

Dental HMO SGX Series



Dental Plan Comparison

Code	Service	SGX50	SGX85	SGX100	SGX150A	SGX185	SGX185A	SGX225	SGX245	SGX290
D0120	Periodic oral examination	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0274	Bitewing x-rays - four films	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1110	Cleaning (routine) adult	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5
1121	Additional cleaning (routine) child	\$15	\$15	\$15	\$15	\$25	\$25	\$25	\$25	\$35
D2140	Amalgam (silver) filling - 1 surface - anterior tooth	\$0	\$0	\$0	\$0	\$10	\$0	\$0	\$0	\$12
D2391	Composite (white) filling - 1 surface - anterior tooth	\$25	\$25	\$25	\$25	\$30	\$30	\$30	\$30	\$30
D2960	Labial veneer (resin laminate) - chairside	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
D3310	Root canal - anterior - per tooth	\$30	\$40	\$40	\$58	\$80	\$80	\$80	\$100	\$115
D3330	Root canal - molar, per tooth	\$75	\$95	\$95	\$125	\$200	\$200	\$210	\$210	\$265
D4341	Periodontal scaling and root planing - four or more teeth - per quadrant	\$15	\$15	\$25	\$35	\$40	\$40	\$40	\$50	\$50
D4381	Localized delivery of antimicrobial agents	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$65	\$65
D4910	Periodontal maintenance	\$15	\$15	\$15	\$30	\$30	\$30	\$30	\$40	\$40
D4911	Additional periodontal maintenance	\$40	\$40	\$40	\$55	\$55	\$55	\$55	\$55	\$55
D6750	Porcelain crown fused to high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D7220	Removal of impacted tooth - soft tissue	\$10	\$10	\$20	\$35	\$45	\$45	\$45	\$50	\$50
D7288	Brush biopsy (oral cancer screening)	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
D8070	Comprehensive orthodontic treatment - child	\$1,450	\$1,450	\$1,450	\$1,695	\$1,695	\$1,695	\$1,695	\$1,850	\$2,095
D9220	Deep sedation / general anesthesia	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
D9241	Intravenous conscious sedation / analgesia	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
D9972	External bleaching - per arch	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125

SGX Highlights

- Coverage for more than 340 dental procedures
- Expanded preventive and diagnostic coverage such as brush biopsies (cancer screening) and additional cleanings
- Enhanced restorative, endodontic, periodontal, oral surgery and orthodontic services
- Cosmetic treatment such as bleaching and veneers
- Anesthesia, IV sedation and nitrous oxide benefits
- Specialty care is covered at the listed copay.
- Adult fluoride is covered
- 25% Discount for non-listed services

