MetLife

SCHEDULE OF BENEFITS

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

Individual Plan
Self Referral Dental Plan

TakeAlong Dental
HMO/Managed Care 350

This SCHEDULE OF BENEFITS lists the Covered Services available to You and Your Dependents under Your dental plan, as well as Your and Your Dependent's costs for each Covered Service. Your and Your Dependent's costs may include Co-Payments for a Covered Service.

There are other factors that impact how your plan works and those are included here in the Exclusions & Limitations; please review them before your first dental appointment. It is important to discuss all recommended procedures with your provider prior to treatment.

The following co-payments apply only when services are performed by your or your dependents selected SafeGuard general dentist. If you choose to receive services from a SafeGuard contracted specialty care provider (periodontics, oral surgery, endodontics, pediodontics, orthodontics), your co-payment will be 75% of that provider's fee for those services.

Missed Appointments: If You or Your Dependents need to cancel or reschedule an appointment, please notify the Selected General Dental Office as far in advance as possible. This will allow the Selected General Dental Office to accommodate another person in need of attention. If You or Your Dependents fail to do this in a timely fashion, You or Your Dependents may be charged a missed appointment fee.

	Service	Your and Your Dependent's Co-Payment
•	Office visit - per visit (including all fees for sterilization and/or infection control)	**$10**

Code	Service	Your and Your Dependent's Co-Payment
	Diagnostic Treatment	
D0120	Periodic oral evaluation - established patient. An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately.	**$0**
D0140	Limited oral evaluation - problem focused	**$5**
D0145	Oral evaluation for a patient under three years of age and counseling	**$0**

	Service	Your and Your Dependent's Co-Payment
	with primary caregiver	
D0150	Comprehensive oral evaluation - new or established patient	**$0**

Code	Service	Your and Your Dependent's Co-Payment
D0160	Detailed and extensive oral evaluation - problem focused, by report	**$0**
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	**$0**
D0171	Re-evaluation - post-operative office visit	**$0**
D0180	Comprehensive periodontal evaluation - new or established patient. This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history, and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, and occlusal relationships.	**$0**
D0190	Screening of a patient	**$0**
D0191	Assessment of a patient	**$0**
	Radiographs / Diagnostic Imaging (X-rays)	
D0210	Intraoral – complete series of radiographic images	**$0**
D0220	Intraoral – periapical first radiographic image	**$0**
D0230	Intraoral – periapical each additional radiographic image	**$0**
D0240	Intraoral – occlusal radiographic image	**$0**
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	**$0**
D0251	Extra-oral posterior dental radiographic image	**$0**
D0270	Bitewing – single radiographic image	**$0**
D0272	Bitewings – two radiographic images	**$0**
D0273	Bitewings – three radiographic images	**$0**
D0274	Bitewings – four radiographic images	**$0**
D0277	Vertical bitewings – 7 to 8 radiographic images	**$0**
D0330	Panoramic radiographic image	**$0**
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	**75% of UCR**
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	**$0**
D0372	A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas. Comprehensive series of radiographic images.	**$0**
D0373	Intraoral tomosynthesis- bitewing radiographic image	**$0**
D0374	Intraoral tomosynthesis – periapical radiographic image	**$0**

SCHEDULE OF BENEFITS (continued)

Code	Service	Your and Your Dependent's Co-Payment
D0396	3D printing of a 3D dental surface scan	**$0**
	Tests and Examinations	
D0415	Collection of microorganisms for culture and sensitivity	**$0**
D0425	Caries susceptibility tests	**$0**
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	**$50**
D0460	Pulp vitality tests	**$0**
D0470	Diagnostic casts	**$0**
D0472	Accession of tissue, gross examination, preparation and transmission of written report	**$0**
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	**$0**
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	**$0**
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	**$0**
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	**$0**
D0502	Other oral pathology procedures, by report	**$0**
	Preventive Services	
D1110	Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.	**$20**
•	Additional-adult prophylaxis (maximum of 2 additional per year)	**$45**
D1120	Removal of plaque, calculus and stains from the tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors.	**$20**
•	Additional-child prophylaxis (maximum of 2 additional per year)	**$35**
D1206	Topical application of fluoride varnish	**$0**
D1208	Topical application of fluoride – excluding varnish	**$0**
D1310	Nutritional counseling for control of dental disease	**$0**
D1320	Tobacco counseling for the control and prevention of oral disease	**$0**
D1330	Oral hygiene instructions	**$0**
•	Includes periodontal hygiene instruction	
D1351	Sealant – per tooth	**$25**
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	**$25**
D1353	Sealant repair - per tooth	**$5**
D1354	Application of caries arresting medicament – per tooth. Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical	**$13**

