


SafeGuard SCHEDULE OF BENEFITS
Self-Referral Dental Plan
Univ II

This Schedule of Benefits lists the services available to you under your SafeGuard plan, as well as the co-payments associated with each service. There are other factors that impact how your plan works and those are included here in the Exclusions & Limitations. We have also added some dental terminology definitions to help you better understand your plan - these can be found at the back of this Schedule.

The following co-payments apply only when services are performed by your selected SafeGuard general dentist. SafeGuard also contracts with dentists who provide specialty care services (periodontics, oral surgery, endodontics, pedodontics, orthodontics). If you choose to receive care from one of these contracted specialists, your co-payment will be 75% of the specialist's usual treatment fee. A list of SafeGuard contracted general and specialty care dentists may be found online at www.safeguard.net ("Directories").

Benefits provided by SafeGuard Health Plans, Inc.

Code	Service	Co-payment
Diagnostic Treatment		
D0120	Periodic oral evaluation – established patient	\$0
D0140	Limited oral evaluation – problem focused	\$20
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation – new or established patient	\$0
D0180	Comprehensive periodontal evaluation – new or established patient Office visit - per visit (including all fees for sterilization and/or infection control)	\$50 \$0
Radiographs/Diagnostic Imaging (X-rays)		
D0210	Intraoral – complete series (including bitewings)	\$0
D0220	Intraoral – periapical first film	\$0
D0230	Intraoral – periapical each additional film	\$5
D0240	Intraoral – occlusal film	\$10
D0270	Bitewing – single film (once per year)	\$0
D0272	Bitewings – two films (once per year)	\$0
D0272	Bitewings – two films (additional pair per year)	\$12
D0273	Bitewings – three films (once per year)	\$0
D0273	Bitewings – three films (additional set per year)	\$18
D0274	Bitewings – four films (once per year)	\$0
D0274	Bitewings – four films (additional set per year)	\$20
D0321	Other temporomandibular joint films, by report	\$58
D0330	Panoramic film	\$0
D0330	Panoramic film (each additional)	\$40
D0340	Cephalometric film	\$34
D0350	Oral/facial photographic images	\$19
Tests and Examinations		
D0415	Collection of microorganisms for culture and sensitivity	\$0

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Code	Service	Co-payment
D0425	Caries susceptibility tests	\$0
D0460	Pulp vitality tests	\$10
D0470	Diagnostic casts	\$28
Preventive Services		
D1110	Prophylaxis – adult (twice per year) Prophylaxis - adult (each additional) Note: Routine cleaning does not apply to patients diagnosed with periodontal disease.	\$0 \$35
D1120	Prophylaxis – child (twice per year) Prophylaxis - child (each additional)	\$0 \$25
D1203	Topical application of fluoride (prophylaxis not included) – child	\$0
D1204	Topical application of fluoride (prophylaxis not included) – adult	\$0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant – per tooth	\$18
D1510	Space maintainer – fixed – unilateral**	\$100
D1515	Space maintainer – fixed – bilateral**	\$146
D1520	Space maintainer – removable – unilateral**	\$125
D1525	Space maintainer – removable – bilateral**	\$171
D1550	Recementation of space maintainer	\$25
D1555	Removal of fixed space maintainer	\$25
Restorative Treatment		
D2140	Amalgam – one surface, primary or permanent	\$45
D2150	Amalgam – two surfaces, primary or permanent	\$55
D2160	Amalgam – three surfaces, primary or permanent	\$65
D2161	Amalgam – four or more surfaces, primary or permanent	\$80
D2330	Resin-based composite – one surface, anterior	\$55
D2331	Resin-based composite – two surfaces, anterior	\$70
D2332	Resin-based composite – three surfaces, anterior	\$85
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$100
Crowns		
D2740	Crown – porcelain/ceramic substrate**	\$450
D2750	Crown – porcelain fused to high noble metal**	\$409
D2751	Crown – porcelain fused to predominantly base metal**	\$386
D2752	Crown – porcelain fused to noble metal**	\$389
D2790	Crown – full cast high noble metal**	\$398
D2791	Crown – full cast predominantly base metal**	\$359
D2792	Crown – full cast noble metal**	\$363
D2794	Crown – titanium	\$398
D2910	Recement inlay, onlay, or partial coverage restoration	\$21
D2915	Recement cast or prefabricated post and core	\$21
D2920	Recement crown	\$35
D2930	Prefabricated stainless steel crown – primary tooth	\$65
D2931	Prefabricated stainless steel crown – permanent tooth	\$85

