

Dental HMO* Benefits

Savings, convenience and service. For healthier smiles.



MetLife



If I want to be at my best,
a good dental plan
will be refreshing.

**SafeGuard Dental HMO
SGX 185-TX
Enrollment Kit**

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



A lot of emphasis has been put on healthy living, and oral health is an essential part of that. This dental benefits plan offers you valuable coverage that can help you and your family keep a healthy regimen. Plus, you'll get service you can count on. Now that's refreshing.

- Lower out-of-pocket costs on hundreds of dental procedures.¹
- Broad network of participating dentists.
- Hassle-free benefits.
- A commitment to your oral health.

¹ Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often members visit the dentist and the cost of services rendered.



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Dear City of San Antonio Employee:

A good dental benefits plan can be an important part of good oral health. That's why City of San Antonio offers you access to this SafeGuard Dental HMO* plan — so you and your family can receive the dental coverage you need and get all of these valuable features:

- **Lower out-of-pocket costs** with co-payments on more than 340 procedures that will save you on out-of-pocket costs because they may be less than you would pay without the plan.** The co-payment for each covered procedure is listed in the Schedule of Benefits.
- **Broad network** of participating dentists and specialty care providers. Just logon to www.metlife.com/mybenefits to find a participating dentist.
- **A commitment to your oral health** means educational tools and resources that help you and your dentist make informed choices.
- **Hassle-free benefits** that make your life easier with no deductibles or yearly maximums to keep track of and no claim forms to complete.

It's easy to get this valuable dental benefits plan.

- Review your enclosed Dental Benefits Guide that contains details on the plan including the Schedule of Benefits and Evidence of Coverage.
- Please be sure to select two participating dentists. If your first choice is unable to accept new members at this time, you will have an alternate to help ensure your access to care is not delayed. Each covered dependent may select different participating dentists.
- You may schedule an appointment with your dentist anytime after your effective date. Please bring a copy of the Schedule of Benefits with you to your first appointment to ensure your dentist has all the necessary information about your plan. For questions after your effective date, you may contact customer service at 800-880-1800.

Sincerely,

SafeGuard, a MetLife company

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** Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

Understanding Your Dental Benefits

It's important to get the dental coverage you and your family need. This Dental HMO* plan offers you valuable features that are sure to keep you smiling:

- Lower out-of-pocket costs.
- Broad network of participating dentists.
- A commitment to your oral health.
- Hassle-free benefits.

Lower out-of-pocket costs on more than 340 procedures.

This benefits plan provides you with access to essential dental care while helping to protect you against the rising costs of dental services. The co-payments may be considerably lower than your cost would be without this dental plan. Here are some of the services included in this plan¹ ... all of which will help you lower your out-of-pocket dental care costs²:

- Preventive Services (exams, sealants, x-rays)
- White fillings on rear (posterior) teeth
- Porcelain and titanium crowns
- Adult & child orthodontics
- Osseous surgery, periodontal maintenance
- Root canals and retreatment
- Extractions
- Bleaching treatment
- General anesthesia, IV sedation & nitrous oxide
- Up to 4 yearly cleanings
- Veneers
- Cancer screenings

Plus, many procedures that are not listed on the Schedule of Benefits are available at a reduced fee. For a full listing of all covered services and co-payments, please refer to the Schedule of Benefits.

Broad network of participating dentists.

Participating general dentists and specialists must meet well-established credentialing standards. Each dentist and specialist is pre-screened and subject to regular audits, including onsite visits to the dental offices. Remember that each enrolled family member may select a different participating general dentist.

Commitment to your oral health.

Because dental care can be an important part of good overall health, we provide you access to valuable tools that can help you and your dentist make informed decisions about your dental benefits and oral health.

Today, the Academy of General Dentistry tells us that more than 90% of all diseases produce oral signs and symptoms. Dentists can play a key role in screening for conditions such as cancer, diabetes, leukemia, heart disease, and kidney disease.³

Understanding Your Dental Benefits (continued)

Hassle-free benefits.

With this benefits plan, you don't have to worry about deductibles, yearly maximums or filling out paperwork for claims. All you have to do is select a participating dentist at enrollment. Then just call to schedule your appointment after your plan's effective date. When you receive dental services from your selected dentist, you are only responsible for the co-payment for any covered services received.