Code	Service	Your and Your Dependent's Co-Payment
	removal of sound tooth structure.	
D1355	Caries preventive medicament application – per tooth	**$13**
D1516	Space maintainer – fixed – bilateral, maxillary	**$70**
D1517	Space maintainer – fixed – bilateral, mandibular	**$70**
D1520	Space maintainer – removable, unilateral – per quadrant	**$80**
D1526	Space maintainer – removable – bilateral, maxillary	**$80**
D1527	Space maintainer – removable – bilateral, mandibular	**$80**
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	**$20**
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	**$20**
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	**$20**
D1556	Removal of fixed unilateral space maintainer – per quadrant	**$20**
D1557	Removal of fixed bilateral space maintainer - maxillary	**$20**
D1558	Removal of fixed bilateral space maintainer - mandibular	**$20**
	Restorative Treatment	
D2140	Amalgam – one surface, primary or permanent	**$15**
D2150	Amalgam – two surfaces, primary or permanent	**$23**
D2160	Amalgam – three surfaces, primary or permanent	**$26**
D2161	Amalgam – four or more surfaces, primary or permanent	**$28**
D2330	Resin-based composite – one surface, anterior	**$25**
D2331	Resin-based composite – two surfaces, anterior	**$35**
D2332	Resin-based composite – three surfaces, anterior	**$50**
D2335	Resin-based composite – four or more surfaces (anterior)	**$70**
D2390	Resin-based composite crown, anterior	**$60**
D2391	Resin-based composite – one surface, posterior	**$70**
D2392	Resin-based composite – two surfaces, posterior	**$80**
D2393	Resin-based composite – three surfaces, posterior	**$110**
D2394	Resin-based composite – four or more surfaces, posterior	**$125**
	Crowns	
	• An additional charge, not to exceed $150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a $75 Co-Payment per molar, for the use of porcelain.	
	• Cases involving seven (7) or more Crowns, implants 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, implant or Bridge unit.	
D2510	Inlay – metallic – one surface	**$325**
D2520	Inlay – metallic – two surfaces	**$325**
D2530	Inlay – metallic – three or more surfaces	**$325**
D2542	Onlay – metallic – two surfaces	**$325**
D2543	Onlay – metallic – three surfaces	**$325**

SCHEDULE OF BENEFITS (continued)

Code	Service	Your and Your Dependent's Co-Payment
D2544	Onlay – metallic – four or more surfaces	**$325**
D2610	Inlay – porcelain/ceramic – one surface	**$325**
D2620	Inlay – porcelain/ceramic – two surfaces	**$325**
D2630	Inlay – porcelain/ceramic – three or more surfaces	**$325**
D2642	Onlay – porcelain/ceramic – two surfaces	**$325**
D2643	Onlay – porcelain/ceramic – three surfaces	**$325**
D2644	Onlay – porcelain/ceramic – four or more surfaces	**$325**
D2650	Inlay – resin-based composite – one surface	**$325**
D2651	Inlay – resin-based composite – two surfaces	**$325**
D2652	Inlay – resin-based composite – three or more surfaces	**$325**
D2662	Onlay – resin-based composite – two surfaces	**$325**
D2663	Onlay – resin-based composite – three surfaces	**$325**
D2664	Onlay – resin-based composite – four or more surfaces	**$325**
D2710	Crown – resin-based composite (indirect)	**$325**
D2712	Crown – ¾ resin-based composite (indirect)	**$325**
D2720	Crown – resin with high noble metal	**$325**
D2721	Crown – resin with predominantly base metal	**$325**
D2722	Crown – resin with noble metal	**$325**
D2740	Crown - porcelain/ceramic	**$350**
D2750	Crown – porcelain fused to high noble metal	**$350**
D2751	Crown – porcelain fused to predominantly base metal	**$350**
D2752	Crown – porcelain fused to noble metal	**$350**
D2753	Crown - porcelain fused to titanium and titanium alloys	**$350**
D2780	Crown – ¾ cast high noble metal	**$350**
D2781	Crown – ¾ cast predominantly base metal	**$350**
D2782	Crown – ¾ cast noble metal	**$350**
D2783	Crown – ¾ porcelain/ceramic	**$350**
D2790	Crown – full cast high noble metal	**$350**
D2791	Crown – full cast predominantly base metal	**$350**
D2792	Crown – full cast noble metal	**$350**
D2794	Crown - titanium and titanium alloys	**$350**
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression. Not to be used as a temporary crown for a routine prosthetic restoration.	**$0**
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	**$15**
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	**$15**
D2920	Re-cement or re-bond crown	**$15**
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	**$175**
D2930	Prefabricated stainless steel crown – primary tooth	**$25**

