

Benefits Description	Plan Coverage
<b>Plan Year Maximum</b>	\$1,000
<b>Plan Year Deductible</b>	\$ 50 per person \$150 per family
<b>Preventive Services</b> Initial/Routine Oral Exam, Teeth Cleaning & Routine Scaling, Fluoride Treatment, Sealant, X-rays as part of a general exam, Emergency Treatment	100% no deductible
<b>General Services</b> Problem-focused Exams & Related X-rays, Fillings, General Anesthetics, Space Maintainers, Oral Surgery, Periodontics, Endodontics	80% after deductible
<b>Major Services</b> Crowns, Removable & Fixed Bridges, Complete & Partial Dentures	50% after deductible 12 month wait*
<b>Orthodontia - Adult and Child</b> Orthodontia benefits are paid at 50% over a 24-month course of treatment after the deductible has been met. If treatment stops before completion, you will only be reimbursed for services actually received.	\$1,000 lifetime maximum
*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.	

**You save when using a SafeGuard PPO dentist...** SafeGuard PPO dentists have agreed to reduce their treatment fees up to 30% for SafeGuard enrollees. Using a SafeGuard PPO dentist lowers your out-of-pocket expenses.

**Your Costs:** The usual & customary charge is determined by weighing the complexity of the treatment, and the fee most commonly charged for that service in your dentist's specific geographic area. Claims payment is based on the usual & customary charge for each procedure; this is the maximum amount that SafeGuard will pay. The benefit will be calculated based on the dentist's submitted fee or the usual & customary amount, whichever is less.

**Balance Billing:** If you receive care from a dentist that is not contracted with SafeGuard, and that dentist charges more than the maximum amount for a specific procedure, you are responsible for the difference between what the dentist charges you and SafeGuard's maximum amount. This is called "Balance Billing". If you receive treatment from a SafeGuard contracted dentist, you will not be "Balance Billed" — SafeGuard contracted dentists have agreed to accept a negotiated amount, plus your co-insurance payment if any, as payment in full.

**Limitations:**

- Initial/Routine Oral Exam 2 per plan year
- Teeth Cleaning 2 per plan year
- Bitewing Series 2 per plan year
- Fluoride Treatment 1 per plan year
- Sealants 1 per 36 months, children 17 years and under on permanent molars only
- Emergency Treatment Relief of acute pain, bleeding or infection only

Additional Exclusions and Limitations are listed on the following page.

Underwritten by SafeHealth Life Insurance Company

**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.