

Benefits Description	Plan Coverage
Calendar Year Maximum	\$1,000
Calendar Year Deductible	\$ 50 per person \$150 per family
Preventive Services Initial/Routine Oral Exam, Teeth Cleaning & Routine Scaling, Fluoride Treatment, Sealant (children under 17), X-rays as part of a general exam, Emergency Exam	100% no deductible
General Services Fillings, General Anesthetics, Space Maintainers	80% after deductible
Major Services Crowns, Removable & Fixed Bridges, Complete & Partial Dentures, Oral Surgery, Periodontics, Endodontics	50% after deductible 12 month wait*
*There is a 12-month waiting period for Major Services on this plan, unless you were previously covered on this Employer's Indemnity plan for the last continuous 12 months. If you were covered for less than 12 continuous months, your waiting period will be pro-rated.	
Orthodontia - Adult and Child Orthodontia benefits are paid at 50% over a 24-month course of treatment after the deductible has been met. Payments will stop mid-course if coverage ends. If treatment stops before completion, you will only be reimbursed for services actually received.	\$1,000 lifetime maximum

Your Costs: Payment from SafeGuard is based on a Maximum Allowable Amount. The Maximum Allowable Amount is the amount that will be allowed by SafeGuard for a covered procedure. The Maximum Allowable Amount is determined by SafeGuard based on either charges billed for the same service by providers in the same geographic area with similar training and experience, or negotiated rates with providers who have contracted with SafeGuard. SafeGuard contracted dentists have agreed to accept a negotiated fee as payment in full, less any deductibles and/or coinsurance requirements. If you receive treatment from a non-contracted dentist, you will be responsible for any monies owed in excess of the Maximum Allowable Amount.

Network Access: This plan includes access to SafeGuard's network. Contracted dentists have agreed to accept a negotiated fee as payment in full, less any deductibles and/or coinsurance requirements, with no "Balance Billing".

Balance Billing: If you choose to receive treatment from a non-contracted dentist, and your dentist charges more than the Maximum Allowable Amount for a procedure, you are responsible for the difference between what is charged and that amount. This is called "Balance Billing".

Limitations:

- Initial/Routine Oral Exam 2 per calendar year
- Teeth Cleaning 2 per calendar year
- Fluoride Treatment 1 per calendar year
- Sealants 1 per 36 months, children 17 years and under on permanent molars only
- Emergency Treatment For relief of pain only

Additional Exclusions and Limitations are listed on the following page.

Exclusions and Limitations
Exclusions – No benefits are payable under this Policy for any expenses incurred for:

1. Any service or supply not listed in the Summary of Benefits or defined in your Employer's Master policy.
2. Any procedure or appliance started before the effective date or after the termination date of the Covered Person's insurance.
3. An appliance delivered or placed more than ninety days after termination of the Covered Person's insurance.
4. Treatment by anyone other than a Dentist or Physician, except where performed by a duly qualified hygienist under the direction of a Dentist or Physician.
5. Dental services that do not have uniform professional endorsement by the American Dental Association.
6. Services or materials that are experimental, cosmetic, or not medically necessary.
7. Services and supplies related to the change of vertical dimension, restoration or maintenance of occlusion, re-implantation, splinting and stabilizing teeth, bite registration, bite analysis, attrition, erosion or abrasion, and treatment for myofascial pain disorders (MPD) or temporomandibular joint dysfunction (TMJ).
8. Replacement of lost or stolen appliances or replacement of any appliance, prosthesis, crown, or bridge placed less than five (5) years before (temporary prosthetics are considered permanent and subject to this exclusion if not replaced by the permanent prosthetic within six (6) months.
9. Initial placement of any bridge or denture unless such placement is necessitated by the extraction of one or more natural teeth while insured under this Policy or is due to irreparable damage caused as a result of injury received while insured under this Policy.
10. Periodontal maintenance, unless following active periodontal therapy.
11. Periodontal scaling or root planning for children under the age of 14.
12. Partial dentures for children under the age of 14 to replace extracted or lost primary or permanent teeth.
13. Prescribed drugs, medications or analgesia, or training in or supplies used for dietary counseling, oral hygiene or plaque control; nitrous oxide or sterilization charges; pulp caps or medicaments.
14. Care rendered within any facility of, or provided by: (1) the United States Government or any agency thereof; (2) any hospital or institution that does not require the Covered Person to pay for such services in the absence of insurance.
15. Any expenses paid by any Workers' Compensation law or act, Employers' Liability law or by any governmental program, law or agency, except for Medicare or Medicaid.
16. Treatment of congenital malfunctions or malformations.
17. Treatment or service not recommended by a dentist.
18. Expenses resulting from injuries sustained or sickness contracted as a result of any war or act of war or participation in a riot or civil disturbance or while committing or attempting to commit a felony.
19. Charges for professional services rendered by any individual who is related to the Covered Person by blood or marriage.
20. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
21. Orthodontic services unless orthodontics is a covered benefit under this Policy or any applicable rider.
22. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.

Limitations - Benefits under this Policy are limited as follows:

1. Panorex or full mouth x-ray series – once every 36 months
2. Porcelain, porcelain with metal, or full gold crowns – must be 14 years or older and on permanent teeth.
3. General anesthetics – for oral surgery and periodontics only
4. Replacement of crowns, gold restorative or cast posts - once every five years (If the tooth can be restored with less expensive materials, the benefit will be based on those materials.)
5. To restore injured or decayed posterior teeth, the benefit is an amalgam filling.
6. Replacement of dentures – once every five years and only if the original is unserviceable. When a permanent denture replaces a temporary one, charges for both are limited to the charge for the permanent one.