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Code	Service	Co-payment
D2940	Sedative filling	\$26
D2950	Core buildup, including any pins	\$85
D2951	Pin retention – per tooth, in addition to restoration	\$0
D2952	Post and core in addition to crown, indirectly fabricated**	\$120
D2954	Prefabricated post and core in addition to crown	\$101
D2960	Labial veneer (resin laminate) – chairside	\$204
D2961	Labial veneer (resin laminate) – laboratory**	\$250
D2962	Labial veneer (porcelain laminate) – laboratory**	\$395
D2970	Temporary crown (fractured tooth)	\$0

Endodontics

D3110	Pulp cap – direct (excluding final restoration)	\$16
D3120	Pulp cap – indirect (excluding final restoration)	\$14
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$44
D3310	Anterior (excluding final restoration)	\$285
D3320	Bicuspid (excluding final restoration)	\$325
D3330	Molar (excluding final restoration)	\$450
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$285
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$150
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$150
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$150
D3410	Apicoectomy/periradicular surgery – anterior	\$295
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$295
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$295
D3426	Apicoectomy/periradicular surgery (each additional root)	\$270
D3430	Retrograde filling – per root	\$92
D3450	Root amputation – per root	\$250
D3460	Endodontic endosseous implant	\$738
D3920	Hemisection (including any root removal), not including root canal therapy	\$170
D3950	Canal preparation and fitting of preformed dowel or post	\$77

Periodontics

D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$139
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	\$104
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant	\$191
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant	\$143
D4245	Apically positioned flap	\$225
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$357
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	\$172

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Code	Service	Co-payment
D4263	Bone replacement graft – first site in quadrant	\$169
D4270	Pedicle soft tissue graft procedure	\$226
D4271	Free soft tissue graft procedure (including donor site surgery)	\$236
D4320	Provisional splinting – intracoronal	\$72
D4321	Provisional splinting – extracoronal	\$61
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$90
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$68
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$69
D4910	Periodontal maintenance (2 in a 12 month period)	\$52

Removable Prosthodontics

D5110	Complete denture – maxillary**	\$485
D5120	Complete denture – mandibular**	\$485
D5130	Immediate denture – maxillary**	\$515
D5140	Immediate denture – mandibular**	\$515
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)**	\$420
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)**	\$523
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**	\$552
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**	\$566
D5410	Adjust complete denture – maxillary	\$0
D5411	Adjust complete denture – mandibular	\$0
D5421	Adjust partial denture – maxillary	\$0
D5422	Adjust partial denture – mandibular	\$0
D5510	Repair broken complete denture base**	\$45
D5520	Replace missing or broken teeth – complete denture (each tooth)**	\$40
D5610	Repair resin denture base**	\$47
D5620	Repair cast framework**	\$48
D5630	Repair or replace broken clasp**	\$40
D5640	Replace broken teeth – per tooth**	\$37
D5650	Add tooth to existing partial denture**	\$58
D5660	Add clasp to existing partial denture**	\$76
D5730	Reline complete maxillary denture (chairside)	\$75
D5731	Reline complete mandibular denture (chairside)	\$75
D5740	Reline maxillary partial denture (chairside)	\$75
D5741	Reline mandibular partial denture (chairside)	\$75
D5750	Reline complete maxillary denture (laboratory)**	\$75
D5751	Reline complete mandibular denture (laboratory)**	\$75
D5760	Reline maxillary partial denture (laboratory)**	\$75
D5761	Reline mandibular partial denture (laboratory)**	\$75
D5850	Tissue conditioning, maxillary	\$45
D5851	Tissue conditioning, mandibular	\$45
D5860	Overdenture – complete, by report**	\$511
D5861	Overdenture – partial, by report**	\$614