Code	Service	SGX50	SGX85	SGX100	SGX150A	SGX185	SGX185A	SGX225	SGX245	SGX290
D0474	Accession of tissue, gross and microscopic examination, including assesment of surgical margins for presence of disease, preparation and transmission of written report	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Services										
D1110	Prophylaxis - adult (limit 2 per year)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5
1111	Additional prophylaxis, adult (limit 2 additional per year)	\$20	\$20	\$20	\$20	\$35	\$35	\$35	\$35	\$45
D1120	Prophylaxis - child (limit 2 per year)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5
1121	Additional prophylaxis, child (limit 2 additional per year)	\$15	\$15	\$15	\$15	\$25	\$25	\$25	\$25	\$35
D1203	Topical application of fluoride (excluding prophylaxis) - child	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1204	Topical application of fluoride (excluding prophylaxis) - adult	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1310	Nutritional counseling for control of dental disease	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1320	Tobacco Counseling	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1330	Oral hygiene instructions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1351	Sealant - per tooth	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1510	Space maintainer - fixed - unilateral	\$0	\$0	\$0	\$25	\$25	\$25	\$25	\$25	\$25
D1515	Space maintainer - fixed - bilateral	\$0	\$0	\$0	\$25	\$25	\$25	\$25	\$25	\$25
D1520	Space maintainer - removable - unilateral	\$0	\$0	\$0	\$35	\$35	\$35	\$35	\$35	\$35
D1525	Space maintainer - removable - bilateral	\$0	\$0	\$0	\$35	\$35	\$35	\$35	\$35	\$35
D1550	Recementation of space maintainer	\$5	\$5	\$5	\$5	\$5	\$5	\$15	\$15	\$15
D1555	Removal of fixed space maintainer	\$5	\$5	\$5	\$5	\$5	\$5	\$15	\$15	\$15
Restorative Treatment										
D2140	Amalgam - one surface, primary or permanent	\$0	\$0	\$0	\$0	\$10	\$0	\$0	\$0	\$12
D2150	Amalgam - two surfaces, primary or permanent	\$0	\$0	\$0	\$0	\$15	\$0	\$0	\$0	\$20
D2160	Amalgam - three surfaces, primary or permanent	\$0	\$0	\$0	\$0	\$18	\$0	\$0	\$0	\$23
D2161	Amalgam - four or more surfaces, primary or permanent	\$0	\$0	\$0	\$0	\$20	\$0	\$0	\$0	\$25
D2330	Resin-based composite - one surface, anterior	\$0	\$0	\$0	\$0	\$10	\$0	\$0	\$0	\$12
D2331	Resin-based composite - two surfaces, anterior	\$0	\$0	\$0	\$0	\$15	\$0	\$0	\$0	\$20
D2332	Resin-based composite - three surfaces, anterior	\$0	\$0	\$0	\$0	\$18	\$0	\$0	\$0	\$23
D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior	\$0	\$0	\$0	\$0	\$20	\$0	\$0	\$0	\$25
D2390	Resin-based composite crown, anterior	\$20	\$20	\$20	\$20	\$30	\$30	\$30	\$30	\$30
D2391	Resin-based composite, one surface, posterior	\$25	\$25	\$25	\$25	\$30	\$30	\$30	\$30	\$30
D2392	Resin-based composite, two surfaces, posterior	\$30	\$30	\$30	\$30	\$45	\$45	\$45	\$45	\$45
D2393	Resin-based composite, three surfaces, posterior	\$35	\$35	\$35	\$35	\$65	\$65	\$65	\$65	\$65
D2394	Resin-based composite, four or more surfaces, posterior	\$40	\$40	\$40	\$40	\$65	\$65	\$65	\$65	\$65
Crowns - Per Unit										
D2510	Inlay - metallic - one surface	\$50	\$85	\$100	\$125	\$165	\$165	\$185	\$225	\$270
D2520	Inlay - metallic - two surfaces	\$50	\$85	\$100	\$125	\$165	\$165	\$185	\$235	\$270
D2530	Inlay - metallic - three or more surfaces	\$50	\$85	\$100	\$125	\$165	\$165	\$185	\$245	\$270
D2542	Onlay - metallic - two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$270
D2543	Onlay - metallic - three surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$260	\$270

