


**SafeGuard SCHEDULE OF BENEFITS**
**DIRECT REFERRAL DENTAL PLAN\* SmileSaver 400 North**

**Principal Benefits and Coverages:** The following services are the principal benefits to which Members are entitled. Only these procedures are provided for, either partially or totally by the Plan. The Member may be responsible for a co-payment for these procedures. Please reference your Evidence of Coverage to fully understand what is meant by Coverage for a given procedure. If a service is requested and provided to a Member and the procedure is not listed in this Schedule of Benefits, the Member shall pay the dentist his or her usual and customary fee for the treatment received. There may be some procedures that are listed in this document that may not be available at all locations due to individual dentist's scope of practice.

**Other Charges:** The Member is responsible for the Co-payments for services listed in the following Schedule of Benefits. Services not listed will be billed to the Member at the dentist's usual and customary fee (U&C).

**Specialty Care Information:** During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dentist whose practice is limited to specialty care. Your selected general dentist may refer you directly to a contracted SafeGuard specialty care provider for covered endodontic, oral surgery, pedodontic and periodontic services under this plan; no referral or pre-authorization from SafeGuard is required. \*Prior authorization from SafeGuard is required for orthodontic referrals. If you choose to receive services from a SafeGuard contracted specialty care provider, your responsibility will be the listed co-payment amount or 75% of that provider's usual fee for those services.

**Pedodontics:** Pedodontic services are available at a Specialist at special reduced fees for children under the age of six (6) when referred by the Participating General Dentist.

◆ If you choose to receive this service from a SafeGuard contracted specialty care provider (periodontics, oral surgery, endodontics, pedodontics, orthodontics), your co-payment will be 75% of that provider's usual fee for this service.

Benefit Summary for Specialty Care	
Calendar Year Limit	\$1,000/Person
Limit per Lifetime	\$1,000/Person

**Benefits provided by SafeGuard Health Plans, Inc.**

Code	Service	Co-payment When Services Performed by Contracted General Dentist	Co-payment When Services Performed by Contracted Specialist
<b>Diagnostic Treatment</b>			
• Bitewings are limited to 1 per 12 months.			
• Full mouth x-rays are limited to 1 per 3 years.			
• Panoramic x-rays are limited to 1 per 3 years.			
• Orthodontic x-rays are not covered.			
D0120	Periodic oral evaluation - established patient	\$5	◆
D0140	Limited (problem focused) oral evaluation	\$5	\$50
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$5	\$50
D0150	Comprehensive oral evaluation - new or established patient	\$5	\$50
D0180	Comprehensive periodontal evaluation - new or established patient	\$5	\$5

Code	Service	Co-payment When Services Performed by Contracted General Dentist	Co-payment When Services Performed by Contracted Specialist
9491	Office visit - per visit (including all fees for sterilization and/or infection control)	\$0	\$0
D0210	X-rays intraoral - complete series - including bitewings (not including ortho x-rays)	\$6	\$37
D0220	X-rays intraoral - periapical - first film	\$0	\$14
D0230	X-rays intraoral - periapical - each additional film	\$0	\$6
D0240	X-rays intraoral - occlusal film	\$0	◆
D0270	X-rays bitewing - single film	\$0	◆
D0272	X-rays bitewings - two films	\$0	◆
D0273	X-rays bitewings - three films	\$0	◆
D0274	X-rays bitewings - four films	\$0	◆
D0330	X-rays panoramic film	\$0	\$25
D0460	Pulp vitality tests	\$0	◆
D0470	Diagnostic casts	\$5	◆

**Preventive Services**

- Prophylaxis are limited to 2 per 12 months.
- Fluoride treatments are limited to 2 per 12 months for children under age 18.
- Space maintainers are limited to children under age 14.