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Code	Service	Co-payment
Crowns/Fixed Bridges - Per Unit		
D6210	Pontic – cast high noble metal**	\$387
D6211	Pontic – cast predominantly base metal**	\$351
D6212	Pontic – cast noble metal**	\$351
D6214	Pontic – titanium	\$392
D6240	Pontic – porcelain fused to high noble metal**	\$392
D6241	Pontic – porcelain fused to predominantly base metal**	\$375
D6242	Pontic – porcelain fused to noble metal**	\$375
D6250	Pontic – resin with high noble metal**	\$359
D6251	Pontic – resin with predominantly base metal**	\$331
D6252	Pontic – resin with noble metal**	\$347
D6545	Retainer – cast metal for resin bonded fixed prosthesis**	\$137
D6720	Crown – resin with high noble metal**	\$391
D6721	Crown – resin with predominantly base metal**	\$383
D6722	Crown – resin with noble metal**	\$387
D6750	Crown – porcelain fused to high noble metal**	\$402
D6751	Crown – porcelain fused to predominantly base metal**	\$379
D6752	Crown – porcelain fused to noble metal**	\$379
D6780	Crown – ¾ cast high noble metal**	\$389
D6781	Crown – ¾ cast predominantly base metal**	\$389
D6782	Crown – ¾ cast noble metal**	\$389
D6790	Crown – full cast high noble metal**	\$382
D6791	Crown – full cast predominantly base metal**	\$353
D6792	Crown – full cast noble metal**	\$354
D6794	Crown – titanium	\$382
D6930	Recement fixed partial denture	\$40
D6940	Stress breaker**	\$114
D6950	Precision attachment**	\$201
Oral Surgery		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$65
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$102
D7220	Removal of impacted tooth – soft tissue	\$112
D7230	Removal of impacted tooth – partially bony	\$140
D7240	Removal of impacted tooth – completely bony	\$175
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$90
D7260	Oroantral fistula closure	\$250
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$80
D7280	Surgical access of an unerupted tooth	\$138
D7285	Biopsy of oral tissue – hard (bone, tooth)**	\$91
D7286	Biopsy of oral tissue – soft**	\$81
D7290	Surgical repositioning of teeth	\$75
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$73
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$30

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Code	Service	Co-payment
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$110
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$45
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$136
D7410	Excision of benign lesion up to 1.25 cm	\$126
D7411	Excision of benign lesion greater than 1.25 cm	\$254
D7412	Excision of benign lesion, complicated	\$153
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$105
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$347
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$120
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$191
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$62
D7471	Removal of lateral exostosis (maxilla or mandible)	\$146
D7472	Removal of torus palatinus	\$146
D7473	Removal of torus mandibularis	\$146
D7510	Incision and drainage of abscess – intraoral soft tissue	\$40
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$40
D7520	Incision and drainage of abscess – extraoral soft tissue	\$54
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$54
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$79
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$116
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$292
D7880	Occlusal orthotic device, by report	\$126
D7940	Osteoplasty – for orthognathic deformities	\$2,300
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	\$607
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	\$103
D7963	Frenuloplasty	\$103
D7970	Excision of hyperplastic tissue – per arch	\$85
D7971	Excision of pericoronal gingiva	\$52
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$25
D9120	Fixed partial denture sectioning	\$0
D9215	Local anesthesia	\$0
D9230	Analgesia, anxietyolysis, inhalation of nitrous oxide	\$25
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$150
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9420	Hospital call	\$75
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$0

