

12th District High Option Dental Program HOW TO ENROLL

1. Complete in full the Safeguard application. (Personal Information, Benefit/Dependent Information, and sign the Authorization section)
2. Select a dentist by going to the Safeguard website: www.safeguard.net Enter the provider number on the enrollment form in the Benefit/Dependent section. (You may call Safeguard at 1-800-880-1800 to be sure that the dentist you're selecting is still open to enrollment and accepting new patients.)
3. Sign and date the form at the bottom in the section marked AUTHORIZATION.
4. You may pay premiums via a biweekly allotment, a monthly discretionary allotment, or semiannually by personal check.
5. If you will be paying for coverage by payroll deduction, complete the 1199A payroll deduction form (Section 1- Parts A, C, G and Signature; Section 2 Agency Name and Payroll Address). Remember that you are only allowed two allotments according to many agency regulations; so make sure you have an allotment open. Note that many federal agencies now require employees to initiate the payroll deduction process electronically. If your agency requires this please refer to the Direct Deposit Form for the Bank Routing Number (Section 3) and the Account Number (Section 1, Part E). In either case, you will then need to mail the completed 1199A along with your completed application.

HOW MUCH DOES IT COST?

| Coverage | Bi-Weekly Payroll Allotment | Discretionary Allotment (Monthly) | Semi-Annual Check |
|------------------|-----------------------------|-----------------------------------|-------------------|
| Single | \$ 9.00 | \$ 19.50 | \$ 117.00 |
| Single +1 | \$ 16.00 | \$ 34.67 | \$ 208.00 |
| Family | \$ 23.00 | \$ 49.83 | \$ 299.00 |

Mail your completed application and a **copy** of the Payroll Deduction Form 1199A or a check for your first semi-annual period to:

Benefit Architects Administrators
Attn: 12th District Dental Plan
1256 Main Street, Suite 249
Southlake, TX 76092

(Please note the original 1199A must be turned in to your payroll center if you did not initiate the payroll deduction electronically)

WHEN AM I ELIGIBLE?*

Benefit Architects must receive one monthly discretionary, or two (2) bi-weekly payroll deductions for payment by the 15th of the month for eligibility to begin the first of the following month. The dental plan will send new member packets after the reporting period is completed on the 20th of the month. After the 20th of the month, you may call Customer Service at 1-800-880-1800 to check benefits, change providers or request ID cards.

If at any time you have a change of address, telephone number, or a change in dependent coverage, please advise Benefit Architects Administrators. If you are on leave without pay, (Workers Comp, Extended Sick Leave, Military Service, etc.) you will be responsible for paying the premiums until your allotments begin again.

QUESTIONS? Email: janis_conner@BenefitArchitects.com or call 1-800-733-7236, Ext. 16

Schedule of Benefits PV20

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 Preventive Plus series of plans includes a direct referral feature that allows your selected general dentist to refer you directly to a Safeguard contracted dental specialist as needed; no specialty referral or preauthorization is required from SafeGuard. The only exception to this policy is for orthodontic treatment, in which case you will need a referral from your SafeGuard Selected General Dentist.

| Code | Service | Co-payment |
|-----------------------------|--|------------|
| Diagnostic Treatment | | |
| D0120 | Periodic oral evaluation | \$0 |
| D0140 | Limited oral evaluation - problem focused | \$0 |
| D0150 | Comprehensive oral evaluation - new or established patient | \$0 |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | \$0 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | \$0 |
| D0210 | X-rays intraoral - complete series - including bitewings (once every 3 years) | \$0 |
| D0220 | X-rays intraoral - periapical - first film | \$0 |
| D0230 | X-rays intraoral - periapical - each additional film | \$0 |
| D0240 | X-rays intraoral - occlusal film | \$0 |
| D0250 | X-rays extraoral - first film | \$0 |
| D0260 | X-rays extraoral - each additional film | \$0 |
| D0270 | X-rays bitewing - single film | \$0 |
| D0272 | X-rays bitewings - two films | \$0 |
| D0274 | X-rays bitewings - four films | \$0 |
| D0277 | Vertical bitewings - 7 to 8 films | \$0 |
| D0330 | X-rays panoramic film | \$0 |
| D0350 | Oral/Facial images (includes intra and extraoral images) | \$0 |
| D0460 | Pulp vitality tests | \$0 |
| D0470 | Diagnostic casts | \$0 |