Code	Service	SGX50	SGX85	SGX100	SGX150A	SGX185	SGX185A	SGX225	SGX245	SGX290
D2544	Onlay - metallic - four or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$270	\$270
D2610	Inlay - porcelain/ceramic - one surface	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2620	Inlay - porcelain/ceramic - two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2642	onlay - porcelain/ceramic - two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2643	Onlay - porcelain/ceramic - three surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2650	Inlay - resin-based composite - one surface	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2651	Inlay - resin-based composite - two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2652	Inlay - resin-based composite - three or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2662	Onlay - resin-based composite - two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2663	Onlay - resin-based composite - three surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2664	Onlay - resin-based composite - four or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2710	Crown - resin-based composite (indirect)	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2712	Crown - 3/4 resin-based composite (indirect)	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2720	Crown - resin w/ high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2721	Crown - resin w/ predominantly base metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2722	Crown - resin w/ noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2740	Crown - porcelain/ceramic substrate	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$245	\$310
D2750	Crown - porcelain fused to high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2751	Crown - porcelain fused to predominantly base metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2752	Crown - porcelain fused to noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2780	Crown - 3/4 cast high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2781	Crown - 3/4 cast predominantly base metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2782	Crown - 3/4 cast noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2783	Crown - 3/4 porcelain/ceramic	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2790	Crown - full cast high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2791	Crown - full cast predominantly base metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2792	Crown - full cast noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2794	Crown - titanium	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D2799	Provisional crown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D2910	Recement inlay, onlay, or partial coverage restoration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D2915	Recement cast or prefabricated post and core	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D2920	Recement crown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$0	\$0	\$0	\$25	\$25	\$25	\$25	\$25	\$25
D2931	Prefabricated stainless steel crown - permanent tooth	\$0	\$0	\$0	\$25	\$25	\$25	\$25	\$25	\$25
D2932	Prefabricated resin crown	\$0	\$0	\$0	\$35	\$35	\$35	\$45	\$45	\$45
D2933	Pregabricated stainless steel crown with resin window	\$0	\$0	\$0	\$35	\$35	\$35	\$45	\$45	\$45
D2940	Sedative filling	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D2950	Core build up, including any pins	\$15	\$15	\$15	\$15	\$50	\$50	\$70	\$70	\$75
D2951	Pin retention - per tooth, in addition to restoration	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
D2952	Post and core in addition to crown, indirectly fabricated	\$25	\$25	\$40	\$50	\$50	\$50	\$50	\$50	\$50
D2953	Each additional indirectly fabricted post - same tooth	\$25	\$25	\$40	\$50	\$50	\$50	\$50	\$50	\$50
D2954	Prefabricated post and core in addition to crown	\$25	\$25	\$40	\$30	\$30	\$30	\$30	\$30	\$30
D2955	Post removal (not in conjunction with endodontic therapy)	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
D2957	Each additional prefabricated post- same tooth - base metal post, includes canal preparation	\$25	\$25	\$25	\$30	\$30	\$30	\$30	\$30	\$30

Code	Service	SGX50	SGX85	SGX100	SGX150A	SGX185	SGX185A	SGX225	SGX245	SGX290
D2960	Labial Veneer (resin laminate) - chairside	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
D2961	Labial Veneer (resin laminate) - laboratory	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
D2962	Labial Veneer (porcelain laminate) - laboratory	\$350	\$350	\$350	\$350	\$350	\$350	\$350	\$350	\$350
D2970	Temporary crown (fractured tooth)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D2971	Additional procedures to construct new crown under existng partial denture framework	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
D2980	Crown Repair	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D2999	Complex full-mouth rehabilitation copy per unit for treatment involving 7 or more crowns	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit
D2999	Porcelain on molar restorations	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit
D2999	Maximum fees for noble and high noble metal	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit
Endodontics										
D3110	Pulp cap - direct	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5	\$5
D3120	Pulp cap - indirect	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5	\$5
D3220	Therapeutic pulpotomy	\$0	\$0	\$0	\$0	\$10	\$10	\$30	\$30	\$40
D3221	Pulpal debridement, primary and permanent teeth	\$20	\$20	\$20	\$20	\$45	\$45	\$55	\$55	\$55
D3230	Pulpal therapy with resorbable filling - primary anterior tooth	\$5	\$5	\$5	\$5	\$30	\$30	\$40	\$40	\$40
D3240	Pulpal therapy with resorbable filling - primary posterior tooth	\$10	\$10	\$10	\$10	\$35	\$35	\$40	\$40	\$40
D3310	Root canal - anterior, per tooth	\$30	\$40	\$40	\$58	\$80	\$80	\$80	\$100	\$115
D3320	Root canal - bicuspid, per tooth	\$45	\$65	\$65	\$95	\$115	\$115	\$125	\$152	\$185
D3330	Root canal - molar, per tooth	\$75	\$95	\$95	\$125	\$200	\$200	\$210	\$210	\$265
D3331	Treatment of root canal obstruction, non-surgical access	\$40	\$45	\$55	\$75	\$85	\$85	\$85	\$85	\$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$35	\$40	\$50	\$63	\$70	\$70	\$70	\$96	\$110
D3333	Internal root repair of perforation defects	\$40	\$45	\$55	\$75	\$85	\$85	\$85	\$85	\$85
D3346	Retreatment of root canal - anterior, per tooth	\$45	\$65	\$65	\$80	\$135	\$135	\$135	\$180	\$230
D3347	Retreatment of root canal - bicuspid, per tooth	\$70	\$90	\$90	\$125	\$175	\$175	\$175	\$280	\$280
D3348	Retreatment of root canal - molar, per tooth	\$90	\$160	\$160	\$215	\$275	\$275	\$275	\$325	\$325
D3351	Apexification/recalcification - initial visit	\$65	\$65	\$65	\$65	\$65	\$65	\$70	\$70	\$70
D3352	Apexification/recalcification - interim visit	\$65	\$65	\$65	\$65	\$65	\$65	\$70	\$70	\$70
D3353	Apexification/recalcification - final visit	\$65	\$65	\$65	\$65	\$65	\$65	\$70	\$70	\$70
D3410	Apicoectomy/periradicular surgery - anterior	\$90	\$90	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D3421	Apicoectomy/periradicular surgery - bicuspid, 1st root	\$90	\$90	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D3425	Apicoectomy/periradicular surgery - molar, 1st root	\$90	\$90	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D3426	Apicoectomy/periradicular surgery - each additional root	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$80
D3430	Retrograde filling - per root	\$10	\$10	\$10	\$10	\$40	\$40	\$40	\$60	\$60
D3450	Root amputation - per root	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$110
D3910	Surgical procedure for isolation of tooth/ rubber dam	\$19	\$19	\$19	\$19	\$19	\$19	\$19	\$19	\$19
D3920	Hemisection - including root removal (excluding root canal therapy)	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90	\$90
D3950	Canal preparation and fitting of performed dowel or post	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Periodontics										