Plus, if you need specialty care, no problem. Your selected participating dentist will provide you with the name of a participating specialist. Just call that specialist to schedule your appointment⁴. Any co-payment amount for services is listed on your Schedule of Benefits. This co-payment applies whether the services are provided by your selected participating general dentist or by a participating specialist.

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1. Certain limitations apply to some services; please review your Schedule of Benefits for full details.
2. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
3. Academy of General Dentistry. The Importance of Oral Health to Overall Health.
<http://www.agd.org/public/oralhealth/default.asp?IssID=320&Topic=O&ArtID=1289#body>, updated October 2008.
4. In California, orthodontic and pedodontic specialty services require pre-approval. Your selected participating dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

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DHMO* Frequently Asked Questions

Do I need to select a dentist who participates in the network when I enroll?

Yes. At the time of enrollment, you will select two participating dentists. This will help ensure you are able to receive the care you need if your first choice is unable to accept new members. The participating dentist you select at enrollment will provide your routine dental care. You may schedule an appointment with your dentist anytime after your plan's effective date.

Who are the dentists who participate in your network?

This plan's network includes both private practice dentists and those who are in a clinic environment. Every dentist in the network has been thoroughly screened prior to acceptance. Participating dentists are also subject to regular audits, including onsite visits to the dental offices. You can find the names, addresses, languages spoken and telephone numbers of participating dentists by searching our online "Find a Dentist" directory at www.metlife.com/mybenefits for the most up to date information.

Can I change dentists?

Yes. You and your enrolled dependents may each select different participating dentists and may change dentists as often as once per month. You can change dentists for you and your enrolled dependents online at www.metlife.com/mybenefits or by calling Customer Service. Your transfer will be effective the first of the following month. Please note: any requests made after the 25th of the month will change effective the first of the following month (e.g., a facility request changed on March 28th will go into effect on May 1st). Please note: you should ensure any dental work-in-progress is completed prior to transferring to a new dentist. Refer to your Evidence of Coverage included with your enrollment materials for more information.

What if I need emergency care?

All participating dental offices in our network provide emergency access 24 hours a day, 7 days a week. If you cannot reach your selected participating dentist, you may receive emergency care from any licensed dental care professional. The definition of what is considered "emergency care" and other specifics can be found in the Evidence of Coverage located in your enrollment booklet.

I noticed some dental offices in your directory appear to be closed to new members. What if one of them is my current dentist?

While these facilities cannot accept new patients, you may not have to change dentists if you are currently a patient in one of those offices. It is important that you contact Customer Service in order to ensure that you can continue using your current facility under the plan.

DHMO* Frequently Asked Questions (continued)

What if I need to see a specialist?

This is a “direct referral” plan which means your selected participating dentist will refer you to a participating specialist in your area – there is no need to wait for approval.¹ Any co-payment amount for services is listed on your Schedule of Benefits. This co-payment applies whether the services are provided by your selected participating general dentist or by a participating specialist.

1. In California, orthodontic and pedodontic specialty services require pre-approval. Your selected participating dentist will contact SafeGuard for pre-approval. Once approved, your dentist will contact you with the name of a participating specialist.

Do these plans cover second opinions?

Yes. Just contact Customer Service to let us know that you would like another clinical opinion and we will provide the name of a dentist for you to see.

If my dentist does not participate in my plan’s network, can he/she apply for participation?

Yes. If your current dentist does not participate in the network, we will be happy to accept your nomination. Just call Customer Service, or to submit your nomination online, visit the MyBenefits website at www.metlife.com/mybenefits and click the “Find a Dentist” link. Once submitted, we will contact that dentist with an invitation to join our dental network.

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SCHEDULE OF BENEFITS

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

Direct Referral Dental Plan

SGX185-TX

This Schedule of Benefits lists the services available to you under your SafeGuard plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations.