Preventive Services

Procedures identified with an asterisk (*) are limited to 2 every 12 months.

| | | |
|-------|--|------|
| D1110 | Prophylaxis - adult* | \$0 |
| D1110 | Prophylaxis - adult (each additional) | \$45 |
| D1120 | Prophylaxis - child* | \$0 |
| D1201 | Topical application of fluoride (including prophylaxis) - child* | \$0 |
| D1203 | Topical application of fluoride (excluding prophylaxis) - child* | \$0 |
| D1204 | Topical application of fluoride (excluding prophylaxis) - adult* | \$0 |
| D1205 | Topical application of fluoride (including prophylaxis) - adult* | \$0 |
| D1310 | Nutritional counseling for control of dental disease | \$0 |
| D1330 | Oral hygiene instructions | \$0 |
| D1351 | Sealant - per tooth | \$5 |
| D1510 | Space maintainer - fixed - unilateral | \$35 |

Benefits provided by SafeGuard Health Plans, Inc.

| Code | Service | Co-payment |
|-------|---|------------|
| D1515 | Space maintainer - fixed - bilateral | \$45 |
| D1520 | Space maintainer - removable - unilateral | \$35 |
| D1525 | Space maintainer - removable - bilateral | \$55 |
| D1550 | Recementation of space maintainer | \$0 |

Restorative Treatment

| | | |
|-------|--|------|
| D2140 | Amalgam - one surface, primary or permanent | \$0 |
| D2150 | Amalgam - two surfaces, primary or permanent | \$0 |
| D2160 | Amalgam - three surfaces, primary or permanent | \$0 |
| D2161 | Amalgam - four or more surfaces, primary or permanent | \$0 |
| D2330 | Resin-based composite - one surface, anterior | \$10 |
| D2331 | Resin-based composite - two surfaces, anterior | \$15 |
| D2332 | Resin-based composite - three surfaces, anterior | \$20 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle, anterior | \$25 |
| D2390 | Resin-based composite crown, anterior | \$85 |
| D2391 | Resin-based composite - one surface, posterior | \$75 |
| D2392 | Resin-based composite - two surfaces, posterior | \$80 |
| D2393 | Resin-based composite - three surfaces, posterior | \$85 |
| D2394 | Resin-based composite - four or more surfaces, posterior | \$90 |

Inlays/Onlays

| | | |
|-------|--|-------|
| D2510 | Inlay - metallic - one surface | \$100 |
| D2520 | Inlay - metallic - two surfaces | \$105 |
| D2530 | Inlay - metallic - three or more surfaces | \$110 |
| D2542 | Onlay - metallic-two surfaces | \$105 |
| D2543 | Onlay - metallic-three surfaces | \$110 |
| D2544 | Onlay - metallic-four or more surfaces | \$115 |
| D2610 | Inlay - porcelain/ceramic - one surface | \$210 |
| D2620 | Inlay - porcelain/ceramic - two surfaces | \$225 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces | \$240 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | \$225 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | \$240 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces | \$250 |
| D2650 | Inlay - resin-based composite - one surface | \$90 |
| D2651 | Inlay - resin-based composite - two surfaces | \$95 |
| D2652 | Inlay - resin-based composite - three or more surfaces | \$100 |
| D2662 | Onlay - resin-based composite - two surfaces | \$95 |
| D2663 | Onlay - resin-based composite - three surfaces | \$100 |
| D2664 | Onlay - resin-based composite - four or more surfaces | \$105 |

Crowns

• Replacement limit 1 every 5 years.