Code	Service	SGX50	SGX85	SGX100	SGX150A	SGX185	SGX185A	SGX225	SGX245	SGX290
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$35	\$35	\$50	\$55	\$90	\$90	\$110	\$110	\$150
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$26	\$26	\$38	\$40	\$68	\$68	\$83	\$83	\$100
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$100	\$100	\$100	\$100	\$150	\$150	\$150	\$150	\$170
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$78	\$78	\$78	\$78	\$113	\$113	\$113	\$113	\$130
D4245	Apically positioned flap	\$115	\$115	\$165	\$165	\$165	\$165	\$165	\$165	\$165
D4249	Clinical crown lengthening - hard tissue	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$150	\$160
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$160	\$160	\$260	\$260	\$295	\$295	\$295	\$300	\$330
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$123	\$123	\$198	\$198	\$210	\$210	\$210	\$225	\$248
D4263	Bone replacement graft - first site in quadrant	\$135	\$135	\$180	\$180	\$180	\$180	\$180	\$180	\$180
D4264	Bone replacement graft - each additional site in quadrant	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D4266	Guided tissue regeneration - resorbable barrier, per site	\$215	\$215	\$215	\$215	\$215	\$215	\$215	\$215	\$215
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$255	\$255	\$255	\$255	\$255	\$255	\$255	\$255	\$255
D4270	Pedicle soft tissue graft procedure	\$85	\$85	\$195	\$195	\$245	\$245	\$245	\$245	\$250
D4271	Free soft tissue graft procedure (including donor site surgery)	\$120	\$120	\$195	\$195	\$245	\$245	\$245	\$245	\$260
D4273	Subepithelial connective tissue graft procedure, per tooth	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
D4274	Distal or proximal wedge procedure - separate procedure	\$50	\$50	\$70	\$70	\$70	\$70	\$70	\$100	\$100
D4275	Soft tissue allograft	\$125	\$125	\$265	\$265	\$380	\$380	\$380	\$380	\$380
D4320	Provisional splinting - intracoronaral	\$85	\$85	\$85	\$85	\$95	\$95	\$95	\$95	\$95
D4321	Provisional splinting - extracoronaral	\$75	\$75	\$75	\$75	\$85	\$85	\$85	\$85	\$85
D4341	Periodontal scaling and root planing - four or more teeth - per quadrant	\$15	\$15	\$25	\$35	\$40	\$40	\$40	\$50	\$50
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	\$11	\$11	\$19	\$26	\$30	\$30	\$30	\$38	\$38
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$15	\$15	\$15	\$35	\$40	\$40	\$40	\$50	\$50
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$65	\$65
D4910	Periodontal maintenance procedures - following active periodontal therapy	\$15	\$15	\$15	\$30	\$30	\$30	\$30	\$40	\$40