SCHEDULE OF BENEFITS (continued)

Code	Service	Your and Your Dependent's Co-Payment
D2931	Prefabricated stainless steel crown – permanent tooth	**$25**
D2932	Prefabricated resin crown	**$45**
D2933	Prefabricated stainless steel crown with resin window	**$45**
D2940	Placement of interim direct restoration Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, manage caries, create a seal for endodontic isolation, or prevent further deterioration until definitive treatment can be rendered. Not to be used for endodontic access closure, or as a base or liner under restoration.	**$0**
D2950	Core buildup, including any pins when required	**$80**
D2951	Pin retention – per tooth, in addition to restoration	**$15**
D2952	Post and core in addition to crown, indirectly fabricated	**$70**
D2953	Each additional indirectly fabricated post – same tooth	**$70**
D2954	Prefabricated post and core in addition to crown	**$70**
D2955	Post removal	**$40**
D2957	Each additional prefabricated post – same tooth	**$65**
D2960	Labial veneer (resin laminate) – chairside	**$285**
D2961	Labial veneer (resin laminate) – laboratory	**$340**
D2962	Labial veneer (porcelain laminate) – laboratory	**$380**
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework. Additional procedures to customize a crown to fit under an existing partial denture framework. This procedure is in addition to the separate a crown procedure documented with its own code.	**$50**
D2976	Band stabilization – per tooth	**$7**
D2980	Crown repair necessitated by restorative material failure	**$0**
D2981	Inlay repair necessitated by restorative material failure	**$0**
D2982	Onlay repair necessitated by restorative material failure	**$0**
D2983	Veneer repair necessitated by restorative material failure	**$0**
D2989	Excavation of a tooth resulting in the determination of non-restorability	**$0**
D2990	Resin infiltration of incipient smooth surface lesions	**$0**
	Endodontics	
•	All procedures exclude final restoration.	
D3110	Pulp cap – direct (excluding final restoration)	**$10**
D3120	Pulp cap – indirect (excluding final restoration)	**$10**
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	**$45**
D3221	Pulpal debridement, primary and permanent teeth	**$55**
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	**$40**
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	**$45**
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding	**$45**

SCHEDULE OF BENEFITS (continued)

Code	Service	Your and Your Dependent's Co-Payment
	final restoration)	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	**$225**
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	**$240**
D3330	Endodontic therapy, molar tooth (excluding final restoration)	**$350**
D3331	Treatment of root canal obstruction; non-surgical access	**$85**
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	**$225**
D3333	Internal root repair of perforation defects	**$85**
D3346	Retreatment of previous root canal therapy – anterior	**$275**
D3347	Retreatment of previous root canal therapy - premolar	**$325**
D3348	Retreatment of previous root canal therapy – molar	**$375**
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	**$105**
D3352	Apexification/recalcification – interim medication replacement	**$105**
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	**$105**
D3355	Pulpal regeneration - initial visit	**$110**
D3356	Pulpal regeneration - interim medication replacement	**$55**
D3357	Pulpal regeneration - completion of treatment	**$110**
D3410	Apicoectomy – anterior	**$215**
D3421	Apicoectomy - premolar (first root)	**$225**
D3425	Apicoectomy – molar (first root)	**$260**
D3426	Apicoectomy (each additional root)	**$125**
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	**$180**
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	**$95**
D3430	Retrograde filling – per root	**$75**
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	**$95**
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	**$215**
D3450	Root amputation – per root	**$125**
D3741	Surgical repair of root resorption –anterior	**$162**
D3472	Surgical repair of root resorption – premolar	**$169**
D3473	Surgical repair of root resorption – molar	**$195**
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	**$154**
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	**$154**

SCHEDULE OF BENEFITS (continued)

Code	Service	Your and Your Dependent's Co-Payment
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	**$154**
D3910	Surgical procedure for isolation of tooth with rubber dam	**$0**
D3920	Hemisection (including any root removal), not including root canal therapy	**$105**
D3921	Decoronation or submergence of an erupted tooth	**$116**
D3950	Canal preparation and fitting of preformed dowel or post	**$15**
	Periodontics	
•	Periodontal charting for planning treatment of periodontal disease is included as part of overall diagnosis and treatment. No additional charge will apply to You or Your Dependent or Us.	
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	**$205**
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	**$155**
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	**$0**
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	**$240**
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	**$188**
D4245	Apically positioned flap	**$165**
D4249	Clinical crown lengthening – hard tissue	**$270**
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	**$375**
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	**$296**
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	**$180**
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	**$95**
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site. Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.	**$95**
D4266	Guided tissue regeneration – resorbable barrier, per site	**$215**
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	**$255**
D4268	Surgical revision procedure, per tooth	**$0**
D4270	Pedicle soft tissue graft procedure	**$285**