D1110	Prophylaxis - adult	\$15	◆
D1120	Prophylaxis - child	\$10	◆
D1203	Topical application of fluoride (excluding prophylaxis) - child	\$5	◆
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$5	◆
D1330	Oral hygiene instructions	\$0	◆
D1351	Sealant - per tooth	\$10	◆
D1510	Space maintainer - fixed - unilateral	\$40	◆
D1515	Space maintainer - fixed - bilateral	\$80	◆
D1520	Space maintainer - removable - unilateral	\$40	◆
D1525	Space maintainer - removable - bilateral	\$90	◆
D1550	Recementation of space maintainer	\$10	◆
D1555	Removal of fixed space maintainer	\$10	◆

**Restorative Treatment**

D2140	Amalgam - one surface, primary or permanent	\$11	◆
D2150	Amalgam - two surfaces, primary or permanent	\$17	◆
D2160	Amalgam - three surfaces, primary or permanent	\$27	◆
D2161	Amalgam - four or more surfaces, primary or permanent	\$30	◆
D2330	Resin-based composite - one surface, anterior	\$24	◆
D2331	Resin-based composite - two surfaces, anterior	\$30	◆
D2332	Resin-based composite - three surfaces, anterior	\$36	◆
D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior	\$42	◆
D2391	Resin-based composite, one surface, posterior	\$73	◆
D2392	Resin-based composite, two surfaces, posterior	\$103	◆
D2393	Resin-based composite, three surfaces, posterior	\$121	◆
D2394	Resin-based composite, four or more surfaces, posterior	\$149	◆

Code	Service	Co-payment When Services Performed by Contracted General Dentist	Co-payment When Services Performed by Contracted Specialist
<b>Crowns</b>			
<ul style="list-style-type: none"> <li>• Cost of Noble or High Noble Metal (gold, etc.) is included in the co-payments shown.</li> <li>• There is an additional \$145 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on posterior teeth (molars or bicuspids).</li> <li>• Procedures noted with * are subject to a six month waiting period.</li> </ul>			
<b>D2750</b>	Crown - porcelain fused to high noble metal*	\$310	◆
<ul style="list-style-type: none"> <li>• The co-payment per crown/bridge unit for <u>elective</u> procedures on anterior or posterior teeth is \$480, including any applicable porcelain co-payment.</li> <li>• Elective procedures are not subject to the six month waiting period.</li> </ul>			
<b>D2751</b>	Crown - porcelain fused to predominantly base metal*	\$250	◆
<ul style="list-style-type: none"> <li>• The co-payment per crown/bridge unit for <u>elective</u> procedures on anterior or posterior teeth is \$420, including any applicable porcelain co-payment.</li> <li>• Elective procedures are not subject to the six month waiting period.</li> </ul>			
<b>D2752</b>	Crown - porcelain fused to noble metal*	\$290	◆
<ul style="list-style-type: none"> <li>• The co-payment per crown/bridge unit for <u>elective</u> procedures on anterior or posterior teeth is \$460, including any applicable porcelain co-payment.</li> <li>• Elective procedures are not subject to the six month waiting period.</li> </ul>			
<b>D2780</b>	Crown - 3/4 cast high noble metal*	\$240	◆
<b>D2781</b>	Crown - 3/4 cast predominantly base metal*	\$180	◆
<b>D2782</b>	Crown - 3/4 cast noble metal*	\$220	◆
<b>D2790</b>	Crown - full cast high noble metal*	\$235	◆
<b>D2791</b>	Crown - full cast predominantly base metal*	\$175	◆
<b>D2792</b>	Crown - full cast noble metal*	\$215	◆
<b>D2910</b>	Recement inlay, onlay, or partial coverage restoration	\$14	◆
<b>D2915</b>	Recement cast or prefabricated post and core	\$14	◆
<b>D2920</b>	Recement crown	\$14	◆
<b>D2930</b>	Prefabricated stainless steel crown - primary tooth	\$48	◆
<b>D2931</b>	Prefabricated stainless steel crown - permanent tooth	\$48	◆
<b>D2940</b>	Sedative filling	\$0	◆
<b>D2950</b>	Core build up, including any pins	\$0	◆
<b>D2951</b>	Pin retention - per tooth, in addition to restoration	\$0	◆
<b>D2952</b>	Post and core in addition to crown, indirectly fabricated	\$50	◆
<b>D2954</b>	Prefabricated post and core in addition to crown	\$30	◆
<b>D2961</b>	Labial veneer - resin laminate, laboratory*	\$400	◆
<b>D2962</b>	Labial veneer - porcelain laminate, laboratory*	\$425	◆
<b>D2970</b>	Temporary crown (fractured tooth)	\$0	◆
<b>D2971</b>	Additional procedures to construct new crown under existing partial dental framework	\$113	◆
<b>Endodontics</b>			
<b>D3110</b>	Pulp cap - direct (excluding final restoration)	\$5	◆
<b>D3120</b>	Pulp cap - indirect (excluding final restoration)	\$5	◆
<b>D3220</b>	Therapeutic pulpotomy (excluding final restoration)	\$15	◆
<b>D3310</b>	Root canal - anterior, per tooth (excluding final restoration)	\$125	◆
<b>D3320</b>	Root canal - bicuspid, per tooth (excluding final restoration)	\$190	◆