Code	Service	SGX50	SGX85	SGX100	SGX150A	SGX185	SGX185A	SGX225	SGX245	SGX290
D4911	Additional periodntal Maintenance procedures (limit 2 additional per year)	\$40	\$40	\$40	\$55	\$55	\$55	\$55	\$55	\$55
D4999	Periodontal charting for planning treatment of periodontal disease	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D4999	Periodontal hygiene instruction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Removable Prosthodontics										
D5110	Complete upper denture	\$100	\$100	\$125	\$175	\$210	\$210	\$260	\$325	\$440
D5120	Complete lower denture	\$100	\$100	\$125	\$175	\$210	\$210	\$260	\$325	\$440
D5130	Immediate upper denture	\$100	\$100	\$125	\$175	\$225	\$225	\$240	\$350	\$440
D5140	Immediate lower denture	\$100	\$100	\$125	\$175	\$225	\$225	\$240	\$350	\$440
D5211	Upper partial - resin base (including clasps, rests and teeth)	\$100	\$100	\$110	\$150	\$240	\$240	\$240	\$400	\$405
D5212	Lower partial - resin base (including clasps, rests and teeth)	\$100	\$100	\$110	\$150	\$240	\$240	\$240	\$400	\$405
D5213	Upper partial - cast metal base with resin saddles (including clasps, rests and teeth)	\$100	\$125	\$150	\$200	\$260	\$260	\$260	\$425	\$480
D5214	Lower partial - cast metal base with resin saddles (including clasps, rests and teeth)	\$100	\$125	\$150	\$200	\$260	\$260	\$260	\$425	\$480
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$425	\$480
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$365	\$365	\$365	\$365	\$365	\$365	\$365	\$425	\$480
D5281	Removable unilateral partial denture one piece cast metal (including clasps and teeth)	\$125	\$125	\$150	\$200	\$250	\$250	\$250	\$300	\$360
D5410	Adjust complete denture - upper	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$10	\$20
D5411	Adjust complete denture - lower	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$10	\$20
D5421	Adjust partial denture - upper	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$10	\$20
D5422	Adjust partial denture - lower	\$0	\$0	\$0	\$0	\$0	\$0	\$10	\$10	\$20
D5510	Repair broken complete denture base	\$10	\$10	\$15	\$25	\$30	\$30	\$30	\$35	\$50
D5520	Replace missing or broken teeth	\$10	\$10	\$15	\$25	\$30	\$30	\$30	\$35	\$40
D5610	Repair resin denture base	\$10	\$10	\$15	\$25	\$30	\$30	\$30	\$35	\$50
D5620	Repair cast framework	\$10	\$10	\$15	\$25	\$30	\$30	\$30	\$35	\$50
D5630	Repair or replace broken clasp	\$10	\$10	\$15	\$25	\$35	\$35	\$35	\$35	\$70
D5640	Replace broken teeth - per tooth	\$10	\$10	\$15	\$25	\$30	\$30	\$30	\$35	\$40
D5650	Add tooth to existing partial denture	\$10	\$10	\$15	\$25	\$30	\$30	\$30	\$35	\$60
D5660	Add clasp to existing partial denture	\$10	\$10	\$15	\$25	\$35	\$35	\$35	\$35	\$70
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165
D5710	Rebase complete upper denture	\$35	\$35	\$50	\$60	\$60	\$60	\$60	\$75	\$125
D5711	Rebase complete lower denture	\$35	\$35	\$50	\$60	\$60	\$60	\$60	\$75	\$125
D5720	Rebase upper partial denture	\$35	\$35	\$50	\$60	\$60	\$60	\$60	\$75	\$125
D5721	Rebase lower partial denture	\$35	\$35	\$50	\$60	\$60	\$60	\$60	\$75	\$125
D5730	Reline complete upper denture (chairside)	\$20	\$20	\$35	\$35	\$35	\$35	\$35	\$65	\$100
D5731	Reline complete lower denture (chairside)	\$20	\$20	\$35	\$35	\$35	\$35	\$35	\$65	\$100
D5740	Reline upper partial denture (chairside)	\$20	\$20	\$35	\$35	\$35	\$35	\$35	\$65	\$90
D5741	Reline lower partial denture (chairside)	\$20	\$20	\$35	\$35	\$35	\$35	\$35	\$65	\$90