SCHEDULE OF BENEFITS (continued)

Code	Service	Your and Your Dependent's Co-Payment
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	**$75**
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	**$100**
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	**$380**
D4276	Combined connective tissue and pedicle graft, per tooth. Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.	**$75**
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	**$295**
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	**$155**
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	**$38**
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	**$190**
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	**$95**
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	**$95**
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	**$70**
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	**$55**
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	**$70**
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	**$75**
D4910	Periodontal maintenance	**$70**
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	**$0**
•	Additional periodontal maintenance procedures (beyond 2 per 12 months)	**$70**
•	Periodontal charting for planning treatment of periodontal disease	**$0**
•	Periodontal hygiene instruction	**$0**
	Removable Prosthodontics	
•	Delivery of removable and fixed Prosthodontics includes up to 3 adjustments within 6 months of delivery date of service.	
D5110	Complete denture – maxillary	**$525**
D5120	Complete denture – mandibular	**$525**
D5130	Immediate denture – maxillary	**$525**

SCHEDULE OF BENEFITS (continued)

Code	Service	Your and Your Dependent's Co-Payment
D5140	Immediate denture – mandibular	**$525**
D5211	Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	**$485**
D5212	Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	**$485**
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	**$575**
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	**$575**
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) Includes limited follow-up care only; does not include future rebasing/relining procedure(s).	**$485**
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) Includes limited follow-up care only; does not include future rebasing/relining procedure(s).	**$485**
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) Includes limited follow-up care only; does not include future rebasing/relining procedure(s).	**$575**
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) Includes limited follow-up care only; does not include future rebasing/relining procedure(s).	**$575**
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	**$550**
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	**$550**
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth	**$485**
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth	**$485**
D5410	Adjust complete denture – maxillary	**$25**
D5411	Adjust complete denture – mandibular	**$25**
D5421	Adjust partial denture – maxillary	**$25**
D5422	Adjust partial denture – mandibular	**$25**
D5511	Repair broken complete denture base, mandibular	**$60**
D5512	Repair broken complete denture base, maxillary	**$60**
D5520	Replace missing or broken teeth – complete denture (each tooth)	**$45**
D5611	Repair resin partial denture base, mandibular	**$60**
D5612	Repair resin partial denture base, maxillary	**$60**
D5621	Repair cast partial framework, mandibular	**$60**
D5622	Repair cast partial framework, maxillary	**$60**
D5630	Repair or replace broken retentive clasping materials – per tooth	**$80**
D5640	Replace broken teeth – per tooth	**$45**
D5650	Add tooth to existing partial denture	**$70**

Code	Service	Your and Your Dependent's Co-Payment
D5660	Add clasp to existing partial denture	**$80**
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	**$165**
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	**$165**
D5710	Rebase complete maxillary denture	**$195**
D5711	Rebase complete mandibular denture	**$195**
D5720	Rebase maxillary partial denture	**$180**
D5721	Rebase mandibular partial denture	**$180**
D5725	Rebase hybrid prosthesis	**$195**
D5730	Reline complete maxillary denture (chairside)	**$115**
D5731	Reline complete mandibular denture (chairside)	**$115**
D5740	Reline maxillary partial denture (chairside)	**$110**
D5741	Reline mandibular partial denture (chairside)	**$110**
D5750	Reline complete maxillary denture (laboratory)	**$150**
D5751	Reline complete mandibular denture (laboratory)	**$150**
D5760	Reline maxillary partial denture (laboratory)	**$150**
D5761	Reline mandibular partial denture (laboratory)	**$150**
D5765	Soft liner for complete or partial removable denture – indirect	**$150**
D5810	Interim complete denture (maxillary)	**$230**
D5811	Interim complete denture (mandibular)	**$230**
D5820	Interim partial denture (maxillary)	**$180**
D5821	Interim partial denture (mandibular)	**$195**
D5850	Tissue conditioning, maxillary	**$45**
D5851	Tissue conditioning, mandibular	**$45**
D5862	Precision attachment, by report. Each pair of components is one precision attachment. Describe the type of attachment used.	**$160**
D5876	Add metal substructure to acrylic full denture (per arch). Use of metal substructure in removable complete dentures without a framework	**$132**
	Crowns/Fixed Bridges - Per Unit	
•	An additional charge, not to exceed $150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a $75 Co-Payment per molar, for the use of porcelain.	
•	Cases involving seven (7) or more Crowns, implants 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, implant or Bridge unit.	
D6089	Accessing and retorquing loose implant screw – per screw	**$15**
D6106	Guided tissue regeneration – resorbable barrier, per implant. This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement.	**$215**
D6107	Guided tissue regeneration – non-resorbable barrier, per implant. This procedure does not include flap entry and closure, or, when indicated, wound	**$255**