Code	Service	Co-payment When Services Performed by Contracted General Dentist	Co-payment When Services Performed by Contracted Specialist
<b>D3330</b>	Root canal - molar, per tooth (excluding final restoration)	\$250	◆
<b>D3351</b>	Apexification/recalcification - initial visit	\$12	◆
<b>D3352</b>	Apexification/recalcification - interim visit	\$12	◆
<b>D3353</b>	Apexification/recalcification - final visit	\$12	◆
<b>D3410</b>	Apicoectomy/periradicular surgery - anterior	\$125	◆
<b>D3421</b>	Apicoectomy/periradicular surgery - bicuspid, 1st root	\$125	◆
<b>D3425</b>	Apicoectomy/periradicular surgery - molar, 1st root	\$125	◆
<b>D3426</b>	Apicoectomy/periradicular surgery - each additional root	\$125	◆
<b>D3430</b>	Retrograde filling - per root	\$30	◆
<b>D3450</b>	Root amputation - per root	U&C	◆
<b>D3920</b>	Hemisection - including root removal (excluding root canal therapy)	U&C	◆
<b>Periodontics</b>			
<b>D4210</b>	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$90	◆
<b>D4211</b>	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$30	◆
<b>D4260</b>	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$250	◆
<b>D4261</b>	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$200	◆
<b>D4341</b>	Periodontal scaling and root planing - four or more teeth - per quadrant	\$45	\$80
<b>D4342</b>	Periodontal scaling and root planing - one to three teeth, per quadrant	\$36	\$64
<b>D4355</b>	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$45	◆
<b>D4381</b>	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$40	◆
<b>D4910</b>	Periodontal maintenance procedures - following active periodontal therapy	\$45	\$55
<b>D4999</b>	Initial perio charting for moderate to advanced cases	\$5	◆
<b>Removable Prosthodontics</b>			
<ul style="list-style-type: none"> <li>• Removable Prosthodontics - Includes all adjustments for up to six (6) months post-delivery.</li> <li>• Procedures noted with * are subject to a six month waiting period.</li> </ul>			
<b>D5110</b>	Complete upper denture*	\$275	◆
<b>D5120</b>	Complete lower denture*	\$275	◆
<b>D5130</b>	Immediate upper denture*	\$330	◆
<b>D5140</b>	Immediate lower denture*	\$330	◆

