

DIRECT REFERRAL DENTAL PLAN*
Plan 92-EG
**Principle Benefits and Coverages
General Dentistry Co-payment Schedule**

Specialty Care Information: During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your selected general dentist may refer you directly to a contracted SafeGuard specialty care provider for endodontics, oral surgery, or periodontics; no referral or pre-authorization from SafeGuard is required.

* Prior authorization from SafeGuard is required for referrals to participating orthodontists and pediatric specialists. Your selected general dentist will submit all required documentation to SafeGuard and SafeGuard will advise you of the name, address and telephone number of a SafeGuard contracted orthodontist or pediatric specialist in your area.

Benefits provided by SafeGuard Health Plans, Inc.

Code	Service	Member Co-payment
Diagnostic Treatment		
D0120	Periodic oral evaluation – established patient	\$0
D0140	Limited oral evaluation – problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation – new or established patient	\$0
D0160	Detailed and extensive oral evaluation – problem focused, by report	\$0
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	\$0
D0180	Comprehensive periodontal evaluation – new or established patient	\$0
Radiographs/Diagnostic Imaging (X-rays)		
D0210	Intraoral – complete series (including bitewings) (1 set per year, or as needed)	\$0
D0220	Intraoral – periapical first film	\$0
D0230	Intraoral – periapical each additional film	\$0
D0240	Intraoral – occlusal film	\$0
D0270	Bitewing – single film	\$0
D0272	Bitewings – two films	\$0
D0273	Bitewings – three films	\$0
D0274	Bitewings – four films	\$0
Tests and Examinations		
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0460	Pulp vitality tests	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0

An additional charge will be applied for any procedure using noble or high noble metal.
ANY PROCEDURE NOT LISTED IS AVAILABLE ON A FEE FOR SERVICE BASIS.

Code	Service	Member Co-payment
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0
Preventive Services		
D1110	Prophylaxis – adult (2 per year)	\$0
D1120	Prophylaxis – child (2 per year)	\$0
D1203	Topical application of fluoride (prophylaxis not included) – child (to age 18)	\$0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant – per tooth	\$0
D1510	Space maintainer – fixed – unilateral	\$0
D1515	Space maintainer – fixed – bilateral	\$0
D1520	Space maintainer – removable – unilateral	\$0
D1525	Space maintainer – removable – bilateral	\$0
D1555	Removal of fixed 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	\$0
D2331	Resin-based composite – two surfaces, anterior	\$0
D2332	Resin-based composite – three surfaces, anterior	\$0
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$0
D2542	Onlay – metallic – two surfaces	\$0
D2543	Onlay – metallic – three surfaces	\$0
D2544	Onlay – metallic – four or more surfaces	\$0
D2642	Onlay – porcelain/ceramic – two surfaces (excluding molars)	\$0
D2643	Onlay – porcelain/ceramic – three surfaces (excluding molars)	\$0
D2644	Onlay – porcelain/ceramic – four or more surfaces (excluding molars)	\$0
D2662	Onlay – resin-based composite – two surfaces (excluding molars)	\$0
D2663	Onlay – resin-based composite – three surfaces (excluding molars)	\$0
D2664	Onlay – resin-based composite – four or more surfaces (excluding molars)	\$0
Crowns - Singler Restorations Only		
D2710	Crown – resin-based composite (indirect) (excluding molars)	\$0
D2750	Crown – porcelain fused to high noble metal (excluding molars)	\$0
D2751	Crown – porcelain fused to predominantly base metal (excluding molars)	\$0
D2752	Crown – porcelain fused to noble metal (excluding molars)	\$0
D2780	Crown – ¾ cast high noble metal	\$0
D2781	Crown – ¾ cast predominantly base metal	\$0
D2782	Crown – ¾ cast noble metal	\$0

An additional charge will be applied for any procedure using noble or high noble metal.
ANY PROCEDURE NOT LISTED IS AVAILABLE ON A FEE FOR SERVICE BASIS.

