



## SCHEDULE OF BENEFITS

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

### Direct Referral Dental Plan

### SG185-TX

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, orthodontics, periodontics or pedodontics; no referral or pre-authorization from SafeGuard is required.

| Code   | Service  | Co-payment |
|--|--|------------|
| <b>Diagnostic Treatment</b>                    |  |            |
| 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        |
| D0171  | Re-evaluation – post-operative office visit  | \$0        |
| D0180  | Comprehensive periodontal evaluation – new or established patient  | \$0        |
| •  | Office visit - per visit (including all fees for sterilization and/or infection control)                   | \$5        |
| <b>Radiographs/Diagnostic Imaging (X-rays)</b> |  |            |
| D0210  | Intraoral – complete series of radiographic images   | \$0        |
| D0220  | Intraoral – periapical first radiographic image  | \$0        |
| D0230  | Intraoral – periapical each additional radiographic image  | \$0        |
| D0240  | Intraoral – occlusal radiographic image  | \$0        |
| D0250  | Extraoral – first radiographic image   | \$0        |
| D0260  | Extraoral – each additional radiographic image   | \$0        |
| D0270  | Bitewing – single radiographic image   | \$0        |
| D0272  | Bitewings – two radiographic images  | \$0        |
| D0273  | Bitewings – three radiographic images  | \$0        |
| D0274  | Bitewings – four radiographic images   | \$0        |
| D0330  | Panoramic radiographic image   | \$0        |
| D0350  | 2D oral/facial photographic image obtained intra-orally or extra-orally                                    | \$0        |
| <b>Tests and Examinations</b>                  |  |            |
| D0460  | Pulp vitality tests  | \$0        |
| D0470  | Diagnostic casts   | \$0        |
| <b>Preventive Services</b>                     |  |            |
| •  | <i>Procedures identified with an asterisk (*) are limited to twice a year, unless medically necessary.</i> |            |
| D1110  | Prophylaxis – adult*   | \$0        |

## SCHEDULE OF BENEFITS (continued)

| Code                         | Service   | Co-payment |
|------------------------------|---|------------|
| D1120                        | Prophylaxis – child*  | \$0        |
| D1206                        | Topical application of fluoride varnish *   | \$0        |
| D1208                        | Topical application of fluoride – excluding varnish   | \$0        |
| D1330                        | Oral hygiene instructions   | \$0        |
| D1351                        | Sealant – per tooth   | \$5        |
| D1510                        | Space maintainer – fixed – unilateral   | \$25       |
| D1515                        | Space maintainer – fixed – bilateral  | \$25       |
| D1520                        | Space maintainer – removable – unilateral   | \$35       |
| D1525                        | Space maintainer – removable – bilateral  | \$35       |
| D1550                        | Re-cement or re-bond space maintainer   | \$5        |
| D1555                        | Removal of fixed space maintainer   | \$5        |
| <b>Restorative Treatment</b> |   |            |
| D2140                        | Amalgam – one surface, primary or permanent   | \$10       |
| D2150                        | Amalgam – two surfaces, primary or permanent  | \$15       |
| D2160                        | Amalgam – three surfaces, primary or permanent  | \$18       |
| D2161                        | Amalgam – four or more surfaces, primary or permanent   | \$20       |
| D2330                        | Resin-based composite – one surface, anterior   | \$15       |
| D2331                        | Resin-based composite – two surfaces, anterior  | \$20       |
| D2332                        | Resin-based composite – three surfaces, anterior  | \$30       |
| D2335                        | Resin-based composite – four or more surfaces or involving incisal angle (anterior)   | \$35       |
| D2390                        | Resin-based composite crown, anterior   | \$35       |
| 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       |
| <b>Crowns</b>                |   |            |
|                              | <ul style="list-style-type: none"> <li>• <i>Replacement limit 1 every 5 years.</i></li> <li>• <i>An additional charge will be applied for any procedure using noble or high noble metal.</i></li> <li>• <i>Cases involving 7 or more crowns in the same treatment plan require additional \$125 member fee per unit in addition to co-pay.</i></li> <li>• <i>\$75 fee per crown unit above co-pay for porcelain on molars.</i></li> </ul> |            |
| D2510                        | Inlay – metallic – one surface  | \$165      |
| D2520                        | Inlay – metallic – two surfaces   | \$165      |
| D2530                        | Inlay – metallic – three or more surfaces   | \$165      |
| D2543                        | Onlay – metallic – three surfaces   | \$185      |
| D2544                        | Onlay – metallic – four or more surfaces  | \$185      |
| D2740                        | Crown – porcelain/ceramic substrate   | \$225      |
| D2750                        | Crown – porcelain fused to high noble metal   | \$185      |
| D2751                        | Crown – porcelain fused to predominantly base metal   | \$185      |
| D2752                        | Crown – porcelain fused to noble metal  | \$185      |
| 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      |

