



# SafeGuard® SCHEDULE OF BENEFITS

## DIRECT REFERRAL DENTAL PLAN

## SGX225-FL

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 and Limitations.

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; no referral or pre-authorization from SafeGuard is required.

In addition, non-listed services are available with your SafeGuard selected general dentist or specialty care dentist at 75% of their usual and customary fees.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention.

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

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
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$0
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative 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 (including bitewings)	\$0
D0220	Intraoral – periapical first film	\$0
D0230	Intraoral – periapical each additional film	\$0
D0240	Intraoral – occlusal film	\$0
D0250	Extraoral – first film	\$0
D0260	Extraoral – each additional film	\$0
D0270	Bitewing – single film	\$0
D0272	Bitewings – two films	\$0
D0273	Bitewings – three films	\$0
D0274	Bitewings – four films	\$0
D0277	Vertical bitewings – 7 to 8 films	\$0
D0330	Panoramic film	\$0
D0350	Oral/facial photographic images	\$0
<b>Tests and Examinations</b>		
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
<b>D0431</b>	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$50
<b>D0460</b>	Pulp vitality tests	\$0
<b>D0470</b>	Diagnostic casts	\$0
<b>D0472</b>	Accession of tissue, gross examination, preparation and transmission of written report	\$0
<b>D0473</b>	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
<b>D0474</b>	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
<b>D0486</b>	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0
<b>Preventive Services</b>		
<b>D1110</b>	Prophylaxis – adult	\$0
	Additional-adult prophylaxis (maximum of 2 additional per year)	\$35
<b>D1120</b>	Prophylaxis – child	\$0
	Additional-child prophylaxis (maximum of 2 additional per year)	\$25
<b>D1203</b>	Topical application of fluoride (prophylaxis not included) – child	\$0
<b>D1204</b>	Topical application of fluoride (prophylaxis not included) – adult	\$0
<b>D1206</b>	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
<b>D1310</b>	Nutritional counseling for control of dental disease	\$0
<b>D1320</b>	Tobacco counseling for the control and prevention of oral disease	\$0
<b>D1330</b>	Oral hygiene instructions	\$0
<b>D1351</b>	Sealant – per tooth	\$0
<b>D1510</b>	Space maintainer – fixed – unilateral	\$25
<b>D1515</b>	Space maintainer – fixed – bilateral	\$25
<b>D1520</b>	Space maintainer – removable – unilateral	\$35
<b>D1525</b>	Space maintainer – removable – bilateral	\$35
<b>D1550</b>	Recementation of space maintainer	\$15
<b>D1555</b>	Removal of fixed space maintainer	\$15
<b>Restorative Treatment</b>		
<b>D2140</b>	Amalgam – one surface, primary or permanent	\$0
<b>D2150</b>	Amalgam – two surfaces, primary or permanent	\$0
<b>D2160</b>	Amalgam – three surfaces, primary or permanent	\$0
<b>D2161</b>	Amalgam – four or more surfaces, primary or permanent	\$0
<b>D2330</b>	Resin-based composite – one surface, anterior	\$0
<b>D2331</b>	Resin-based composite – two surfaces, anterior	\$0
<b>D2332</b>	Resin-based composite – three surfaces, anterior	\$0
<b>D2335</b>	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$0
<b>D2390</b>	Resin-based composite crown, anterior	\$30
<b>D2391</b>	Resin-based composite – one surface, posterior	\$30
<b>D2392</b>	Resin-based composite – two surfaces, posterior	\$45
<b>D2393</b>	Resin-based composite – three surfaces, posterior	\$65
<b>D2394</b>	Resin-based composite – four or more surfaces, posterior	\$65

**Crowns**

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.
- Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.