Code	Service	SGX50	SGX85	SGX100	SGX150A	SGX185	SGX185A	SGX225	SGX245	SGX290
D5750	Reline complete upper denture (laboratory)	\$35	\$35	\$40	\$50	\$60	\$60	\$60	\$85	\$130
D5751	Reline complete lower denture (laboratory)	\$35	\$35	\$40	\$50	\$60	\$60	\$60	\$85	\$130
D5760	Reline upper partial denture (laboratory)	\$35	\$35	\$40	\$50	\$60	\$60	\$60	\$85	\$130
D5761	Reline lower partial denture (laboratory)	\$35	\$35	\$40	\$50	\$60	\$60	\$60	\$85	\$130
D5810	Interim Complete Denture (maxillary)	\$100	\$100	\$130	\$180	\$230	\$230	\$230	\$230	\$230
D5811	Interim complete denture (mandibular)	\$100	\$100	\$130	\$180	\$230	\$230	\$230	\$230	\$230
D5820	Interim partial denture - upper	\$35	\$35	\$40	\$50	\$60	\$60	\$60	\$160	\$160
D5821	Interim partial denture - lower	\$35	\$35	\$40	\$50	\$60	\$60	\$60	\$170	\$170
D5850	Tissue conditioning - upper	\$10	\$10	\$10	\$10	\$10	\$10	\$20	\$20	\$40
D5851	Tissue conditioning - lower	\$10	\$10	\$10	\$10	\$10	\$10	\$20	\$20	\$40
D5862	Precision attachment, by report	\$160	\$160	\$160	\$160	\$160	\$160	\$160	\$160	\$160
Crowns / Fixed Bridges - Per Unit										
D6210	Pontic- cast high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6211	Pontic - cast predominantly base metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6212	Pontic - cast noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6214	Pontic - titanium	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6240	Pontic - porcelain fused to high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6241	Pontic - porcelain fused to predominantly base metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6242	Pontic - porcelain fused to noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6245	Pontic - porcelain/ceramic	\$75	\$105	\$120	\$170	\$205	\$205	\$245	\$265	\$310
D6250	Pontic - resin with high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6251	Pontic - Resin With Predominantly Base Metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6252	Crown - retainer - procelain fused to high noble	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6253	Provisional Pontic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D6545	Retainer - cast metal for acide etch fixed prosthesis	\$50	\$85	\$100	\$150	\$150	\$150	\$150	\$150	\$150
D6600	Inlay - porcelain/ceramic, two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6602	Inlay - cast high noble metal, two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6603	Inlay - cast high noble metal, three or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6604	Inlay - cast predominantly base metal, two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6606	Inlay - cast noble metal, two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6607	Inlay - cast noble metal, three or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6608	Onlay - porcelain/ceramic, two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6610	Onlay - cast high noble metal, two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6611	Onlay - cast high noble metal, three or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6612	Onlay - cast predominantly base metal, two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6614	Onlay - cast noble metal, two surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6615	Onlay - cast noble metal, three or more surfaces	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6710	Crown - indirect resin based composite	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6720	Crown - resin with high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6721	Crown - Resin With Predominantly Base Metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6722	Crown - resin with noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6740	Crown - porcelain/ceramic substrate	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290