## SCHEDULE OF BENEFITS (continued)

| Code               | Service   | Co-payment |
|--------------------|---|------------|
| D2791              | Crown – full cast predominantly base metal  | \$185      |
| D2792              | Crown – full cast noble metal   | \$185      |
| D2794              | Crown – titanium  | \$185      |
| D2910              | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration   | \$0        |
| D2915              | Re-cement or re-bond indirectly fabricated or prefabricated post and core   | \$0        |
| D2920              | Re-cement or re-bond crown  | \$0        |
| D2930              | Prefabricated stainless steel crown – primary tooth   | \$25       |
| D2931              | Prefabricated stainless steel crown – permanent tooth   | \$25       |
| D2940              | Protective restoration  | \$0        |
| D2950              | Core buildup, including any pins when required  | \$50       |
| D2951              | Pin retention – per tooth, in addition to restoration   | \$10       |
| D2952              | Post and core in addition to crown, indirectly fabricated   | \$50       |
| D2954              | Prefabricated post and core in addition to crown  | \$30       |
| D2955              | Post removal  | \$10       |
| D2970              | Temporary crown (fractured tooth)   | \$0        |
| <b>Endodontics</b> |   |            |
| •                  | <i>All procedures exclude final restoration.</i>  |            |
| 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                 | \$10       |
| D3230              | Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)   | \$30       |
| D3240              | Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)  | \$35       |
| D3310              | Endodontic therapy, anterior tooth (excluding final restoration)  | \$105      |
| D3320              | Endodontic therapy, bicuspid tooth (excluding final restoration)  | \$115      |
| D3330              | Endodontic therapy, molar (excluding final restoration)   | \$265      |
| D3332              | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth  | \$105      |
| D3346              | Retreatment of previous root canal therapy – anterior   | \$135      |
| D3347              | Retreatment of previous root canal therapy – bicuspid   | \$175      |
| D3348              | Retreatment of previous root canal therapy – molar  | \$275      |
| D3351              | Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)                                     | \$65       |
| D3352              | Apexification/recalcification – interim medication replacement  | \$65       |
| D3353              | Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) | \$65       |
| D3410              | Apicoectomy – anterior  | \$180      |
| D3421              | Apicoectomy – bicuspid (first root)   | \$180      |
| D3425              | Apicoectomy – molar (first root)  | \$180      |
| D3426              | Apicoectomy (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       |

## SCHEDULE OF BENEFITS (continued)

| Code                            | Service   | Co-payment |
|---------------------------------|---|------------|
| <b>Periodontics</b>             |   |            |
| D4210                           | Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant  | \$90       |
| D4211                           | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant  | \$68       |
| D4240                           | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant                              | \$250      |
| D4241                           | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant                              | \$188      |
| D4249                           | Clinical crown lengthening – hard tissue  | \$125      |
| D4260                           | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant   | \$300      |
| D4261                           | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant   | \$225      |
| D4270                           | Pedicle soft tissue graft procedure   | \$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       |
| D4277                           | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in a graft                              | \$250      |
| D4278                           | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | \$125      |
| D4341                           | Periodontal scaling and root planing – four or more teeth per quadrant  | \$50       |
| D4342                           | Periodontal scaling and root planing – one to three teeth per quadrant  | \$38       |
| D4355                           | Full mouth debridement to enable comprehensive evaluation and diagnosis   | \$40       |
| D4381                           | Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth                              | \$60       |
| D4910                           | Periodontal maintenance   | \$50       |
| <b>Removable Prosthodontics</b> |   |            |
|                                 | • <i>Replacement limit 1 every 5 years.</i>   |            |
|                                 | • <i>Relines are limited to 1 every 24 months.</i>  |            |
|                                 | • <i>Includes up to 3 adjustments within 6 months of delivery.</i>  |            |
| D5110                           | Complete denture – maxillary  | \$210      |
| D5120                           | Complete denture – mandibular   | \$210      |
| D5130                           | Immediate denture – maxillary   | \$225      |
| D5140                           | Immediate denture – mandibular  | \$225      |
| D5211                           | Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)   | \$300      |
| D5212                           | Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)  | \$300      |
| D5213                           | Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)                    | \$300      |
| D5214                           | Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)                   | \$300      |
| D5410                           | Adjust complete denture – maxillary   | \$0        |
| D5411                           | Adjust complete denture – mandibular  | \$0        |
| D5421                           | Adjust partial denture – maxillary  | \$0        |