• \$75 fee per crown unit above co-pay for porcelain on molars.

| | | |
|-------|---|-------|
| D2740 | Crown - porcelain/ceramic substrate | \$350 |
| D2750 | Crown - porcelain fused to high noble metal | \$300 |
| D2751 | Crown - porcelain fused to predominantly base metal | \$150 |
| D2752 | Crown - porcelain fused to noble metal | \$250 |
| D2780 | Crown - 3/4 cast high noble metal | \$300 |
| D2781 | Crown - 3/4 cast predominantly base metal | \$150 |
| D2782 | Crown - 3/4 cast noble metal | \$250 |
| D2783 | Crown - 3/4 porcelain/ceramic | \$350 |
| D2790 | Crown - full cast high noble metal | \$300 |
| D2791 | Crown - full cast predominantly base metal | \$150 |
| D2792 | Crown - full cast noble metal | \$250 |
| D2910 | Recement inlay | \$0 |

Benefits provided by SafeGuard Health Plans, Inc.

| Code | Service | Co-payment |
|-------|---|------------|
| D2920 | Recement crown | \$0 |
| D2930 | Prefabricated stainless steel crown - primary tooth | \$30 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | \$40 |
| D2940 | Sedative filling | \$0 |
| D2950 | Core build up, including any pins | \$20 |
| D2951 | Pin retention - per tooth, in addition to restoration | \$5 |
| D2952 | Cast post and core in addition to crown | \$50 |
| D2953 | Each additional cast post - same tooth | \$50 |
| D2954 | Prefabricated post and core in addition to crown | \$50 |
| D2955 | Post removal (not in conjunction with endodontic therapy) | \$25 |
| D2957 | Each additional prefabricated post - same tooth | \$50 |

Crowns - Alternative Options

Certain crowns (porcelain/ceramic substrate and porcelain fused to high noble metal) have alternative treatment options. The alternative options listed below may be available through your SafeGuard selected general dentist. These options include upgraded materials and the co-payments for each type of upgraded crown is listed.

(Crown names listed are brand names and are marketed to individual dental practices by the manufacturer. Each office determines which, if any, of these upgraded crowns are available through their practice.)

| | |
|--|-------|
| Empress - porcelain/ceramic substrate (Leucite-reinforced pressed crown) | \$650 |
| Ceramco II - porcelain/ceramic substrate | \$650 |
| In-Ceram - porcelain/ceramic substrate | \$650 |
| Visio-Gem - porcelain/ceramic substrate | \$650 |

| | |
|--|-------|
| Captek - porcelain fused to high noble metal (gold composite reinforced crown) | \$625 |
| Vintage Opal Porcelain - porcelain fused to high noble metal | \$625 |

Labial Veneers

Replacement limit 1 every 5 years.

| | |
|---|-------|
| D2961 Labial veneer (resin laminate) - laboratory | \$300 |
| D2962 Labial veneer (porcelain laminate) - laboratory | \$350 |
| D2970 Temporary crown (fractured tooth) | \$0 |

Endodontics

All procedures exclude final restoration.

| | |
|---|-------|
| D3110 Pulp cap - direct | \$0 |
| D3120 Pulp cap - indirect | \$0 |
| D3220 Therapeutic pulpotomy - removal of pulp coronal to the dentinocemental junction and application of medicament | \$0 |
| D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth | \$10 |
| D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth | \$15 |
| D3310 Root canal - anterior, per tooth | \$100 |
| D3320 Root canal - bicuspid, per tooth | \$110 |
| D3330 Root canal - molar, per tooth | \$235 |
| D3346 Retreatment of root canal - anterior, per tooth | \$120 |
| D3347 Retreatment of root canal - bicuspid, per tooth | \$145 |
| D3348 Retreatment of root canal - molar, per tooth | \$235 |
| D3351 Apexification/recalcification - initial visit | \$85 |
| D3352 Apexification/recalcification - interim medication replacement | \$75 |
| D3353 Apexification/recalcification - final visit (includes completed root canal therapy) | \$85 |
| D3410 Apicoectomy/periradicular surgery - anterior | \$225 |
| D3421 Apicoectomy/periradicular surgery - bicuspid, 1st root | \$225 |

Benefits provided by SafeGuard Health Plans, Inc.