Code	Service	Your and Your Dependent's Co-Payment
	debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement.	
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant.	**$70**
D6205	Pontic – indirect resin based composite	**$310**
D6210	Pontic – cast high noble metal	**$350**
D6211	Pontic – cast predominantly base metal	**$350**
D6212	Pontic – cast noble metal	**$350**
D6214	Pontic – titanium and titanium alloys	**$350**
D6240	Pontic – porcelain fused to high noble metal	**$350**
D6241	Pontic – porcelain fused to predominantly base metal	**$350**
D6242	Pontic – porcelain fused to noble metal	**$350**
D6243	Pontic – porcelain fused to titanium and titanium alloys	**$350**
D6245	Pontic – porcelain/ceramic	**$350**
D6250	Pontic – resin with high noble metal	**$350**
D6251	Pontic – resin with predominantly base metal	**$350**
D6252	Pontic – resin with noble metal	**$350**
D6253	Further treatment or completion of diagnosis necessary prior to final impression. Not to be used as a temporary pontic for a routine prosthetic restoration.	**$85**
D6545	Retainer – cast metal for resin bonded fixed prosthesis	**$205**
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	**$245**
D6549	Resin retainer-for resin bonded fixed prosthesis	**$198**
D6600	Retainer inlay – porcelain/ceramic, two surfaces	**$325**
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces	**$325**
D6602	Retainer inlay – cast high noble metal, two surfaces	**$325**
D6603	Retainer inlay – cast high noble metal, three or more surfaces	**$325**
D6604	Retainer inlay – cast predominantly base metal, two surfaces	**$325**
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	**$325**
D6606	Retainer inlay – cast noble metal, two surfaces	**$325**
D6607	Retainer inlay – cast noble metal, three or more surfaces	**$325**
D6608	Retainer onlay – porcelain/ceramic, two surfaces	**$325**
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	**$325**
D6610	Retainer onlay – cast high noble metal, two surfaces	**$325**
D6611	Retainer onlay – cast high noble metal, three or more surfaces	**$325**
D6612	Retainer onlay – cast predominantly base metal, two surfaces	**$325**
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	**$325**
D6614	Retainer onlay – cast noble metal, two surfaces	**$325**
D6615	Retainer onlay – cast noble metal, three or more surfaces	**$325**
D6624	Retainer inlay – titanium	**$325**

Code	Service	Your and Your Dependent's Co-Payment
D6634	Retainer onlay – titanium	**$325**
D6710	Retainer crown – indirect resin based composite	**$325**
D6720	Retainer crown – resin with high noble metal	**$325**
D6721	Retainer crown – resin with predominantly base metal	**$325**
D6722	Retainer crown – resin with noble metal	**$325**
D6740	Retainer crown – porcelain/ceramic	**$350**
D6750	Retainer crown – porcelain fused to high noble metal	**$350**
D6751	Retainer crown – porcelain fused to predominantly base metal	**$350**
D6752	Retainer crown – porcelain fused to noble metal	**$350**
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	**$350**
D6780	Retainer crown – ¾ cast high noble metal	**$350**
D6781	Retainer crown – ¾ cast predominantly base metal	**$350**
D6782	Retainer crown – ¾ cast noble metal	**$350**
D6783	Retainer crown – ¾ porcelain/ceramic	**$350**
D6784	Retainer crown – ¾ titanium and titanium alloys	**$350**
D6790	Retainer crown – full cast high noble metal	**$350**
D6791	Retainer crown – full cast predominantly base metal	**$350**
D6792	Retainer crown – full cast noble metal	**$350**
D6793	Interim pontic. Further treatment or completion of diagnosis necessary prior to final impression. Not to be used as a temporary retainer crown for a routine prosthetic restoration.	**$105**
D6794	Retainer crown – titanium and titanium alloys	**$350**
D6930	Re-cement or re-bond fixed partial denture	**$20**
D6940	Stress breaker	**$110**
D6950	Precision attachment. A pair of components constitutes one precision attachment, that is separate from the prosthesis.	**$195**
D6980	Fixed partial denture repair necessitated by restorative material failure	**$45**
	Oral Surgery	
	• Includes routine post operative visits/treatment. • The removal of asymptomatic third molars is not a Covered Service unless pathology (disease) exists.	
D7111	Extraction, coronal remnants – primary tooth	**$5**
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	**$20**
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	**$60**
D7220	Removal of impacted tooth – soft tissue	**$60**
D7230	Removal of impacted tooth – partially bony	**$80**
D7240	Removal of impacted tooth – completely bony	**$155**
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	**$170**