Code	Service	SGX50	SGX85	SGX100	SGX150A	SGX185	SGX185A	SGX225	SGX245	SGX290
D6750	Crown - porcelain fused to high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6751	Crown - porcelain fused to predominantly base metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6752	Crown - porcelain fused to noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6780	Crown - 3/4 cast high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6781	Crown - 3/4 cast predominantly base metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6782	Crown - 3/4 cast noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6783	Crown - 3/4 porcelain/ceramic	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6790	Crown - full cast high noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6791	Crown - full cast predominantly base metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6792	Crown - full cast noble metal	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6794	Crown - titanium	\$50	\$85	\$100	\$150	\$185	\$185	\$225	\$245	\$290
D6930	Recement bridge	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D6940	Stress breaker	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
D6950	Precision attachment, by report	\$195	\$195	\$195	\$195	\$195	\$195	\$195	\$195	\$195
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$25	\$25	\$40	\$50	\$50	\$50	\$50	\$50	\$50
D6972	Prefabricated post and core in addition to bridge retainer	\$25	\$25	\$30	\$30	\$30	\$30	\$30	\$30	\$30
D6973	Core build up for retainer, including any pins	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
D6976	Each additional indirectly fabricated post - same tooth	\$10	\$10	\$30	\$30	\$40	\$40	\$40	\$40	\$40
D6977	Each additional prefabricated post, same tooth	\$10	\$10	\$30	\$30	\$40	\$40	\$40	\$40	\$40
D6980	Fixed partial denture repair, by report	\$0	\$0	\$45	\$45	\$45	\$45	\$45	\$45	\$45
D6999	Complex full-mouth rehabilitation copy per unit for treatment involving 7 or more crowns	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit	\$125 per unit
D6999	Porcelain on molar restorations (TMI - per unit)	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit	\$75 per unit
D6999	Maximum fees for noble and high noble metal	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit	Not to exceed \$150 per unit
Oral Surgery										
D7111	Extraction, coronal remnants - deciduous tooth	\$0	\$0	\$0	\$0	\$5	\$5	\$5	\$5	\$5
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5	\$5
D7210	Surgical removal of erupted tooth	\$5	\$5	\$15	\$30	\$30	\$30	\$30	\$30	\$50
D7220	Extraction - removal of impacted tooth - soft tissue	\$10	\$10	\$20	\$35	\$45	\$45	\$45	\$50	\$50
D7230	Extraction - removal of impacted tooth - partially bony	\$30	\$30	\$40	\$65	\$65	\$65	\$65	\$65	\$65
D7240	Extraction - removal of impacted tooth - completely bony	\$55	\$55	\$75	\$80	\$80	\$80	\$80	\$80	\$135
D7241	Extraction - removal of impacted tooth - completely bony, with unusual surgical complications	\$80	\$80	\$90	\$90	\$100	\$100	\$100	\$100	\$150
D7250	Surgical extraction - removal of residual tooth roots	\$5	\$5	\$5	\$35	\$40	\$40	\$40	\$40	\$40
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$15	\$15	\$15	\$15	\$50	\$50	\$50	\$50	\$80
D7280	Surgical exposure of impacted unerupted tooth	\$15	\$15	\$15	\$15	\$85	\$85	\$85	\$100	\$100
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$15	\$15	\$15	\$90	\$90	\$90	\$90	\$90	\$90
D7283	Placement of device to facilitate eruption of impacted tooth	\$15	\$15	\$15	\$90	\$90	\$90	\$90	\$90	\$90
D7285	Biopsy of oral tissue - hard	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$150	\$150