<u>Code</u>	<u>Service</u>	<u>Member Co-payment</u>
D2783	Crown – ¾ porcelain/ceramic (excluding molars)	\$0
D2790	Crown – full cast high noble metal	\$0
D2791	Crown – full cast predominantly base metal	\$0
D2792	Crown – full cast noble metal	\$0
D2910	Recement inlay, onlay, or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement crown (including facings)	\$0
D2930	Prefabricated stainless steel crown – primary tooth	\$0
D2931	Prefabricated stainless steel crown – permanent tooth	\$0
D2940	Sedative filling	\$0
D2950	Core buildup, including any pins	\$0
D2951	Pin retention – per tooth, in addition to restoration	\$0
D2952	Post and core in addition to crown, indirectly fabricated	\$0
D2953	Each additional indirectly fabricated post – same tooth	\$0
D2954	Prefabricated post and core in addition to crown	\$0
D2957	Each additional prefabricated post – same tooth	\$0
D2970	Temporary crown (fractured tooth)	\$0
Endodontics		
<i>Occasionally an instance arises where the general dentist feels the skills of a specialist would better serve the Member, in these instances, a referral to a specialist will be made by the selected general dentist.</i>		
D3110	Pulp cap – direct (excluding final restoration)	\$0
D3120	Pulp cap – indirect (excluding final restoration)	\$0
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$0
D3221	Pulpal debridement, primary and permanent teeth	\$0
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) - single rooted canal therapy	\$0
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) - bi-rooted canal therapy	\$0
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) - tri-rooted canal therapy	\$0
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) - single rooted canal therapy	\$0
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) - bi-rooted canal therapy	\$0
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) - tri-rooted canal therapy	\$0
D3310	Anterior (excluding final restoration) - single rooted canal therapy	\$0
D3310	Anterior (excluding final restoration) - bi-rooted canal therapy	\$0
D3310	Anterior (excluding final restoration) - tri-rooted canal therapy	\$0
D3320	Bicuspid (excluding final restoration) - single rooted canal therapy	\$0
D3320	Bicuspid (excluding final restoration) - bi-rooted canal therapy	\$0
D3320	Bicuspid (excluding final restoration) - tri-rooted canal therapy	\$0
D3330	Molar (excluding final restoration) - single rooted canal therapy	\$0
D3330	Molar (excluding final restoration) - bi-rooted canal therapy	\$0
D3330	Molar (excluding final restoration) - tri-rooted canal therapy	\$0
D3346	Retreatment of previous root canal therapy – anterior - single rooted canal therapy	\$0
<p style="text-align: center;">An additional charge will be applied for any procedure using noble or high noble metal. ANY PROCEDURE NOT LISTED IS AVAILABLE ON A FEE FOR SERVICE BASIS.</p>		
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<u>Code</u>	<u>Service</u>	<u>Member Co-payment</u>
D3346	Retreatment of previous root canal therapy – anterior - bi-rooted canal therapy	\$0
D3346	Retreatment of previous root canal therapy – anterior - tri-rooted canal therapy	\$0
D3347	Retreatment of previous root canal therapy – bicuspid - single rooted canal therapy	\$0
D3347	Retreatment of previous root canal therapy – bicuspid - bi-rooted canal therapy	\$0
D3347	Retreatment of previous root canal therapy – bicuspid - tri-rooted canal therapy	\$0
D3348	Retreatment of previous root canal therapy – molar - single rooted canal therapy	\$0
D3348	Retreatment of previous root canal therapy – molar - bi-rooted canal therapy	\$0
D3348	Retreatment of previous root canal therapy – molar - tri-rooted canal therapy	\$0
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$0
D3352	Apexification/recalcification – interim medication replacement (apical closure/ calcific repair of perforations, root resorption, etc.)	\$0
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	\$0
D3410	Apicoectomy/periradicular surgery – anterior	\$0
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$0
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$0
D3426	Apicoectomy/periradicular surgery (each additional root)	\$0
D3430	Retrograde filling – per root	\$0
D3450	Root amputation – per root	\$0
D3920	Hemisection (including any root removal), not including root canal therapy	\$0
Periodontics		
<i>Occasionally an instance arises where the general dentist feels the skills of a specialist would better serve the Member, in these instances, a referral to a specialist will be made by the selected general dentist.</i>		
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	\$0
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant	\$0
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$0
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	\$0
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$0