SCHEDULE OF BENEFITS (continued)

Code	Service	Your and Your Dependent's Co-Payment
D7250	Removal of residual tooth roots (cutting procedure)	**$55**
D7251	Coronectomy – intentional partial tooth removal	**$155**
D7252	Partial extraction for immediate implant placement Sectioning the root of a tooth vertically, then extracting the palatal portion of the root. The buccal section of the root is retained in order to stablize the buccal plate prior to immediate implant placement. Also known as the Socket Shield Technique.	**$117**
D7260	Oroantral fistula closure	**$270**
D7261	Primary closure of a sinus perforation	**$275**
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	**$95**
D7280	Exposure of an unerupted tooth	**$200**
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	**$90**
D7283	Placement of device to facilitate eruption of impacted tooth	**$90**
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	**$170**
D7286	Incisional biopsy of oral tissue – soft	**$150**
D7287	Exfoliative cytological sample collection	**$50**
D7288	Brush biopsy – transepithelial sample collection	**$50**
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	**$50**
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	**$50**
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	**$25**
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	**$140**
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	**$75**
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	**$370**
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	**$990**
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	**$130**
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	**$335**
D7471	Removal of lateral exostosis (maxilla or mandible)	**$80**
D7472	Removal of torus palatinus	**$60**
D7473	Removal of torus mandibularis	**$60**
D7485	Reduction of osseous tuberosity	**$60**
D7510	Incision and drainage of abscess – intraoral soft tissue	**$35**
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	**$40**

SCHEDULE OF BENEFITS (continued)

Code	Service	Your and Your Dependent's Co-Payment
D7520	Incision and drainage of abscess – extraoral soft tissue	**$40**
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	**$40**
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	**$125**
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	**$505**
D7953	Bone replacement graft for ridge preservation – per site	**$100**
D7961	Buccal / labial frenectomy (frenulectomy)	**$110**
D7962	Lingual frenectomy (frenulectomy)	**$110**
D7963	Frenuloplasty	**$110**
D7970	Excision of hyperplastic tissue – per arch	**$55**
D7971	Excision of pericoronal gingiva	**$40**
D7972	Surgical reduction of fibrous tuberosity	**$125**
	Orthodontics	
	• Benefits cover twenty-four (24) months of usual & customary Orthodontic treatment and an additional twenty-four (24) months of retention.	
	• Comprehensive Orthodontic benefits include all phases of treatment and fixed/removable appliances.	
D8010	Limited orthodontic treatment of the primary dentition	**75% of UCR**
D8020	Limited orthodontic treatment of the transitional dentition	**75% of UCR**
D8030	Limited orthodontic treatment of the adolescent dentition	**75% of UCR**
D8040	Limited orthodontic treatment of the adult dentition	**75% of UCR**
D8070	Comprehensive orthodontic treatment of the transitional dentition	**75% of UCR**
D8080	Comprehensive orthodontic treatment of the adolescent dentition	**75% of UCR**
D8090	Comprehensive orthodontic treatment of the adult dentition	**75% of UCR**
D8091	Comprehensive orthodontic treatment with orthognatic surgery Treatment of craniofacial syndromes or orthopedic discrepancies that require multiple phases of orthodontic treatment including monitoring growth and development between active phases of treatment	**75% of UCR**
D8210	Removable Appliance Therapy	**75% of UCR**
D8220	Fixed Appliance Therapy	**75% of UCR**
D8660	Pre-orthodontic treatment examination to monitor growth and development	**75% of UCR**
D8670	Periodic orthodontic treatment visit	**75% of UCR**
D8671	Periodic orthodontic treatment associated with orthognatic surgery	**75% of UCR**
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	**75% of UCR**
D8681	Removable orthodontic retainer adjustment	**75% of UCR**
D8698	Re-cement or re-bond fixed retainer – maxillary	**75% of UCR**
D8699	Re-cement or re-bond fixed retainer – mandibular	**75% of UCR**
D8701	Repair of fixed retainer, includes reattachment – maxillary	**75% of UCR**

SCHEDULE OF BENEFITS (continued)