PV20-SOB

Member Services (800) 880-1800

8/04

| Code | Service | Co-payment |
|-------|--|------------|
| D3425 | Apicoectomy/periradicular surgery - molar, 1st root | \$225 |
| D3426 | Apicoectomy/periradicular surgery - each additional root | \$100 |
| D3430 | Retrograde filling - per root | \$150 |
| D3450 | Root amputation - per root | \$100 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | \$115 |

Periodontics

Periodontal charting for treatment planning of periodontal disease is included in exam and covered at no additional charge.

| | |
|---|-------|
| D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces - per quadrant | \$100 |
| D4211 Gingivectomy or gingivoplasty - one to three teeth, per quadrant | \$63 |
| D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces - per quadrant | \$325 |
| D4241 Gingival flap procedure, including root planing - one to three teeth - per quadrant | \$250 |
| D4249 Clinical crown lengthening - hard tissue | \$135 |
| D4260 Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces - per quadrant | \$325 |
| D4261 Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant | \$250 |
| D4270 Pedicle soft tissue graft procedure | \$275 |
| D4271 Free soft tissue graft procedure (including donor site surgery) | \$275 |
| D4273 Subepithelial connective tissue graft procedures | \$325 |
| D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | \$70 |
| D4341 Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces - per quadrant | \$35 |
| D4342 Periodontal scaling and root planing - one to three teeth, per quadrant | \$29 |
| D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis | \$25 |
| D4381 Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth | \$60 |
| D4910 Periodontal maintenance procedures - following active surgery (2 in a 12 month period) | \$30 |

Removable Dentures/Bridges

• Replacement limit 1 every 5 years.

• Relines are limited to 1 every 24 months.

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

| | |
|--|-------|
| D5110 Complete upper denture | \$175 |
| D5120 Complete lower denture | \$175 |
| D5130 Immediate upper denture | \$175 |
| D5140 Immediate lower denture | \$175 |
| D5211 Upper partial - resin base (including clasps, rests and teeth) | \$225 |
| D5212 Lower partial - resin base (including clasps, rests and teeth) | \$225 |
| D5213 Upper partial - cast metal base with resin saddles (including clasps, rests and teeth) | \$225 |
| D5214 Lower partial - cast metal base with resin saddles (including clasps, rests and teeth) | \$225 |
| D5410 Adjust complete denture - upper | \$0 |
| D5411 Adjust complete denture - lower | \$0 |
| D5421 Adjust partial denture - upper | \$0 |
| D5422 Adjust partial denture - lower | \$0 |
| D5510 Repair broken complete denture base | \$15 |
| D5520 Replace missing or broken teeth | \$15 |
| D5610 Repair resin denture base | \$15 |

Benefits provided by SafeGuard Health Plans, Inc.

PV20-SOB

Member Services (800) 880-1800

8/04

| Code | Service | Co-payment |
|-------|--|------------|
| D5620 | Repair cast framework | \$15 |
| D5630 | Repair or replace broken clasp | \$15 |
| D5640 | Replace broken teeth - per tooth | \$15 |
| D5650 | Add tooth to existing partial denture | \$15 |
| D5660 | Add clasp to existing partial denture | \$15 |
| D5710 | Rebase complete upper denture | \$50 |
| D5711 | Rebase complete lower denture | \$50 |
| D5720 | Rebase upper partial denture | \$50 |
| D5721 | Rebase lower partial denture | \$50 |
| D5730 | Reline complete upper denture (chairside) | \$40 |
| D5731 | Reline complete lower denture (chairside) | \$40 |
| D5740 | Reline upper partial denture (chairside) | \$40 |
| D5741 | Reline lower partial denture (chairside) | \$40 |
| D5750 | Reline complete upper denture (laboratory) | \$40 |
| D5751 | Reline complete lower denture (laboratory) | \$40 |
| D5760 | Reline upper partial denture (laboratory) | \$40 |
| D5761 | Reline lower partial denture (laboratory) | \$40 |
| D5820 | Interim partial denture - upper | \$40 |
| D5821 | Interim partial denture - lower | \$40 |
| D5850 | Tissue conditioning, upper | \$10 |
| D5851 | Tissue conditioning, lower | \$10 |

