

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

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

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

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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.

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Member Services (800) 880-1800

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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
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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.

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.

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.

PV20-SOB

Member Services (800) 880-1800

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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. Interceptive 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.

PV20-SOB

Member Services (800) 880-1800

8/04

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)
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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
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