Code	Service	Your and Your Dependent's Co-Payment
D8702	Repair of fixed retainer, includes reattachment – mandibular	**75% of UCR**
D8999	Unspecified orthodontic procedure, by report	**75% of UCR**
•	Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models).	**75% of UCR**
	Adjunctive General Services	
D9110	Palliative (emergency) treatment of dental pain – minor procedure	**$15**
D9120	Fixed partial denture sectioning	**$0**
D9210	Local anesthesia not in conjunction with operative or surgical procedures	**$0**
D9211	Regional block anesthesia	**$0**
D9212	Trigeminal division block anesthesia	**$0**
D9215	Local anesthesia in conjunction with operative or surgical procedures	**$0**
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	**$0**
D9222	Deep sedation/general anesthesia – first 15 minutes	**$60**
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	**$60**
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	**$15**
D9239	Deep sedation/general anesthesia – first 15 minutes	**$60**
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	**$60**
D9248	Non-intravenous conscious sedation	**$15**
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	**$5**
D9440	Office visit – after regularly scheduled hours	**$30**
D9450	Case presentation, detailed and extensive treatment planning	**$0**
D9610	Therapeutic parenteral drug, single administration	**$20**
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	**$30**
D9613	Infiltration of sustained release therapeutic drug, per quadrant. Infiltration of a sustained release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes.	**$20**
D9630	Drugs or medicaments dispensed in the office for home use	**$20**
D9910	Application of desensitizing medicament	**$20**
D9930	Treatment of complication (post-surgical) – unusual circumstances, by report	**$20**
D9942	Repair and/or reline of occlusal guard	**$40**
D9943	Occlusal guard adjustment	**$10**
D9944	Occlusal guard – hard appliance, full arch	**$85**
D9945	Occlusal guard – soft appliance, full arch	**$85**

SCHEDULE OF BENEFITS (continued)

Code	Service	Your and Your Dependent's Co-Payment
D9946	Occlusal guard – hard appliance, partial arch	**$64**
D9951	Occlusal adjustment – limited	**$30**
D9952	Occlusal adjustment – complete	**$100**
D9954	Fabrications and delivery of oral appliance therapy (OAT) morning repositioning device	**$16**
D9955	Oral appliance therapy (OAT) titration visit	**$10**
D9972	External bleaching – per arch	**$125**
D9986	Missed appointment (less than 24-hour notice)	**Not to exceed $25**
D9987	Cancelled appointment (if less than 24-hour notice, see D9986)	**$0**
D9999	Unspecified adjunctive procedure, by report	**Not to exceed $25**

DENTAL BENEFITS: LIMITATIONS AND ADDITIONAL CHARGES

General

1. General anesthesia is a covered benefit only when administered by the treating dentist, in conjunction with oral and periodontal surgical procedures or when deemed necessary by the treating dentist

Diagnostic

1. Panoramic or full mouth x-rays (including bitewings): once every three (3) years, unless Dentally Necessary for a specific dental problem.

2. All costs for additional periapical and bitewing x-rays provided on the same day that a full mouth x-ray is provided to You or Your Dependent are included in the costs for the full mouth x-ray.

Preventive

1. Routine cleanings (oral Prophylaxis), periodontal maintenance services (following active periodontal therapy) and fluoride treatments are limited to twice a year. Two (2) additional cleanings (routine and periodontal) are available at the Co-Payment listed in the SCHEDULE OF BENEFITS. Additional Prophylaxis are available, if Dentally Necessary.

2. Sealants and/or preventive resin restorations: Plan benefit applies to primary and permanent molar teeth, limited to age 19, one (1) per tooth, per thirty-six (36) months, unless Dentally Necessary.

3. Space maintainers are covered to age 14 once per area, per lifetime. Replacement of lost space maintainers is not a Covered Service.

Restorative Treatment

1. An additional charge, not to exceed $150 per unit, will be applied for any procedure using noble, high noble or titanium metal.

2. Cases involving seven (7) or more Crowns 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 or Bridge unit.

3. There is a $75 Co-Payment per molar, for the use of porcelain.

4. Prefabricated stainless steel Crowns or prefabricated resin Crowns are limited to no more than one (1) replacement for the same tooth surface within five (5) years.

5. Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration.

6. Provisional and Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.

7. Replacement of any Cast Restorations with the same or a different type of Cast Restoration are limited to no more than once every five (5) years.

8. Core buildups are limited to no more than once per tooth in a period of five (5) years.

9. Post and cores are limited to no more than once per tooth in a period of five (5) years.

10. Labial veneers are limited to no more than once per tooth in a period of five (5) years.

DENTAL BENEFITS: LIMITATIONS AND ADDITIONAL CHARGES (continued)

Prosthodontics

1. Relinings and rebasings 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 tooth which cannot be added to the existing partial. 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 Selected General Dentist.
3. Replacement of an immediate full Denture with a permanent full Denture if the immediate full Denture cannot be made permanent and such replacement is done within twelve (12) months of the installation of the immediate full Denture.
4. Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture.
5. Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.
6. Tissue conditioning eligible one (1) per appliance each twenty-four (24) months.
7. Provisional and Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.