Removable Dentures/Bridges - Alternative Options

Certain dentures (complete upper, upper partial, lower partial, and relines) have alternative treatment options. The alternative options listed below may be available through your SafeGuard selected general dentist. These options include upgraded materials and the co-payments for each type of upgraded denture is listed.

(Denture names listed are brand names and are marketed to individual dental practices by the manufacturer. Each office determines which, if any, of these upgraded crowns are available through their practice.)

| | |
|---|-------|
| Comfort Flex - Complete upper denture | \$600 |
| Geneva Denture - Complete upper denture | \$600 |
| Comfort Flex - Complete lower denture | \$600 |
| Geneva Denture - Complete lower denture | \$600 |
| Comfort Flex - Upper partial - resin base | \$675 |
| Flexite Dentures - Upper partial - resin base | \$625 |
| EstheticClasp - Upper partial - resin base | \$675 |
| CuSil - Upper partial - resin base | \$675 |
| Valplast Partial - Upper partial - resin base | \$675 |
| Comfort Flex - Lower partial - resin base | \$675 |
| Flexite Dentures - Lower partial - resin base | \$625 |
| EstheticClasp - Lower partial - resin base | \$675 |
| CuSil - Lower partial - resin base | \$675 |
| Valplast Partial - Lower partial - resin base | \$675 |
| Comfort Flex - Upper partial - cast metal base with resin saddles | \$675 |
| Valplast Partial - Upper partial - cast metal base with resin saddles | \$675 |
| Comfort Flex - Lower partial - cast metal base with resin saddles | \$675 |
| Valplast Partial - Lower partial - cast metal base with resin saddles | \$675 |
| PermaSoft - Reline complete upper denture (laboratory) | \$100 |
| PermaSoft - Reline complete lower denture (laboratory) | \$100 |
| PermaSoft - Reline upper partial denture (laboratory) | \$100 |
| PermaSoft - Reline lower partial denture (laboratory) | \$100 |

Benefits provided by SafeGuard Health Plans, Inc.

| Code | Service | Co-payment |
|--|---|------------|
| Fixed Bridges and Crowns - Per Unit | | |
| • Replacement limit 1 every 5 years. | | |
| • \$75 fee per crown/bridge unit above co-pay for porcelain on molars. | | |
| D6210 | Pontic - cast high noble metal | \$300 |
| D6211 | Pontic - cast predominantly base metal | \$150 |
| D6212 | Pontic - cast noble metal | \$250 |
| D6240 | Pontic - porcelain fused to high noble metal | \$300 |
| D6241 | Pontic - porcelain fused to predominantly base metal | \$150 |
| D6242 | Pontic - porcelain fused to noble metal | \$250 |
| D6600 | Inlay - porcelain/ceramic, two surfaces | \$225 |
| D6601 | Inlay - porcelain/ceramic, three or more surfaces | \$240 |
| D6608 | Onlay -porcelain/ceramic, two surfaces | \$225 |
| D6609 | Onlay - porcelain/ceramic, three or more surfaces | \$240 |
| D6750 | Crown - porcelain fused to high noble metal | \$300 |
| D6751 | Crown - porcelain fused to predominantly base metal | \$150 |
| D6752 | Crown - porcelain fused to noble metal | \$250 |
| D6780 | Crown - 3/4 cast high noble metal | \$300 |
| D6781 | Crown - 3/4 cast predominantly base metal | \$150 |
| D6782 | Crown - 3/4 cast noble metal | \$250 |
| D6790 | Crown - full cast high noble metal | \$300 |
| D6791 | Crown - full cast predominantly base metal | \$150 |
| D6792 | Crown - full cast noble metal | \$250 |
| D6930 | Recement bridge | \$0 |
| D6970 | Cast post and core in addition to fixed partial denture retainer | \$40 |
| D6971 | Cast post as part of fixed partial denture retainer | \$40 |
| D6972 | Prefabricated post and core in addition to fixed partial denture retainer | \$40 |
| D6973 | Core build up for retainer, including any pins | \$15 |
| D6976 | Each additional cast post - same tooth | \$40 |
| D6977 | Each additional prefabricated post - same tooth | \$40 |