<b>D2510</b>	Inlay – metallic – one surface	\$185
<b>D2520</b>	Inlay – metallic – two surfaces	\$185
<b>D2530</b>	Inlay – metallic – three or more surfaces	\$185
<b>D2542</b>	Onlay – metallic – two surfaces	\$225
<b>D2543</b>	Onlay – metallic – three surfaces	\$225
<b>D2544</b>	Onlay – metallic – four or more surfaces	\$225
<b>D2610</b>	Inlay – porcelain/ceramic – one surface	\$225
<b>D2620</b>	Inlay – porcelain/ceramic – two surfaces	\$225
<b>D2630</b>	Inlay – porcelain/ceramic – three or more surfaces	\$225
<b>D2642</b>	Onlay – porcelain/ceramic – two surfaces	\$225
<b>D2643</b>	Onlay – porcelain/ceramic – three surfaces	\$225
<b>D2644</b>	Onlay – porcelain/ceramic – four or more surfaces	\$225
<b>D2650</b>	Inlay – resin-based composite – one surface	\$225
<b>D2651</b>	Inlay – resin-based composite – two surfaces	\$225
<b>D2652</b>	Inlay – resin-based composite – three or more surfaces	\$225
<b>D2662</b>	Onlay – resin-based composite – two surfaces	\$225
<b>D2663</b>	Onlay – resin-based composite – three surfaces	\$225
<b>D2664</b>	Onlay – resin-based composite – four or more surfaces	\$225
<b>D2710</b>	Crown – resin-based composite (indirect)	\$225
<b>D2712</b>	Crown – ¾ resin-based composite (indirect)	\$225
<b>D2720</b>	Crown – resin with high noble metal	\$225
<b>D2721</b>	Crown – resin with predominantly base metal	\$225
<b>D2722</b>	Crown – resin with noble metal	\$225
<b>D2740</b>	Crown – porcelain/ceramic substrate	\$225
<b>D2750</b>	Crown – porcelain fused to high noble metal	\$225
<b>D2751</b>	Crown – porcelain fused to predominantly base metal	\$225
<b>D2752</b>	Crown – porcelain fused to noble metal	\$225
<b>D2780</b>	Crown – ¾ cast high noble metal	\$225
<b>D2781</b>	Crown – ¾ cast predominantly base metal	\$225
<b>D2782</b>	Crown – ¾ cast noble metal	\$225
<b>D2783</b>	Crown – ¾ porcelain/ceramic	\$225
<b>D2790</b>	Crown – full cast high noble metal	\$225
<b>D2791</b>	Crown – full cast predominantly base metal	\$225
<b>D2792</b>	Crown – full cast noble metal	\$225
<b>D2794</b>	Crown – titanium	\$225
<b>D2799</b>	Provisional crown	\$0
<b>D2910</b>	Recement inlay, onlay, or partial coverage restoration	\$0
<b>D2915</b>	Recement cast or prefabricated post and core	\$0
<b>D2920</b>	Recement crown	\$0
<b>D2930</b>	Prefabricated stainless steel crown – primary tooth	\$25
<b>D2931</b>	Prefabricated stainless steel crown – permanent tooth	\$25
<b>D2932</b>	Prefabricated resin crown	\$45
<b>D2933</b>	Prefabricated stainless steel crown with resin window	\$45
<b>D2940</b>	Sedative filling	\$0
<b>D2950</b>	Core buildup, including any pins	\$70
<b>D2951</b>	Pin retention – per tooth, in addition to restoration	\$10

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
<b>D2952</b>	Post and core in addition to crown, indirectly fabricated	\$50
<b>D2953</b>	Each additional indirectly fabricated post – same tooth	\$50
<b>D2954</b>	Prefabricated post and core in addition to crown	\$30
<b>D2955</b>	Post removal (not in conjunction with endodontic therapy)	\$10
<b>D2957</b>	Each additional prefabricated post – same tooth	\$30
<b>D2960</b>	Labial veneer (resin laminate) – chairside	\$250
<b>D2961</b>	Labial veneer (resin laminate) – laboratory	\$300
<b>D2962</b>	Labial veneer (porcelain laminate) – laboratory	\$350
<b>D2970</b>	Temporary crown (fractured tooth)	\$0
<b>D2971</b>	Additional procedures to construct new crown under existing partial denture framework	\$50
<b>D2980</b>	Crown repair, by report	\$0