Endodontics

1. The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration.
2. Materials used for canal irrigation are included in the Endodontic procedure fees.

Oral Surgery

1. The removal of asymptomatic third molars is not a Covered Service. Pathology (disease) must exist for it to be covered by the program.
2. Includes routine post operative visits/treatments.

Periodontics

1. Irrigation (such as Chlorhexidine) is included with the other services rendered that day.
2. Local chemotherapeutic agents are limited to no more than six (6) teeth per arch. Treatment plans involving more than six (6) teeth per arch require prior Plan approval.
3. Periodontal maintenance is eligible following active periodontal therapy, which includes scaling and root planing, surgery, etc.
4. Periodontal scaling and root planing is limited to not more than once per Quadrant in any twenty-four (24) month period.
5. Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, is limited to no more than one surgical procedure per Quadrant in any thirty-six (36) month period.

6. Periodontal charting for planning treatment of periodontal disease is included as part of overall diagnosis and treatment. No additional charge will apply to You or Your Dependent or Us.

Orthodontic Exclusions and Limitations

Your co-payments will be 75% of your selected SafeGuard general or specialty care dentist's usual and customary fees. If your general dentist does not provide orthodontic care, you may receive care from a SafeGuard contracted dentist whose practice is limited to orthodontic care. A listing of contracted dentists whose practice is limited to orthodontic care can be found online at www.safeguard.net, or you may call Customer Service. 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 the 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 75% of your Safeguard selected general dentist's or Safeguard contracted orthodontist's usual and customary fees.

3. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.

4. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.

5. 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.

        v. Invisalign services are excluded.

LANGUAGE ASSISTANCE

1. Any procedures not specifically listed as a Covered Service in this SCHEDULE OF BENEFITS, are not covered.
2. Covered Services must be performed by Your Selected General Dental Office or a SafeGuard Specialty Care Dentist to whom You are referred in accordance with the terms of Your evidence of coverage and SCHEDULE OF BENEFITS. Services performed by any Dentist not contracted with SafeGuard are not Covered Services, without prior approval by SafeGuard or Your Selected General Dentist, in accordance with the terms of Your evidence of coverage and schedule of benefits (except for out-of-area emergency services).
3. Dental procedures started prior to Your or Your Dependent's eligibility under this SCHEDULE OF BENEFITS or started after Your or Your Dependent's benefits have ended. For example, teeth prepared for Crowns, root canals in progress (the tooth has been opened into the pulp (nerve chamber)), or full or partial Dentures for which an impression has been taken.
4. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving You or Your Dependent's dental health, as determined by the Selected General Dentist, and Us based on generally accepted dental standards of care.
5. Orthognathic surgery.
6. Inpatient/outpatient hospital charges of any kind, including prescriptions or medications. General anesthesia or IV sedation is not covered for any reason if rendered in an out patient facility or hospital. Dental charges will be covered, if the procedure performed is covered by the Plan.
7. Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged.
8. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a Covered Service in the SCHEDULE OF BENEFITS. Any services related to pathology laboratory fees.
9. Procedures, appliances, or restorations whose primary purpose is to change the vertical dimension of occlusion, correct congenital malformation, 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 Service in this 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. 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.
12. Dental services required while serving in the Armed Forces of any country or international authority.
13. Dental services considered Experimental in nature.
14. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.
15. Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS.

LANGUAGE ASSISTANCE

As a SafeGuard member you have a right to free language assistance services, including interpretation and translation services. SafeGuard collects and maintains your language preferences, race, and ethnicity so that we can communicate more effectively with our members. If you require language assistance or would like to inform SafeGuard of your preferred language, please contact SafeGuard at (800) 880-1800.

Como miembro de SafeGuard usted tiene derecho a recibir servicios gratuitos de asistencia en idiomas. Esto incluye servicios de interpretación y traducción. SafeGuard recaba la información sobre sus preferencias de idioma, raza, y etnia de manera que nos podamos comunicar eficazmente con nuestros afiliados. Si necesita asistencia en su idioma o quiere informarle a SafeGuard sobre su idioma de preferencia, comuníquese con SafeGuard al (800) 880-1800.

作為**SafeGuard**的會員，您有權獲得免費語言服務，包括口譯和筆譯。**SafeGuard**收集並保存有關您的語言選擇、人種和族裔方面的資料，以便我們更有效地與會員溝通。如果您需要語言方面的協助，或希望將您選擇的語言告訴**SafeGuard**，可通過電話或網站與**SafeGuard**聯絡，電話是**(800) 880-1800**。