## SCHEDULE OF BENEFITS (continued)

| Code  | Service  | Co-payment |
|-------|--|------------|
| D5422 | Adjust partial denture – mandibular  | \$0        |
| D5510 | Repair broken complete denture base  | \$30       |
| D5520 | Replace missing or broken teeth – complete denture (each tooth)  | \$30       |
| D5610 | Repair resin denture base  | \$30       |
| D5620 | Repair cast framework  | \$45       |
| D5630 | Repair or replace broken clasp   | \$35       |
| D5640 | Replace broken teeth – per tooth   | \$30       |
| D5650 | Add tooth to existing partial denture  | \$30       |
| D5660 | Add clasp to existing partial denture  | \$45       |
| D5710 | Rebase complete maxillary denture  | \$75       |
| D5711 | Rebase complete mandibular denture   | \$75       |
| D5720 | Rebase maxillary partial denture   | \$75       |
| D5721 | Rebase mandibular partial denture  | \$75       |
| D5730 | Reline complete maxillary denture (chairside)  | \$50       |
| D5731 | Reline complete mandibular denture (chairside)   | \$50       |
| D5740 | Reline maxillary partial denture (chairside)   | \$50       |
| D5741 | Reline mandibular partial denture (chairside)  | \$50       |
| D5750 | Reline complete maxillary denture (laboratory)   | \$65       |
| D5751 | Reline complete mandibular denture (laboratory)  | \$65       |
| D5760 | Reline maxillary partial denture (laboratory)  | \$65       |
| D5761 | Reline mandibular partial denture (laboratory)   | \$65       |
| D5820 | Interim partial denture (maxillary)  | \$75       |
| D5821 | Interim partial denture (mandibular)   | \$75       |
| D5850 | Tissue conditioning, maxillary   | \$10       |
| D5851 | Tissue conditioning, mandibular  | \$10       |
|       | <b>Crowns/Fixed Bridges - Per Unit</b>   |            |
|       | <ul style="list-style-type: none"> <li>• <i>Replacement limit 1 every 5 years.</i></li> <li>• <i>An additional charge will be applied for any procedure using noble or high noble metal.</i></li> <li>• <i>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.</i></li> <li>• <i>\$75 fee per crown/bridge unit above co-pay for porcelain on molars.</i></li> </ul> |            |
| D6210 | Pontic – cast high noble metal   | \$185      |
| D6211 | Pontic – cast predominantly base metal   | \$185      |
| D6212 | Pontic – cast noble metal  | \$185      |
| D6214 | Pontic – titanium  | \$185      |
| D6240 | Pontic – porcelain fused to high noble metal   | \$185      |
| D6241 | Pontic – porcelain fused to predominantly base metal   | \$185      |
| D6242 | Pontic – porcelain fused to noble metal  | \$185      |
| D6750 | Crown – porcelain fused to high noble metal  | \$185      |
| D6751 | Crown – porcelain fused to predominantly base metal  | \$185      |
| D6752 | Crown – porcelain fused to noble metal   | \$185      |
| D6780 | Crown – ¾ cast high noble metal  | \$185      |
| D6781 | Crown – ¾ cast predominantly base metal  | \$185      |
| D6782 | Crown – ¾ cast noble metal   | \$185      |