Oral Surgery

• Includes routine post operative visits/treatment.
• Surgical removal of impacted teeth not covered unless pathology (disease) exists.
• Surgical removal of wisdom tooth/third molar for orthodontic reasons only is not covered.

| | | |
|-------|---|-------|
| D7111 | Coronal remnants - deciduous tooth | \$0 |
| D7140 | Extraction - erupted tooth or exposed root (elevation and/or forceps removal) | \$0 |
| D7210 | Surgical removal of erupted tooth | \$30 |
| D7220 | Extraction - removal of impacted tooth - soft tissue | \$60 |
| D7230 | Extraction - removal of impacted tooth - partially bony | \$125 |
| D7240 | Extraction - removal of impacted tooth - completely bony | \$150 |
| D7241 | Extraction - removal of impacted tooth - completely bony, with unusual surgical complications | \$155 |
| D7250 | Surgical extraction - removal of residual tooth roots | \$60 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$130 |
| D7280 | Surgical access of an unerupted tooth | \$200 |
| D7285 | Biopsy of oral tissue - hard | \$10 |
| D7286 | Biopsy of oral tissue - soft | \$10 |
| D7310 | Alveoloplasty in conjunction with extractions - per quadrant | \$10 |
| D7320 | Alveoloplasty not in conjunction with extractions - per quadrant | \$10 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | \$60 |
| D7960 | Frenulectomy (frenectomy or frenotomy) - separate procedure | \$15 |
| D7971 | Excision of pericoronal gingiva | \$50 |

Benefits provided by SafeGuard Health Plans, Inc.

| Code | Service | Co-payment |
|------|---------|------------|
|------|---------|------------|

Orthodontics

To receive orthodontic treatment, you will need a referral from your SafeGuard selected general dentist.

| | | |
|--------------|---|---------|
| D8020 | Limited orthodontic treatment of the transitional dentition (up to 24 months) | \$750 |
| D8030 | Limited orthodontic treatment of the adolescent dentition (up to 24 months) | \$750 |
| D8040 | Limited orthodontic treatment of the adult dentition (up to 24 months) | \$900 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition (full treatment case up to 24 months) | \$1,850 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition (full treatment case up to 24 months) | \$1,850 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition (full treatment case up to 24 months) | \$2,050 |
| D8660 | Pre-orthodontic treatment visit | \$0 |
| D8680 | Retention phase (removable retainers and monthly visits for 12 months) | \$250 |
| D8999 | Orthodontic treatment plan and records (pre/post x-rays, photos, study models) | \$250 |

Adjunctive General Services

Bleaching per arch is limited to an at-home kit with custom tray dispensed by the treating dentist and includes monitoring of treatment progress.