### **Endodontics**

*All procedures exclude final restoration.*

<b>D3110</b>	Pulp cap – direct (excluding final restoration)	\$0
<b>D3120</b>	Pulp cap – indirect (excluding final restoration)	\$0
<b>D3220</b>	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$30
<b>D3221</b>	Pulpal debridement, primary and permanent teeth	\$55
<b>D3222</b>	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$30
<b>D3230</b>	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$40
<b>D3240</b>	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$40
<b>D3310</b>	Anterior (excluding final restoration)	\$80
<b>D3320</b>	Bicuspid (excluding final restoration)	\$125
<b>D3330</b>	Molar (excluding final restoration)	\$210
<b>D3331</b>	Treatment of root canal obstruction; non-surgical access	\$85
<b>D3332</b>	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70
<b>D3333</b>	Internal root repair of perforation defects	\$85
<b>D3346</b>	Retreatment of previous root canal therapy – anterior	\$135
<b>D3347</b>	Retreatment of previous root canal therapy – bicuspid	\$175
<b>D3348</b>	Retreatment of previous root canal therapy – molar	\$275
<b>D3351</b>	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70
<b>D3352</b>	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$70
<b>D3353</b>	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$70
<b>D3410</b>	Apicoectomy/periradicular surgery – anterior	\$95
<b>D3421</b>	Apicoectomy/periradicular surgery – bicuspid (first root)	\$95
<b>D3425</b>	Apicoectomy/periradicular surgery – molar (first root)	\$95
<b>D3426</b>	Apicoectomy/periradicular surgery (each additional root)	\$60
<b>D3430</b>	Retrograde filling – per root	\$40
<b>D3450</b>	Root amputation – per root	\$95
<b>D3910</b>	Surgical procedure for isolation of tooth with rubber dam	\$19
<b>D3920</b>	Hemisection (including any root removal), not including root canal therapy	\$90
<b>D3950</b>	Canal preparation and fitting of preformed dowel or post	\$15

### **Periodontics**

<b>D4210</b>	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$110
<b>D4211</b>	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	\$83

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
<b>D4240</b>	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	\$150
<b>D4241</b>	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	\$113
<b>D4245</b>	Apically positioned flap	\$165
<b>D4249</b>	Clinical crown lengthening – hard tissue	\$120
<b>D4260</b>	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$295
<b>D4261</b>	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	\$210
<b>D4263</b>	Bone replacement graft – first site in quadrant	\$180
<b>D4264</b>	Bone replacement graft – each additional site in quadrant	\$95
<b>D4265</b>	Biologic materials to aid in soft and osseous tissue regeneration	\$95
<b>D4266</b>	Guided tissue regeneration – resorbable barrier, per site	\$215
<b>D4267</b>	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$255
<b>D4270</b>	Pedicle soft tissue graft procedure	\$245
<b>D4271</b>	Free soft tissue graft procedure (including donor site surgery)	\$245
<b>D4273</b>	Subepithelial connective tissue graft procedures, per tooth	\$75
<b>D4274</b>	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70
<b>D4275</b>	Soft tissue allograft	\$380
<b>D4320</b>	Provisional splinting – intracoronal	\$95
<b>D4321</b>	Provisional splinting – extracoronal	\$85
<b>D4341</b>	Periodontal scaling and root planing – four or more teeth per quadrant	\$40
<b>D4342</b>	Periodontal scaling and root planing – one to three teeth per quadrant	\$30
<b>D4355</b>	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$40
<b>D4381</b>	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$60
<b>D4910</b>	Periodontal maintenance	\$30
	Additional periodontal maintenance procedures (beyond 2 per 12 months)	\$55
	Periodontal charting for planning treatment of periodontal disease	\$0
	Periodontal hygiene instruction	\$0