Code	Service	Co-payment When Services Performed by Contracted General Dentist	Co-payment When Services Performed by Contracted Specialist
D5211	Upper partial - resin base (including clasps, rests and teeth)*	\$215	◆
D5212	Lower partial - resin base (including clasps, rests and teeth)*	\$215	◆
D5213	Upper partial - cast metal base with resin saddles (including clasps, rests and teeth)*	\$275	◆
D5214	Lower partial - cast metal base with resin saddles (including clasps, rests and teeth)*	\$275	◆
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)*	\$215	◆
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)*	\$215	◆
D5410	Adjust complete denture - upper	\$8	◆
D5411	Adjust complete denture - lower	\$8	◆
D5421	Adjust partial denture - upper	\$8	◆
D5422	Adjust partial denture - lower	\$8	◆
D5510	Repair broken complete denture base	\$30	◆
D5520	Replace missing or broken teeth	\$22	◆
D5610	Repair resin denture base	\$28	◆
D5620	Repair cast framework	\$44	◆
D5630	Repair or replace broken clasp	\$44	◆
D5640	Replace broken teeth - per tooth	\$22	◆
D5650	Add tooth to existing partial denture	\$22	◆
D5660	Add clasp to existing partial denture	\$50	◆
D5710	Rebase complete upper denture	\$75	◆
D5711	Rebase complete lower denture	\$75	◆
D5720	Rebase upper partial denture	\$75	◆
D5721	Rebase lower partial denture	\$75	◆
D5730	Reline complete upper denture (chairside)	\$33	◆
D5731	Reline complete lower denture (chairside)	\$33	◆
D5740	Reline upper partial denture (chairside)	\$33	◆
D5741	Reline lower partial denture (chairside)	\$33	◆
D5750	Reline complete upper denture (laboratory)	\$70	◆
D5751	Reline complete lower denture (laboratory)	\$70	◆
D5760	Reline upper partial denture (laboratory)	\$70	◆
D5761	Reline lower partial denture (laboratory)	\$70	◆
D5820	Interim partial denture - upper	\$80	◆
D5821	Interim partial denture - lower	\$80	◆
D5850	Tissue conditioning - upper	\$20	◆
D5851	Tissue conditioning - lower	\$20	◆

#### Fixed Prosthodontics

- Cost of Noble or High Noble Metal (gold, etc.) is included in the co-payments shown.
- There is an additional \$145 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on posterior teeth (molars or bicuspids).
- Procedures noted with \* are subject to a six month waiting period.

D6210	Pontic - cast high noble metal*	\$240	◆
D6211	Pontic - cast predominantly base metal*	\$180	◆
D6212	Pontic - cast noble metal*	\$220	◆

Code	Service	Co-payment When Services Performed by Contracted General Dentist	Co-payment When Services Performed by Contracted Specialist
D6240	Pontic - porcelain fused to high noble metal* • The co-payment per crown/bridge unit for <u>elective</u> procedures on anterior or posterior teeth is \$480, including any applicable porcelain co-payment. • Elective procedures are not subject to the six month waiting period.	\$310	◆
D6241	Pontic - porcelain fused to predominantly base metal* • The co-payment per crown/bridge unit for <u>elective</u> procedures on anterior or posterior teeth is \$420, including any applicable porcelain co-payment. • Elective procedures are not subject to the six month waiting period.	\$250	◆
D6242	Pontic - porcelain fused to noble metal* • The co-payment per crown/bridge unit for <u>elective</u> procedures on anterior or posterior teeth is \$460, including any applicable porcelain co-payment. • Elective procedures are not subject to the six month waiting period.	\$290	◆
D6750	Crown - porcelain fused to high noble metal* • The co-payment per crown/bridge unit for <u>elective</u> procedures on anterior or posterior teeth is \$480, including any applicable porcelain co-payment. • Elective procedures are not subject to the six month waiting period.	\$310	◆
D6751	Crown - porcelain fused to predominantly base metal* • The co-payment per crown/bridge unit for <u>elective</u> procedures on anterior or posterior teeth is \$420, including any applicable porcelain co-payment. • Elective procedures are not subject to the six month waiting period.	\$250	◆
D6752	Crown - porcelain fused to noble metal* • The co-payment per crown/bridge unit for <u>elective</u> procedures on anterior or posterior teeth is \$460, including any applicable porcelain co-payment. • Elective procedures are not subject to the six month waiting period.	\$290	◆
D6780	Crown - 3/4 cast high noble metal*	\$240	◆
D6781	Crown - 3/4 cast predominantly base metal*	\$180	◆
D6782	Crown - 3/4 cast noble metal*	\$220	◆
D6790	Crown - full cast high noble metal*	\$240	◆
D6791	Crown - full cast predominantly base metal*	\$180	◆
D6792	Crown - full cast noble metal*	\$220	◆
D6930	Recement bridge	\$20	◆
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$50	◆
D6972	Prefabricated post and core in addition to bridge retainer	\$30	◆
D6973	Core build up for retainer, including any pins	\$30	◆