| | | |
|--------------|---|-------|
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | \$0 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$0 |
| D9211 | Regional block anesthesia | \$0 |
| D9215 | Local anesthesia | \$0 |
| D9220 | Deep sedation/general anesthesia - first 30 minutes | \$200 |
| D9221 | Deep sedation/general anesthesia - each additional 15 minutes | \$100 |
| D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | \$15 |
| D9241 | Intravenous conscious sedation/analgesia - first 30 minutes | \$175 |
| D9242 | Intravenous conscious sedation/analgesia - each additional 15 minutes | \$80 |
| D9310 | Consultation (diagnostic service provided by dentist other than practitioner providing treatment) | \$0 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | \$0 |
| D9440 | Office visit - after regularly scheduled hours | \$35 |
| D9491 | Office visit fee - per visit | \$5 |
| D9630 | Other drugs and/or medicaments, by report | \$15 |
| D9910 | Application of desensitizing medicament | \$15 |
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | \$15 |
| D9940 | Occlusal guard | \$150 |
| D9951 | Occlusal adjustment - limited | \$15 |
| D9972 | External bleaching - per arch | \$125 |
| D9973 | External bleaching - per tooth | \$30 |
| D9999 | Broken appointment (less than 24 hour notice) | \$25 |

Adjunctive General Services - Alternative Options

An occlusal guard is available with alternative treatment options. The alternative options listed below may be available through your SafeGuard selected general dentist. These options include upgraded materials and the co-payments for each type of upgraded occlusal guard is listed.

(Occlusal guard names listed are brand names and are marketed to individual dental practices by the manufacturer. Each office determines which, if any, of these upgraded occlusal guards are available through their practice.)

| | |
|--|-------|
| Talon - Occlusal guard (mouthguard) | \$200 |
| Brux-Eze - Occlusal guard (mouthguard) | \$200 |

Benefits provided by SafeGuard Health Plans, Inc.

PV20-S0B

Member Services (800) 880-1800

8/04

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 four 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 disease and injury to the inside of the tooth (the nerve or pulp). |
| 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. |
| Primary Teeth: | The first set of teeth (“baby” teeth). |
| Prophylaxis: | Teeth cleaning |
| Prosthodontics: | Procedures related to the replacement of teeth with removable appliances like dentures or partial dentures. |
| 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 |

Benefits provided by SafeGuard Health Plans, Inc.

PV20-S0B

Member Services (800) 880-1800

8/04

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 out of area emergency services).
2. 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.
3. Any dental procedures not specifically listed as a covered benefit in the Schedule of Benefits are available at 75% of the dentist's usual and customary fee.
4. Dental procedures or services performed solely for cosmetic purposes or solely for appearance unless otherwise specified in the Schedule of Benefits.
5. Orthognathic surgery.
6. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
7. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen, or damaged due to abuse, misuse, or neglect.
8. Treatment of malignancies, cysts, or neoplasms.
9. 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.
10. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
11. Precision attachments.
12. Dental procedures initiated prior to the member's eligibility under this Plan or started after the member's termination from the Plan, except in the limited circumstances in which there exists an acute condition, a serious chronic condition, or the performance of a surgery or other procedure that is authorized by SafeGuard as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the prior contract's termination date or within 180 days of the effective date of coverage for any newly covered employee.
13. 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.
14. 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.
15. Services considered unnecessary or experimental in nature.
16. Dental procedures or appliances for minor tooth guidance or for the control of harmful habits such as thumb sucking and tongue thrusting.
17. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member including, but not limited to physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetics.
18. Dental services relating to injuries which are self-inflicted.

EL's - Preventive+

Benefits provided by SafeGuard Health Plans, Inc.

Member Services (800) 880-1800

8/04

PV20-S0B

Exclusions and Limitations

Limitations

1. Procedures identified with an asterisk (*) are limited to 2 every 12 months.
2. Full-mouth X-rays: Once every three (3) years unless medically necessary.
3. 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.
4. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption.
5. Replacement of any crowns, fixed or removable bridges (per unit), dentures or labial veneers are limited to once every five (5) years.
6. There is a \$75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.
7. Surgical removal of wisdom teeth/third molar for orthodontic reasons only is not a covered benefit.
8. Periodontal maintenance procedures following active surgery are limited to 2 in a 12 month period.
9. Delivery of removable dentures/bridges includes up to three (3) adjustments within six (6) months of delivery date of service.
10. Denture relines are limited to one every twenty four (24) months.
11. Surgical removal of impacted teeth is not a covered benefit unless pathology [disease] exists.
12. The co-payments listed for endodontic procedures do not include the cost of final restoration.
13. Bleaching per arch is limited to an at-home kit with custom tray dispensed by the treating dentist and includes monitoring of treatment progress.