### **Removable Prosthodontics**

*Includes up to 3 adjustments within 6 months of delivery.*

<b>D5110</b>	Complete denture – maxillary	\$260
<b>D5120</b>	Complete denture – mandibular	\$260
<b>D5130</b>	Immediate denture – maxillary	\$240
<b>D5140</b>	Immediate denture – mandibular	\$240
<b>D5211</b>	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$240
<b>D5212</b>	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$240
<b>D5213</b>	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260
<b>D5214</b>	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260
<b>D5225</b>	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$365
<b>D5226</b>	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	\$365

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
<b>D5281</b>	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$250
<b>D5410</b>	Adjust complete denture – maxillary	\$10
<b>D5411</b>	Adjust complete denture – mandibular	\$10
<b>D5421</b>	Adjust partial denture – maxillary	\$10
<b>D5422</b>	Adjust partial denture – mandibular	\$10
<b>D5510</b>	Repair broken complete denture base	\$30
<b>D5520</b>	Replace missing or broken teeth – complete denture (each tooth)	\$30
<b>D5610</b>	Repair resin denture base	\$30
<b>D5620</b>	Repair cast framework	\$30
<b>D5630</b>	Repair or replace broken clasp	\$35
<b>D5640</b>	Replace broken teeth – per tooth	\$30
<b>D5650</b>	Add tooth to existing partial denture	\$30
<b>D5660</b>	Add clasp to existing partial denture	\$35
<b>D5670</b>	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165
<b>D5671</b>	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165
<b>D5710</b>	Rebase complete maxillary denture	\$60
<b>D5711</b>	Rebase complete mandibular denture	\$60
<b>D5720</b>	Rebase maxillary partial denture	\$60
<b>D5721</b>	Rebase mandibular partial denture	\$60
<b>D5730</b>	Reline complete maxillary denture (chairside)	\$35
<b>D5731</b>	Reline complete mandibular denture (chairside)	\$35
<b>D5740</b>	Reline maxillary partial denture (chairside)	\$35
<b>D5741</b>	Reline mandibular partial denture (chairside)	\$35
<b>D5750</b>	Reline complete maxillary denture (laboratory)	\$60
<b>D5751</b>	Reline complete mandibular denture (laboratory)	\$60
<b>D5760</b>	Reline maxillary partial denture (laboratory)	\$60
<b>D5761</b>	Reline mandibular partial denture (laboratory)	\$60
<b>D5810</b>	Interim complete denture (maxillary)	\$230
<b>D5811</b>	Interim complete denture (mandibular)	\$230
<b>D5820</b>	Interim partial denture (maxillary)	\$60
<b>D5821</b>	Interim partial denture (mandibular)	\$60
<b>D5850</b>	Tissue conditioning, maxillary	\$20
<b>D5851</b>	Tissue conditioning, mandibular	\$20
<b>D5862</b>	Precision attachment, by report	\$160

#### **Crowns/Fixed Bridges - Per Unit**

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.
- Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.

<b>D6210</b>	Pontic – cast high noble metal	\$225
<b>D6211</b>	Pontic – cast predominantly base metal	\$225
<b>D6212</b>	Pontic – cast noble metal	\$225
<b>D6214</b>	Pontic – titanium	\$225
<b>D6240</b>	Pontic – porcelain fused to high noble metal	\$225
<b>D6241</b>	Pontic – porcelain fused to predominantly base metal	\$225
<b>D6242</b>	Pontic – porcelain fused to noble metal	\$225
<b>D6245</b>	Pontic – porcelain/ceramic	\$245
<b>D6250</b>	Pontic – resin with high noble metal	\$225
<b>D6251</b>	Pontic – resin with predominantly base metal	\$225