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	\$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$0
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$0
<p style="text-align: center;">An additional charge will be applied for any procedure using noble or high noble metal. ANY PROCEDURE NOT LISTED IS AVAILABLE ON A FEE FOR SERVICE BASIS.</p>		
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Code	Service	Member Co-payment
Removable Prosthodontics		
D5110	Complete denture – maxillary	\$0
D5120	Complete denture – mandibular	\$0
D5130	Immediate denture – maxillary	\$0
D5140	Immediate denture – mandibular	\$0
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$0
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$0
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$0
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$0
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$0
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	\$0
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$0
D5610	Repair resin denture base	\$0
D5620	Repair cast framework	\$0
D5630	Repair or replace broken clasp	\$0
D5640	Replace broken teeth – per tooth	\$0
D5650	Add tooth to existing partial denture	\$0
D5710	Rebase complete maxillary denture	\$0
D5711	Rebase complete mandibular denture	\$0
D5720	Rebase maxillary partial denture	\$0
D5721	Rebase mandibular partial denture	\$0
D5730	Reline complete maxillary denture (chairside) - 2 per year	\$0
D5731	Reline complete mandibular denture (chairside) - 2 per year	\$0
D5740	Reline maxillary partial denture (chairside) - 2 per year	\$0
D5741	Reline mandibular partial denture (chairside) - 2 per year	\$0
D5750	Reline complete maxillary denture (laboratory) - 2 per year	\$0
D5751	Reline complete mandibular denture (laboratory) - 2 per year	\$0
D5760	Reline maxillary partial denture (laboratory) - 2 per year	\$0
D5761	Reline mandibular partial denture (laboratory) - 2 per year	\$0
D5820	Interim partial denture (maxillary)	\$0
D5821	Interim partial denture (mandibular)	\$0
D5850	Tissue conditioning, maxillary - 2 per year	\$0
D5851	Tissue conditioning, mandibular - 2 per year	\$0
Prosthodontics (Fixed)		
D6210	Pontic – cast high noble metal	\$0
D6211	Pontic – cast predominantly base metal	\$0
D6212	Pontic – cast noble metal	\$0
D6240	Pontic – porcelain fused to high noble metal (excluding molars)	\$0
D6241	Pontic – porcelain fused to predominantly base metal (excluding molars)	\$0
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Code	Service	Member Co-payment
D6242	Pontic – porcelain fused to noble metal (excluding molars)	\$0
D6608	Onlay – porcelain/ceramic, two surfaces (excluding molars)	\$0
D6609	Onlay – porcelain/ceramic, three or more surfaces (excluding molars)	\$0
D6610	Onlay – cast high noble metal, two surfaces (excluding molars)	\$0
D6611	Onlay – cast high noble metal, three or more surfaces (excluding molars)	\$0
D6612	Onlay – cast predominantly base metal, two surfaces	\$0
D6613	Onlay – cast predominantly base metal, three or more surfaces	\$0
D6614	Onlay – cast noble metal, two surfaces	\$0
D6615	Onlay – cast noble metal, three or more surfaces	\$0
D6750	Crown – porcelain fused to high noble metal (excluding molars)	\$0
D6751	Crown – porcelain fused to predominantly base metal (excluding molars)	\$0
D6752	Crown – porcelain fused to noble metal (excluding molars)	\$0
D6780	Crown – ¾ cast high noble metal	\$0
D6781	Crown – ¾ cast predominantly base metal	\$0
D6782	Crown – ¾ cast noble metal	\$0
D6783	Crown – ¾ porcelain/ceramic (excluding molars)	\$0
D6790	Crown – full cast high noble metal	\$0
D6791	Crown – full cast predominantly base metal	\$0
D6792	Crown – full cast noble metal	\$0
D6930	Recement fixed partial denture	\$0
D6940	Stress breaker	\$0
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$0
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$0
D6973	Core build up for retainer, including any pins	\$0
D6976	Each additional indirectly fabricated post – same tooth	\$0
D6977	Each additional prefabricated post – same tooth	\$0
Oral Surgery		
<i>Occasionally an instance arises where the general dentist feels the skills of a specialist would better serve the Member, in these instances, a referral to a specialist will be made by the selected general dentist.</i>		
D7111	Extraction, coronal remnants – deciduous tooth	\$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) - each additional, local anesthesia, same visit	\$0
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$0
D7220	Removal of impacted tooth – soft tissue	\$0
D7230	Removal of impacted tooth – partially bony	\$0
D7240	Removal of impacted tooth – completely bony	\$0
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$0
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$0
An additional charge will be applied for any procedure using noble or high noble metal. ANY PROCEDURE NOT LISTED IS AVAILABLE ON A FEE FOR SERVICE BASIS.		