Code	Service	SGX50	SGX85	SGX100	SGX150A	SGX185	SGX185A	SGX225	SGX245	SGX290
D7286	Biopsy of oral tissue - soft	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60	\$60
D7287	Exfoliative cytological sample collection	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
D7288	Brush biopsy - transepithelial sample collection	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0	\$0	\$0	\$0	\$35	\$35	\$40	\$40	\$40
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0	\$0	\$0	\$0	\$10	\$10	\$15	\$15	\$25
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0	\$0	\$0	\$0	\$40	\$40	\$60	\$60	\$190
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0	\$0	\$0	\$0	\$20	\$20	\$25	\$25	\$65
D7471	Removal of lateral exostosis (maxilla or mandible)	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80
D7472	Removal of torus palatinus	\$15	\$15	\$15	\$60	\$60	\$60	\$60	\$60	\$60
D7473	Removal of torus mandibularis	\$15	\$15	\$15	\$60	\$60	\$60	\$60	\$60	\$60
D7485	Surgical reduction of osseous tuberosity	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
D7510	Incision and drainage of abscess - intraoral soft tissue	\$15	\$15	\$15	\$15	\$30	\$30	\$35	\$35	\$35
D7511	Incision and drainage of abscess - intraoral soft tissue, complicated	\$15	\$15	\$15	\$15	\$30	\$30	\$35	\$35	\$35
D7520	Incision and drainage of abscess - extraoral soft tissue	\$15	\$15	\$15	\$15	\$30	\$30	\$35	\$35	\$35
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$15	\$15	\$15	\$15	\$30	\$30	\$35	\$35	\$35
D7910	Suture of recent small wounds up to 5 cm	\$15	\$15	\$15	\$15	\$25	\$25	\$25	\$25	\$25
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$0	\$0	\$0	\$0	\$40	\$40	\$40	\$50	\$90
D7963	Frenuloplasty	\$0	\$0	\$0	\$0	\$40	\$40	\$40	\$50	\$90
D7970	Excision of hyperplastic tissue	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55
D7971	Excision of pericoronal gingiva	\$35	\$35	\$35	\$35	\$35	\$35	\$40	\$40	\$40
Orthodontics										
D8010	Limited orthodontic treatment of the primary dentition	\$725	\$725	\$725	\$725	\$725	\$725	\$725	\$1,000	\$1,095
D8020	Limited orthodontic treatment of the transitional dentition	\$725	\$725	\$725	\$725	\$725	\$725	\$725	\$1,000	\$1,095
D8030	Limited orthodontic treatment of the adolescent dentition	\$725	\$725	\$725	\$725	\$725	\$725	\$725	\$1,000	\$1,095
D8040	Limited orthodontic treatment of the adult dentition	\$725	\$725	\$725	\$725	\$725	\$725	\$725	\$1,000	\$1,095
D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount	25% Discount	25% Discount	25% Discount	25% Discount	25% Discount	25% Discount	25% Discount	25% Discount
D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount	25% Discount	25% Discount	25% Discount	25% Discount	25% Discount	25% Discount	25% Discount	25% Discount
D8070	Comprehensive orthodontic treatment of the transitional dentition (full treatment case - including fixed/removable appliances)	\$1,450	\$1,450	\$1,450	\$1,695	\$1,695	\$1,695	\$1,695	\$1,850	\$2,095
D8080	Comprehensive orthodontic treatment of the adolescent dentition (full treatment case - including fixed/removable appliances)	\$1,450	\$1,450	\$1,450	\$1,695	\$1,695	\$1,695	\$1,695	\$1,850	\$2,095
D8090	Comprehensive orthodontic treatment of the adult dentition (full treatment case - including fixed/removable appliances)	\$1,450	\$1,450	\$1,450	\$1,695	\$1,695	\$1,695	\$1,695	\$1,850	\$2,095

Code	Service	SGX50	SGX85	SGX100	SGX150A	SGX185	SGX185A	SGX225	SGX245	SGX290
D9951	Occlusal adjustment - limited	\$0	\$0	\$0	\$0	\$15	\$15	\$30	\$30	\$30
D9952	Occlusal adjustment - complete	\$0	\$0	\$0	\$0	\$50	\$50	\$60	\$100	\$100
D9972	External bleaching, per arch	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
D9999	Broken appointment (less than 24 hour notice)	Not to exceed \$10	Not to exceed \$10	Not to exceed \$10	Not to exceed \$10	Not to exceed \$25	Not to exceed \$25	Not to exceed \$25	Not to exceed \$25	Not to exceed \$25

Limitations

General

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

Preventive

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

Diagnostic

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

Restorative

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

Prosthodontics

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

Endodontics

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

Oral Surgery

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

General Exclusions

1. Services performed by any dentist not contracted with SafeGuard, without prior approval by SafeGuard (except out-of-area emergency services). This includes services performed by a general dentist or specialty care dentist.
2. Dental procedures started prior to the member's eligibility under this Plan or started after the member's termination from the Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
3. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving the member's dental health, as determined by the SafeGuard selected general dentist.
4. Orthognathic surgery.
5. Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
6. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen or damaged due to abuse, misuse, or neglect.
7. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.
8. Procedures, appliances, or restorations whose primary main purpose is to change the vertical dimension of occlusion, correct congenital, developmental, or medically induced dental disorders including, but not limited to treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits.
9. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
10. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
11. Dental services required while serving in the Armed Forces of any country or international authority.
12. Dental services considered experimental in nature.
13. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.

Orthodontic Exclusions & Limitations

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

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

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

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