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
<b>D6252</b>	Pontic – resin with noble metal	\$225
<b>D6253</b>	Provisional pontic	\$0
<b>D6545</b>	Retainer – cast metal for resin bonded fixed prosthesis	\$150
<b>D6600</b>	Inlay – porcelain/ceramic, two surfaces	\$225
<b>D6601</b>	Inlay – porcelain/ceramic, three or more surfaces	\$225
<b>D6602</b>	Inlay – cast high noble metal, two surfaces	\$225
<b>D6603</b>	Inlay – cast high noble metal, three or more surfaces	\$225
<b>D6604</b>	Inlay – cast predominantly base metal, two surfaces	\$225
<b>D6605</b>	Inlay – cast predominantly base metal, three or more surfaces	\$225
<b>D6606</b>	Inlay – cast noble metal, two surfaces	\$225
<b>D6607</b>	Inlay – cast noble metal, three or more surfaces	\$225
<b>D6608</b>	Onlay – porcelain/ceramic, two surfaces	\$225
<b>D6609</b>	Onlay – porcelain/ceramic, three or more surfaces	\$225
<b>D6610</b>	Onlay – cast high noble metal, two surfaces	\$225
<b>D6611</b>	Onlay – cast high noble metal, three or more surfaces	\$225
<b>D6612</b>	Onlay – cast predominantly base metal, two surfaces	\$225
<b>D6613</b>	Onlay – cast predominantly base metal, three or more surfaces	\$225
<b>D6614</b>	Onlay – cast noble metal, two surfaces	\$225
<b>D6615</b>	Onlay – cast noble metal, three or more surfaces	\$225
<b>D6710</b>	Crown – indirect resin based composite	\$225
<b>D6720</b>	Crown – resin with high noble metal	\$225
<b>D6721</b>	Crown – resin with predominantly base metal	\$225
<b>D6722</b>	Crown – resin with noble metal	\$225
<b>D6740</b>	Crown – porcelain/ceramic	\$225
<b>D6750</b>	Crown – porcelain fused to high noble metal	\$225
<b>D6751</b>	Crown – porcelain fused to predominantly base metal	\$225
<b>D6752</b>	Crown – porcelain fused to noble metal	\$225
<b>D6780</b>	Crown – ¾ cast high noble metal	\$225
<b>D6781</b>	Crown – ¾ cast predominantly base metal	\$225
<b>D6782</b>	Crown – ¾ cast noble metal	\$225
<b>D6783</b>	Crown – ¾ porcelain/ceramic	\$225
<b>D6790</b>	Crown – full cast high noble metal	\$225
<b>D6791</b>	Crown – full cast predominantly base metal	\$225
<b>D6792</b>	Crown – full cast noble metal	\$225
<b>D6794</b>	Crown – titanium	\$225
<b>D6930</b>	Recement fixed partial denture	\$0
<b>D6940</b>	Stress breaker	\$110
<b>D6950</b>	Precision attachment	\$195
<b>D6970</b>	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$50
<b>D6972</b>	Prefabricated post and core in addition to fixed partial denture retainer	\$30
<b>D6973</b>	Core build up for retainer, including any pins	\$10
<b>D6976</b>	Each additional indirectly fabricated post – same tooth	\$40
<b>D6977</b>	Each additional prefabricated post – same tooth	\$40
<b>D6980</b>	Fixed partial denture repair, by report	\$45

### **Oral Surgery**

- Includes routine post operative visits/treatment.
- The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your SafeGuard selected general or specialty care dentist's usual and customary fees.

<b>D7111</b>	Extraction, coronal remnants – deciduous tooth	\$5
<b>D7140</b>	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0