#### Oral Surgery

D7111	Extraction, coronal remnants - deciduous tooth	\$14	\$30
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$15	\$40
D7210	Surgical removal of erupted tooth	\$25	\$70
D7220	Extraction - removal of impacted tooth - soft tissue	\$40	\$110
D7230	Extraction - removal of impacted tooth - partially bony	\$60	\$135
D7240	Extraction - removal of impacted tooth - completely bony	\$75	\$160

<b>Code</b>	<b>Service</b>	<b>Co-payment When Services Performed by Contracted General Dentist</b>	<b>Co-payment When Services Performed by Contracted Specialist</b>
<b>D7250</b>	Surgical extraction - removal of residual tooth roots	\$25	◆
<b>D7510</b>	Incision and drainage of abscess - intraoral soft tissue	U&C	◆
<b>D7530</b>	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	U&C	◆
<b>D7550</b>	Partial ostectomy/sequestrectomy for removal of non-vital bone	U&C	◆
<b>D7910</b>	Suture of recent small wounds up to 5 cm	U&C	◆
<b>D7960</b>	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$50	\$50
<b>D7963</b>	Frenuloplasty	\$50	\$50
<b>D7970</b>	Excision of hyperplastic tissue, per arch	U&C	◆
<b>Orthodontics</b>			
<b>D8030</b>	Limited orthodontic treatment of the adolescent dentition (child)	U&C	\$1,450
<b>D8040</b>	Limited orthodontic treatment of the adult dentition (adult)	U&C	\$1,550
<b>D8080</b>	Comprehensive orthodontic treatment of the adolescent dentition (up to 24 months) (child)	U&C	\$2,100
<b>D8090</b>	Comprehensive orthodontic treatment of the adult dentition (up to 24 months) (adult)	U&C	\$2,250
<b>D8210</b>	Minor treatment to control harmful habits - removable appliance therapy	\$75	◆
<b>D8220</b>	Minor treatment to control harmful habits - fixed appliance therapy	\$95	◆
<b>D8660</b>	Pre-orthodontic treatment visit	U&C	\$45
<b>D8670</b>	Periodic orthodontic treatment visit (as part of contract)	\$0	\$0
<b>D8680</b>	Retention phase (removal of appliances, construction and placement of retainers)	U&C	\$175
<b>D8693</b>	Rebonding or recementing; and/or repair, as required of fixed retainers	U&C	\$0
<b>Adjunctive General Services</b>			
<b>D9110</b>	Palliative (emergency) treatment of dental pain - minor procedure	\$15	\$15
<b>D9120</b>	Fixed partial denture sectioning	U&C	◆
<b>D9215</b>	Local anesthesia	\$0	\$0
<b>D9310</b>	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician (other than orthodontist)	\$50	\$50
<b>D9430</b>	Office visit for observation (during regularly scheduled hours) - no other services performed	\$5	◆
<b>D9440</b>	Office visit - after regularly scheduled hours	\$30	◆
<b>D9450</b>	Case presentation, detailed and extensive treatment planning	\$5	\$5
<b>D9930</b>	Treatment of complications (post-surgical) - unusual circumstances, by report	U&C	\$0
<b>D9941</b>	Fabrication of athletic mouthguard	\$140	◆

<b>Code</b>	<b>Service</b>	<b>Co-payment When Services Performed by Contracted General Dentist</b>	<b>Co-payment When Services Performed by Contracted Specialist</b>
<b>D9942</b>	Repair and/or relining of an occlusal guard	\$30	◆
<b>D9951</b>	Occlusal adjustment - limited (per visit)	\$12	\$0
<b>D9972</b>	External bleaching - per arch	\$175	◆
<b>D9999</b>	Missed appointments - without twenty-four (24) hour prior notice	\$20	\$22
<b>D9999</b>	Record transfer - transfer of all materials with less than a full mouth x-ray	\$10	\$10
<b>D9999</b>	Record transfer - transfer of all materials with a full mouth x-ray	\$20	\$20

Current Dental Terminology © American Dental Association

◆ If you choose to receive this service from a SafeGuard contracted specialty care provider (periodontics, oral surgery, endodontics, pedodontics, orthodontics), your co-payment will be 75% of that provider's usual fee for this service.