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Code	Service	Co-payment
D9440	Office visit – after regularly scheduled hours	\$35
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9610	Therapeutic parenteral drug, single administration	\$25
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$40
D9630	Other drugs and/or medicaments, by report	\$15
D9910	Application of desensitizing medicament	\$15
D9950	Occlusion analysis – mounted case	\$48
D9951	Occlusal adjustment – limited	\$25
D9952	Occlusal adjustment – complete	\$125
D9972	External bleaching – per arch	\$200
D9974	Internal bleaching – per tooth	\$40
D9999	Broken appointment (less than 24 hour notice) (per 15 minute unit - maximum \$40)	\$10

Current Dental Terminology © American Dental Association

Your SafeGuard contracted dentist may provide services that are not listed in this Schedule. Your co-payment for any non-listed services would be 75% of the dentist's usual treatment fee.

Dental Terminology Definitions

These definitions are designed to give you a “layman’s understanding” of some dental terminology in order for you to better understand your plan; they are not full descriptions.

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

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Exclusions and Limitations

Exclusions

SafeGuard does not provide coverage for the following services:

1. Services which, in the opinion of the contracted general dentist or specialist, are not necessary for the patient's dental health, except those procedures listed on the co-payment schedule classified as cosmetic procedures.
2. Cost of hospitalization, pharmaceuticals and general anesthesia.
3. Any services performed by a non-contracted general dentist or specialist.
4. Services that cannot be performed because of the general health condition of the patient.
5. Treatment which, in the opinion of the contracted general dentist, must be performed by a non-contracted specialist.
6. Any services which are not consistent with the usual and customary services provided by the contracted general dentist.
7. Services for injuries or conditions that are covered under Workers' Compensation or Employer Liability Laws.
8. Services provided without cost to any subscriber or member by any municipality, county, or other political subdivision, or because of injury arising out of, or in the course of work for wage or profit.
9. Services which, in the opinion of the general dentist or specialist, are not necessary for the subscriber's or member's health or cannot be performed due to the general health condition of the subscriber or member.
10. Cost of dental care, which is covered under automobile, medical, no-fault or similar type of insurance.
11. Services for injuries or conditions resulting from military service or any act of war, declared or undeclared.
12. Experimental dental care, implantology (except those covered services listed on the Schedule of Benefits), or dental care which is not generally accepted by the American Dental Association or the Academy of General Dentistry.
13. Cost of hospitalization or inpatient services for any dental procedure.
14. Dispensing of drugs or medications (except oral anesthesia).
15. Oral surgery requiring setting of fractures or dislocations.
16. Procedures performed before a person becomes a subscriber or member.
17. Procedures not contained within the Plan's Schedule of Benefits.
18. Dental services received from a non-contracted general dentist or non-contracted specialist.
19. Treatment of cysts (except those covered services listed on the Schedule of Benefits), neoplasms and malignancies.

Limitations

1. Cleanings (prophylaxis) and fluoride treatments are limited to two (2) per 12 months. Additional cleanings (prophylaxis) are available at the copayment listed on this Plan's Schedule of Benefits.
2. Periodontal maintenance procedures (following active periodontal therapy) are limited to 2 in a 12-month period.
3. Full mouth x-rays are limited to once every 3 years. Panoramic x-rays are limited to once every 3 years. Additional panoramic x-rays are available at the copayment listed on this Plan's Schedule of Benefits.
4. Bitewings are limited to once per 12 months. Additional films are available once per 12 months at the co-payment listed in this Plan's Schedule of Benefits.
5. Members are responsible for additional lab fees for services designated with two asterisks (**). Lab fees shall not exceed \$100 for each procedure. If porcelain, noble, high noble or any other metal is used, the cost is included in the co-payment.
6. Broken appointment without 24 hour notice - per 15 minute unit - maximum \$40.

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