Exclusions and Limitations of Benefits

Code	Service	Member Co-payment
Extractions for orthodontic purposes (braces): Per tooth \$75 Reimbursement		
Lifetime maximum \$300 Reimbursement		
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$0
D7286	Biopsy of oral tissue – soft	\$0
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$0
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$0
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$0
D7472	Removal of torus palatinus	\$0
D7473	Removal of torus mandibularis	\$0
D7510	Incision and drainage of abscess – intraoral soft tissue	\$0
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$0
D7520	Incision and drainage of abscess – extraoral soft tissue	\$0
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$0
D7899	Unspecified TMD therapy, by report (\$400 Lifetime Maximum Reimbursement)	\$0
Other Repair Procedures		
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	\$0
D7970	Excision of hyperplastic tissue – per arch	\$0
D7971	Excision of pericoronal gingiva	\$0
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$0
Anesthesia		
D9120	Fixed partial denture sectioning	\$0
D9215	Local anesthesia	\$0
D9220	Deep sedation/general anesthesia – first 30 minutes (oral surgery only)	\$0
D9220	Deep sedation/general anesthesia – first 30 minutes (orthodontic extractions only)	\$0 ¹
D9221	Deep sedation/general anesthesia – each additional 15 minutes (oral surgery only)	\$0
D9221	Deep sedation/general anesthesia – each additional 15 minutes (orthodontic extractions only)	\$0 ¹
¹Lifetime maximum \$100 Reimbursement		
Professional Consultation		
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$0
D9440	Office visit – after regularly scheduled hours	\$0
Miscellaneous Services		
	Broken appointment (less than 24 hour notice)	\$0
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- Dental conditions arising out of and due to member's employment or for which Workers' Compensation is payable.
- Services, which in the opinion of the Plan, are not necessary for the patient's dental health, or have a poor prognosis.
- Elective or cosmetic dental care.
- Oral Surgery requiring the setting of fractures or dislocations.
- Treatment of malignancies, cysts, or neoplasms.
- Dispensing of drugs not normally supplied in a dental office.
- In the event the patient desires to be hospitalized for any dental procedure, cost will be borne by the patient.
- Loss or theft of dentures or bridgework.
- Any procedure of implantation, Temporomandibular Joint (T.M.J.), or full mouth reconstruction.
- General anesthesia and services of a special anesthesiologist except when medically necessary for extractions. General anesthesia is not considered medically necessary for the sole purpose of alleviation of apprehension, nervousness, anxiety or fear.
- Services that cannot be performed because of the general health of the patient.
- Treatment required by reason of war.
- Services which are provided by anyone not specifically authorized by this Plan.
- Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage, or before coverage began.
- Any service that is not specifically listed as a covered expense.
- Porcelain or porcelain with metal crowns/pontics on molars.
- Procedures not listed as a covered benefit.
- Prophylaxis is limited to two in any 12 consecutive months.
- Denture relines are limited to one per arch per 12 consecutive months.
- Five periodontal treatments (per quadrant) during any 12 consecutive months.
- Bitewing x-rays are limited to not more than two series of four films in any twelve (12) consecutive month period.
- Full mouth x-rays are limited to one set every 12 consecutive months.
- Fluoride treatments once a year to age 18.
- Precious metal for all crowns, removable or fixed appliances, precision partials, overlays, implants, personalization and characterizations are optional services. Member shall be responsible for payment.
- Provider may refuse treatment to patient who continually fails to follow a prescribed course of treatment.
- Fixed bridgework will be covered only when the use of a partial would be considered detrimental to the occlusion, causing harm to the teeth or the periodontal condition.