## 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.

<b>Amalgam:</b>	A silver filling
<b>Anterior:</b>	Teeth that are in the front of the mouth
<b>Bicuspid:</b>	Most people have eight bicuspid teeth; they are located immediately preceding the molar teeth with two in each quadrant of the mouth.
<b>Bridge:</b>	A replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).
<b>Crown:</b>	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.
<b>Endodontics:</b>	Procedures that treat the nerve or the pulp of the tooth due to injury or infection.
<b>Oral Surgery:</b>	Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth.
<b>Orthodontics:</b>	Braces and other procedures to straighten the teeth.
<b>Periodontics:</b>	Procedures related to treatment of the supporting structures of the teeth (gums, underlying bone).
<b>Posterior:</b>	Teeth that set towards the back of the mouth, including molars and bicuspid (premolars).
<b>Primary Teeth:</b>	The first set of teeth (“baby” teeth).
<b>Prophylaxis:</b>	Scaling and polishing of teeth by removal of the plaque above the gum line.
<b>Prosthodontics:</b>	The restoration of natural and/or the replacement of missing teeth with artificial substitutes.
<b>Quadrant:</b>	One of the four equal sections into which your mouth can be divided (some procedures like periodontics are done in quadrants).
<b>Resin-based Composite:</b>	Tooth-colored (white) fillings

## Principle Exclusions and Limitations on Benefits

### Limitations

The limitations listed below apply to your dental plan. However, you may elect to have any treatment performed at the dentist’s regular fee:

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. Major restorative work (i.e., crowns, bridgework or dentures) requires a six (6) month wait from the current effective date of coverage for the member (patient). These procedures are noted in the Schedule of Benefits with an asterisk.
3. Routine and periodic examinations are limited to two (2) per twelve (12) months, per enrolled Member.
4. Routine prophylaxis procedures are limited to two (2) per twelve (12) months.
5. Bitewing radiographs (x-rays) in conjunction with periodic examinations are limited to one (1) 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.
6. Fluoride treatment is limited to enrolled Members under the age of eighteen (18) years, and two (2) per twelve (12) months.
7. Periodontal scaling and root planing, and/or gingival curettage, and periodontal maintenance procedures are limited to one (1) course of therapy during any twelve (12) month period.
8. Space maintainers are limited to enrolled Members under the age of fourteen (14) years.
9. Partial Dentures are not eligible for replacement within three (3) years of original placement unless required as a result of tooth loss which cannot be restored by modification of the existing partial denture. Crowns, bridges, and/or complete dentures are not eligible for replacement within five (5) years of original placement.
10. Complete upper and/or lower dentures are covered only once within any five (5) year period. Replacement will be provided for an existing denture only if it is unsatisfactory and cannot be made satisfactory. Complete or partial upper and/or lower dentures are limited to the benefit level for a standard procedure. If a more personalized or specialized treatment (such as precision attachments, overlays, implants, personalization or characterization) is chosen by the patient and the dentist, the patient will be responsible for all additional charges.
11. Complete and/or partial denture relines are limited to one (1) per denture during a twelve (12) month period.
12. Endodontic retreatment of previous root canal therapy is not a covered benefit.
13. Pedodontic services are available to eligible Members under the age of six (6) years, if his or her assigned Participating General Dentist requests the referral to the participating Specialist after examining the patient. Pedodontic benefits are available at a reduced rate from participating dental offices.
14. Plan Contribution towards the cost of specialty care as a result of an approved referral is limited to a maximum of \$1,000 per contract year. Lifetime maximum of \$1,000.

