthodontia:
  1. Study models
  2. X-rays for orthodontic purposes
  3. Tracing and photographs
  4. Phase 1 orthodontic treatment (prior to full mouth banding).
- F. Treatment in progress started prior to a Member's eligibility under this Plan.
- G. Surgical procedures for orthodontic treatment.
- H. Severe or mutilated malocclusions.
- I. Retreatment of orthodontic cases.
- J. Changes in treatment necessitated by accident of any kind.
- K. Hospital charges, or treatment in a hospital.
- L. Dispensing of drugs not normally supplied in a dental office.
- M. Treatment of Temporomandibular Joint (TMJ) disturbances, hormonal imbalances, cleft palate, micrognathia, macroglossia, and myofunctional therapies are excluded services.
- N. Replacement of lost or broken appliances.
- O. Extractions for orthodontic purposes.

**Important Notice:** This brochure provides a brief description of some important features of the dental contract. The complete terms, provisions and conditions of coverage are described in the Evidence of Coverage-Contract of Benefits that will be issued upon approval of application.

## Southern California County List

Southern included participating dentists in the following counties only- Imperial, Los Angeles, Orange, Riverside, San Bernadino, San Diego, Ventura.

## Central/Northern California County List

Central/Northern includes participating dentists in the following counties only - Alameda, Contra Costa, El Dorado, Fresno, Kern, Madera, Marin, Merced, Monterey, Napa, Placer, Sacramento, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tulare, Yolo, Yuba.

For Services need by a Plan Dentist outside your local area, different co-payments may apply.



 **SmileSaver**  
Exclusive Marketing Company

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