<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
<b>D7210</b>	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$30
<b>D7220</b>	Removal of impacted tooth – soft tissue	\$45
<b>D7230</b>	Removal of impacted tooth – partially bony	\$65
<b>D7240</b>	Removal of impacted tooth – completely bony	\$80
<b>D7241</b>	Removal of impacted tooth – completely bony, with unusual surgical complications	\$100
<b>D7250</b>	Surgical removal of residual tooth roots (cutting procedure)	\$40
<b>D7270</b>	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50
<b>D7280</b>	Surgical access of an unerupted tooth	\$85
<b>D7282</b>	Mobilization of erupted or malpositioned tooth to aid eruption	\$90
<b>D7283</b>	Placement of device to facilitate eruption of impacted tooth	\$90
<b>D7285</b>	Biopsy of oral tissue – hard (bone, tooth)	\$0
<b>D7286</b>	Biopsy of oral tissue – soft	\$0
<b>D7287</b>	Exfoliative cytological sample collection	\$50
<b>D7288</b>	Brush biopsy – transepithelial sample collection	\$50
<b>D7310</b>	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$40
<b>D7311</b>	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$15
<b>D7320</b>	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$60
<b>D7321</b>	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$25
<b>D7471</b>	Removal of lateral exostosis (maxilla or mandible)	\$80
<b>D7472</b>	Removal of torus palatinus	\$60
<b>D7473</b>	Removal of torus mandibularis	\$60
<b>D7485</b>	Surgical reduction of osseous tuberosity	\$60
<b>D7510</b>	Incision and drainage of abscess – intraoral soft tissue	\$35
<b>D7511</b>	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$35
<b>D7520</b>	Incision and drainage of abscess – extraoral soft tissue	\$35
<b>D7521</b>	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$35
<b>D7910</b>	Suture of recent small wounds up to 5 cm	\$25
<b>D7960</b>	Frenulectomy (frenectomy or frenotomy) – separate procedure	\$40
<b>D7963</b>	Frenuloplasty	\$40
<b>D7970</b>	Excision of hyperplastic tissue – per arch	\$55
<b>D7971</b>	Excision of pericoronal gingiva	\$40

### **Orthodontics**

- *Benefits cover 24 months of usual & customary orthodontic treatment and 24 months of retention.*
- *Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances.*

<b>D8010</b>	Limited orthodontic treatment of the primary dentition	\$725
<b>D8020</b>	Limited orthodontic treatment of the transitional dentition	\$725
<b>D8030</b>	Limited orthodontic treatment of the adolescent dentition	\$725
<b>D8040</b>	Limited orthodontic treatment of the adult dentition	\$725
<b>D8050</b>	Interceptive orthodontic treatment of the primary dentition	25% Discount
<b>D8060</b>	Interceptive orthodontic treatment of the transitional dentition	25% Discount
<b>D8070</b>	Comprehensive orthodontic treatment of the transitional dentition	\$1,695



<b>Code</b>	<b>Service</b>	<b>Co-payment</b>
<b>D8080</b>	Comprehensive orthodontic treatment of the adolescent dentition	\$1,695
<b>D8090</b>	Comprehensive orthodontic treatment of the adult dentition	\$1,695
<b>D8210</b>	Removable appliance therapy	25% Discount
<b>D8220</b>	Fixed appliance therapy	25% Discount
<b>D8660</b>	Pre-orthodontic treatment visit	\$0
<b>D8670</b>	Periodic orthodontic treatment visit (as part of contract)	\$0
<b>D8680</b>	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
<b>D8693</b>	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$0
	Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	\$250
	Ortho visits beyond 24 months of active treatment or retention	\$25 per visit

**Adjunctive General Services**

<b>D9110</b>	Palliative (emergency) treatment of dental pain – minor procedure	\$0
<b>D9120</b>	Fixed partial denture sectioning	\$0
<b>D9210</b>	Local anesthesia not in conjunction with operative or surgical procedures	\$0
<b>D9211</b>	Regional block anesthesia	\$0
<b>D9212</b>	Trigeminal division block anesthesia	\$0
<b>D9215</b>	Local anesthesia	\$0
<b>D9220</b>	Deep sedation/general anesthesia – first 30 minutes	\$150
<b>D9221</b>	Deep sedation/general anesthesia – each additional 15 minutes	\$45
<b>D9230</b>	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15
<b>D9241</b>	Intravenous conscious sedation/analgesia – first 30 minutes	\$150
<b>D9242</b>	Intravenous conscious sedation/analgesia – each additional 15 minutes	\$45
<b>D9248</b>	Non-intravenous conscious sedation	\$15
<b>D9310</b>	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
<b>D9430</b>	Office visit for observation (during regularly scheduled hours) – no other services performed	\$0
<b>D9440</b>	Office visit – after regularly scheduled hours	\$30
<b>D9450</b>	Case presentation, detailed and extensive treatment planning	\$0
<b>D9610</b>	Therapeutic parenteral drug, single administration	\$15
<b>D9612</b>	Therapeutic parenteral drugs, two or more administrations, different medications	\$25
<b>D9630</b>	Other drugs and/or medicaments, by report	\$15
<b>D9910</b>	Application of desensitizing medicament	\$15
<b>D9940</b>	Occlusal guard, by report	\$85
<b>D9942</b>	Repair and/or reline of occlusal guard	\$40
<b>D9951</b>	Occlusal adjustment – limited	\$30
<b>D9952</b>	Occlusal adjustment – complete	\$60
<b>D9972</b>	External bleaching – per arch	\$125
	Broken appointment (less than 24 hour notice)	Not to exceed \$25