## Principle Exclusions and Limitations on Benefits

### Exclusions

The following dental services and procedures are not included in this dental plan and there is no coverage for these items. However, you may elect to have any treatment performed at the dentist's regular fee:

1. Any procedure not specifically listed as a covered benefit.
2. Any condition for which benefits of any nature are recovered or found to be recoverable, whether by adjudication or settlement, medical health insurance, worker's compensation or occupational disease law, even if the patient did not claim those benefits.
3. Care or treatment which is obtained from, or for which payment is made by, any Federal, State, County, Municipal, or other governmental agency, including any foreign government.
4. Disease contracted or injuries sustained as a result of a major disaster, war, declared or undeclared, epidemic conditions, or from exposure to nuclear energy, whether or not the result of war.
5. Any illness, injury, or condition for which a third party may be liable or legally responsible by reason of negligence, an intentional act or breach of any legal obligation on the part of such third party is not covered.
6. Dental treatment or expenses incurred or in connection with any dental procedures 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.
7. Dispensing of drugs not normally supplied in the dental office.
8. Hospital and associated physician charges or any kind of charges for any dental treatment or costs associated with treatment as a result of an accident. This plan does not provide emergency medical care to its members, except, if applicable, in certain specifically identified instances. Members are encouraged to use the 911 emergency response system in areas where the system is established and operating when the Member has an emergency medical condition that requires an emergency response.
9. All treatment of fractures and dislocations.
10. Extractions for orthodontic purposes.
11. General anesthesia, inhalation sedation, intravenous sedation, or intramuscular sedation.
12. Dental treatment or expenses incurred in conjunction with the correction of congenital or developmental malformations.
13. Histopathological exams, treatment and/or removal of cysts, tumors, neoplasms, malignancies and foreign bodies.
14. Tooth implantation or transplantation, orthognathic surgery, soft tissue or osseous grafts, alveoloplasty, vestibuloplasty, or osteotomy procedures.
15. Charges for any dental treatment, because the Member is unwilling or incapable of having treatment performed in the assigned general dentist or specialist office.
16. Dental procedures and charges incurred as part of implants (placement or removal) and prosthetic devices placed on implants (fixed or removable, example: bridges, crowns, dentures).
17. Replacement of lost or stolen dentures, crown and bridgework, or other dental appliances.

## Principle Exclusions and Limitations on Benefits

18. Precision attachments and stress breakers.
19. Crown lengthening surgical procedures.
20. Periodontal irrigation procedures, when available, are provided at the doctor's regular fee.
21. Dental treatment or procedures required in conjunction with altering vertical dimension, replacing tooth structure lost by attrition, erosion or abrasion.
22. Dental treatment or procedures requiring or associated with fixed prosthodontic restorations when part of extensive oral rehabilitation or reconstruction (more than six (6) units of crown and/or bridgework in one (1) arch or more than ten (10) units total). Extensive oral rehabilitation or reconstruction is available at the dentist's regular fee.
23. Diagnosis or treatment by any method of any condition related to the jaw joint, temporomandibular joint (TMJ) or associated musculature, nerves and other tissues.
24. Oral physio-therapy, dietary or saliva analysis and dietary instruction.
25. The treating dentist shall have the right to discontinue further treatment of a Member who continually fails to keep appointments or who fails to follow their prescribed course of treatment.
26. 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.
27. 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.

### Orthodontic Exclusions & Limitations

#### 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 providers, the member may incur additional expenses.
- C. Member and his or her eligible dependent must remain on the Plan during the period of time the member 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 participating Orthodontist.

#### Exclusions

- A. The following are not benefits included as orthodontia:
  1. Study models
  2. X-rays for orthodontic purposes
  3. Tracings and photographs
  4. Phase I orthodontic treatment (prior to full mouth banding)

**Principle Exclusions and Limitations on Benefits**

- B. Treatment in progress started prior to a Member's eligibility under this plan.
- C. Surgical procedures for orthodontic treatment.
- D. Severe or mutilated malocclusions.
- E. Retreatment of orthodontic cases.
- F. Changes in treatment necessitated by accident of any kind.
- G. Hospital charges, or treatment in a hospital.
- H. Dispensing of drugs not normally supplied in a dental office.
- I. Treatment of temporomandibular joint (TMJ) disturbances, hormonal imbalances, cleft palate, micrognathia, macroglossia, and myofunctional therapies are excluded services.
- J. Replacement of lost or broken appliances.
- K. Extractions for orthodontic purposes.