## SCHEDULE OF BENEFITS (continued)

| Code                | Service  | Co-payment |
|---------------------|--|------------|
| D6790               | Crown – full cast high noble metal   | \$185      |
| D6791               | Crown – full cast predominantly base metal   | \$185      |
| D6792               | Crown – full cast noble metal  | \$185      |
| D6794               | Crown – titanium   | \$185      |
| D6930               | Re-cement or re-bond fixed partial denture   | \$0        |
| <b>Oral Surgery</b> |  |            |
|                     | <ul style="list-style-type: none"> <li>• <i>Includes routine post operative visits/treatment.</i></li> <li>• <i>Surgical removal of impacted teeth not covered unless pathology (disease) exists.</i></li> <li>• <i>Surgical removal of wisdom tooth/third molar for orthodontic reasons only is not covered.</i></li> </ul>   |            |
| D7140               | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)   | \$0        |
| D7210               | Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated  | \$50       |
| D7220               | Removal of impacted tooth – soft tissue  | \$75       |
| 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)   | \$75       |
| D7270               | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth   | \$110      |
| D7280               | Surgical access of an unerupted tooth  | \$200      |
| D7285               | Incisional biopsy of oral tissue – hard (bone, tooth)  | \$0        |
| D7286               | Incisional biopsy of oral tissue – soft  | \$0        |
| D7310               | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant   | \$35       |
| D7311               | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant   | \$10       |
| D7320               | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant   | \$40       |
| D7321               | Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant   | \$20       |
| D7960               | Frenulectomy – aka frenectomy or frenotomy – separate procedure not incidental to another procedure  | \$40       |
| D7963               | Frenuloplasty  | \$40       |
| D7971               | Excision of pericoronal gingiva  | \$25       |
| <b>Orthodontics</b> |  |            |
|                     | <ul style="list-style-type: none"> <li>• <i>Benefits cover 24 months of usual &amp; customary orthodontic treatment and 24 months of retention. Treatment extending beyond such time periods will be subject to a per-office-visit charge of \$25.</i></li> <li>• <i>Orthodontic treatment plan and records (pre/post x-rays, photos, study models) are covered at a cost of \$250.</i></li> </ul> |            |
| 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      |

## SCHEDULE OF BENEFITS (continued)

| <b>Code</b>                        | <b>Service</b>  | <b>Co-payment</b>     |
|------------------------------------|---|-----------------------|
| D8070                              | Comprehensive orthodontic treatment of the transitional dentition   | \$1,695               |
| D8080                              | Comprehensive orthodontic treatment of the adolescent dentition   | \$1,695               |
| D8090                              | Comprehensive orthodontic treatment of the adult dentition  | \$1,695               |
| D8660                              | Pre-orthodontic treatment examination to monitor growth and development                                       | \$0                   |
| D8680                              | Orthodontic retention (removal of appliances, construction and placement of retainer(s))                      | \$250                 |
| D8693                              | Re-cement or re-bond fixed retainers  | \$0                   |
| <b>Adjunctive General Services</b> |   |                       |
| D9110                              | Palliative (emergency) treatment of dental pain – minor procedure   | \$0                   |
| D9120                              | Fixed partial denture sectioning  | \$0                   |
| D9215                              | Local anesthesia in conjunction with operative or surgical procedures   | \$0                   |
| D9219                              | Evaluation for deep sedation or general 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  | \$35                  |
| D9630                              | Other drugs and/or medicaments, by report   | \$15                  |
| D9951                              | Occlusal adjustment – limited   | \$15                  |
| D9952                              | Occlusal adjustment – complete  | \$50                  |
| D9986                              | Missed appointment<br>(less than 24-hr notice)  | Not to<br>exceed \$25 |
| D9987                              | Cancelled appointment<br>(if less than 24-hr notice, see D9986)   | \$0                   |

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.

|                               |  |
|-------------------------------|--|
| <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   |



## 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 emergency services).
2. Any procedures not specifically listed as a covered benefit in the Schedule of Benefits.
3. Dental procedures initiated and completed 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, except for emergency, palliative care.
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.

## Exclusions and Limitations (continued)

### 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.
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, unless medically necessary.
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 dentist whose practice is limited to Specialty Care in order for the co-payments listed in the Schedule of Benefits to apply. 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.
2. The following are not included as orthodontic benefits:
  - A). Repair or replacement of lost or broken appliances;
  - B). Retreatment of orthodontic cases;
  - C). Interceptive orthodontics;
  - D). Changes in treatment necessitated by an accident;
  - E). 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
3. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.