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 bicuspids (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

## **Limitations**

### **General**

1. Any procedures not specifically listed as a covered benefit in this Plan's Schedule of Benefits are available at 75% of the usual and customary fees of the treating SafeGuard selected general or specialty care dentist, provided the services are included in the treatment plan and are not specifically excluded.
2. Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 75% of the usual and customary fees of the treating SafeGuard selected general or specialty care dentist, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits.
3. General anesthesia is a covered benefit only when administered by the treating dentist, in conjunction with oral and periodontal surgical procedures.

### **Preventive**

1. Routine Cleanings (prophylaxis), periodontal maintenance services, and fluoride treatments are limited to twice a year. Two (2) additional cleanings (routine and periodontal) are available at the co-payment listed on this Plan's Schedule of Benefits. Additional prophylaxis are available, if medically necessary.
2. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary.

### **Diagnostic**

1. Panoramic or full-mouth X-rays: Once every three (3) years, unless medically necessary.

### **Restorative**

1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal.
2. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
3. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to the specified co-payment for each crown/bridge unit.
4. There is a \$75 co-payment per crown/bridge unit in addition to the specified co-payment for porcelain on molars.

### **Prosthodontics**

1. Relines are limited to one (1) every twelve (12) months.
2. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a SafeGuard Plan, unless due to the loss of a natural functioning tooth. Replacements will be a benefit under this Plan only if the existing denture is unsatisfactory and cannot be made satisfactory as determined by the treating SafeGuard selected general dentist.
3. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.

### **Endodontics**

1. The co-payments listed for endodontic procedures do not include the cost of the final restoration.

### **Oral Surgery**

1. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your SafeGuard selected general or specialty care dentist's usual and customary fees.

## **General Exclusions**

1. Services performed by any dentist not contracted with SafeGuard, without prior approval by SafeGuard (except out-of-area emergency services). This includes services performed by a general dentist or specialty care dentist.
2. Dental procedures started prior to the member's eligibility under this Plan or started after the member's termination from the Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
3. 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.
4. Orthognathic surgery.
5. Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
6. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen or damaged due to abuse, misuse, or neglect.
7. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.
8. Procedures, appliances, or restorations whose primary 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 specifically listed as a covered benefit on this Plan's Schedule of Benefits.
9. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
10. 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.
11. Dental services required while serving in the Armed Forces of any country or international authority.
12. Dental services considered experimental in nature.
13. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.

## **Orthodontic Exclusions & Limitations**

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the member will be responsible for all costs associated with any orthodontic treatment.

If you terminate coverage from the SafeGuard Plan after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

1. Orthodontic treatment must be provided by a SafeGuard selected general dentist or SafeGuard contracted orthodontist in order for the co-payments listed in this Plan's Schedule of Benefits to apply.
2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.

3. The following are not included as orthodontic benefits:
  - A. Repair or replacement of lost or broken appliances;
  - B. Retreatment of orthodontic cases;
  - C. Treatment involving:
    - i. Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
    - ii. Hormonal imbalances or other factors affecting growth or developmental abnormalities;
    - iii. Treatment related to temporomandibular joint disorders;
    - iv. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
5. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.