Orthodontic Exclusions & Limitations

1. Orthodontic treatment must be provided by a SafeGuard selected general dentist or contracted dentist whose practice is limited to providing Specialty Care in order for the co-payments listed in the Schedule of Benefits to apply. To receive orthodontic treatment, you will need a referral from your SafeGuard selected general dentist.
2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twelve (12) months of retention. Treatment extending beyond such time periods will be subject to a per-office-visit charge of \$25 dollars.
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 in progress at inception of eligibility;
 - D. Interceptiv or Phase I orthodontics;
 - E. Changes in treatment necessitated by an accident;
 - F. 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
 - 5.) Functional appliances that are used in conjunction with fixed appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.

EL's - Preventive+

Benefits provided by SafeGuard Health Plans, Inc.

Member Services (800) 880-1800

8/04

PV20-S0B

AFGE

SafeGuard Dental HMO Enrollment Form – California

Please print clearly when completing the Enrollment Form and return it to your Union Local or Fax to Benefit Architects at 866.722.1604. Choose a general dental office (facility) of your choice for each eligible family member from the SafeGuard Directory of Participating Dentists. Failure to do so may result in delays in receiving dental care. If your first provider facility selection is not available, SafeGuard will process your second selection.

Union Local/Benefit Architects Use Only

| | | | | |
|--|-----------------|-----------|----------------|--------------|
| Group/Employer Name <b style="font-size: 1.2em;">AFGE | | Group No. | Effective Date | Date of Hire |
| Union Local No. | Agent Signature | | Agent No. | |

Check one:

| | |
|---|--|
| <input type="checkbox"/> SG185 (Standard Option) | <input type="checkbox"/> PV20 (High Option) |
|---|--|

Subscriber's Information

| | | | | | | |
|-----------------------------------|---------------|--------------------------|-------|-----------------------------------|----------------|--------|
| Last Name | | First Name | | MI | Subscriber SS# | |
| Home Address | | | | | | Apt. # |
| City | | | State | | Zip Code | |
| Male/Female | Date of Birth | Home Telephone () | | Work Telephone () | | Ext. |
| 1st Choice Dental Office # | | | | 2nd Choice Dental Office # | | |

Dependent Information

| Spouse/ Child | Male/ Female | Last Name | First Name | MI | Date of Birth | Student Y/N | Disability Y/N | 1st Choice Dental Office # | 2nd Choice Dental Office # |
|------------------|-----------------|-----------|------------|----|------------------|----------------|-------------------|-------------------------------|-------------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Primary language: _____ **Please note any communication impairment:** _____

Agreement - I understand that any dispute or controversy which may arise between SafeGuard and my Organization or between myself and SafeGuard Health Plans, Inc., must be submitted to binding arbitration in lieu of a jury or court trial. This may not apply in all states.

Authorization to release dental records - I hereby authorize the release and disclosure to review, or to obtain a copy of, any and all dental records which pertain to me or any member of my family, maintained by my chosen Selected General Dentist and/or Specialist, to SafeGuard and/or any designated agent or representative for the purposes of dental treatment, care and for SafeGuard's quality assessment and utilization reviews, which will be kept strictly confidential. This authorization shall remain valid for the term of this coverage.

Waiver of Coverage

I have been given the opportunity to apply for group dental insurance, but:

Do not choose to elect this coverage.



| | | |
|--------------------------|----------------|------|
| Your Name (Please Print) | Your Signature | Date |
|--------------------------|----------------|------|