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

In addition, non-listed services are available with your SafeGuard selected general dentist or specialty care dentist at 75% of their usual and customary fees.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention.

| Code | Service | Co-payment |
|--|--|------------|
| Diagnostic Treatment | | |
| D0120 | Periodic oral evaluation - established patient | \$0 |
| D0140 | Limited oral evaluation - problem focused | \$0 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | \$0 |
| D0150 | Comprehensive oral evaluation - new or established patient | \$0 |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | \$0 |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | \$0 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | \$0 |
| | • Office visit - per visit (including all fees for sterilization and/or infection control) | \$5 |
| Radiographs / Diagnostic Imaging (X-Rays) | | |
| D0210 | Intraoral – complete series (including bitewings) | \$0 |
| D0220 | Intraoral – periapical first film | \$0 |
| D0230 | Intraoral – periapical each additional film | \$0 |
| D0240 | Intraoral – occlusal film | \$0 |
| D0250 | Extraoral – first film | \$0 |
| D0260 | Extraoral – each additional film | \$0 |
| D0270 | Bitewing – single film | \$0 |
| D0272 | Bitewings – two films | \$0 |
| D0273 | Bitewings – three films | \$0 |
| D0274 | Bitewings – four films | \$0 |
| D0277 | Vertical bitewings – 7 to 8 films | \$0 |
| D0330 | Panoramic film | \$0 |
| D0350 | Oral/facial photographic images | \$0 |
| Tests and Examinations | | |
| D0415 | Collection of microorganisms for culture and sensitivity | \$0 |

| Code | Service | Co-payment |
|------------------------------|---|-------------------|
| 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 |
| D0486 | Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report | \$0 |
| Preventive Services | | |
| D1110 | Prophylaxis – adult | \$0 |
| | • Additional-adult prophylaxis (maximum of 2 additional per year) | \$35 |
| D1120 | Prophylaxis – child | \$0 |
| | • Additional-child prophylaxis (maximum of 2 additional per year) | \$25 |
| D1203 | Topical application of fluoride - child | \$0 |
| D1204 | Topical application of fluoride - adult | \$0 |
| D1206 | Topical fluoride varnish; therapeutic application for moderate to high caries risk patients | \$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 |
| D1351 | Sealant – per tooth | \$0 |
| D1510 | Space maintainer – fixed – unilateral | \$25 |
| D1515 | Space maintainer – fixed – bilateral | \$25 |
| D1520 | Space maintainer – removable – unilateral | \$35 |
| D1525 | Space maintainer – removable – bilateral | \$35 |
| D1550 | Re-cementation of space maintainer | \$5 |
| D1555 | Removal of fixed space maintainer | \$5 |
| Restorative Treatment | | |
| D2140 | Amalgam – one surface, primary or permanent | \$10 |
| D2150 | Amalgam – two surfaces, primary or permanent | \$15 |
| D2160 | Amalgam – three surfaces, primary or permanent | \$18 |
| D2161 | Amalgam – four or more surfaces, primary or permanent | \$20 |
| D2330 | Resin-based composite – one surface, anterior | \$10 |
| D2331 | Resin-based composite – two surfaces, anterior | \$15 |
| D2332 | Resin-based composite – three surfaces, anterior | \$18 |
| D2335 | Resin-based composite – four or more surfaces or involving incisal angle (anterior) | \$20 |
| D2390 | Resin-based composite crown, anterior | \$30 |
| D2391 | Resin-based composite – one surface, posterior | \$30 |
| D2392 | Resin-based composite – two surfaces, posterior | \$45 |
| D2393 | Resin-based composite – three surfaces, posterior | \$65 |
| D2394 | Resin-based composite – four or more surfaces, posterior | \$65 |

| Code | Service | Co-payment |
|-------|--|------------|
| | Crowns | |
| | <ul style="list-style-type: none"> • 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 crown/bridge unit in addition to regular co-payments for porcelain on molars. • 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 co-payment for each crown/bridge unit. | |
| D2510 | Inlay – metallic – one surface | \$165 |
| D2520 | Inlay – metallic – two surfaces | \$165 |
| D2530 | Inlay – metallic – three or more surfaces | \$165 |
| D2542 | Onlay – metallic – two surfaces | \$185 |
| D2543 | Onlay – metallic – three surfaces | \$185 |
| D2544 | Onlay – metallic – four or more surfaces | \$185 |
| D2610 | Inlay – porcelain/ceramic – one surface | \$185 |
| D2620 | Inlay – porcelain/ceramic – two surfaces | \$185 |
| D2630 | Inlay – porcelain/ceramic – three or more surfaces | \$185 |
| D2642 | Onlay – porcelain/ceramic – two surfaces | \$185 |
| D2643 | Onlay – porcelain/ceramic – three surfaces | \$185 |
| D2644 | Onlay – porcelain/ceramic – four or more surfaces | \$185 |
| D2650 | Inlay – resin-based composite – one surface | \$185 |
| D2651 | Inlay – resin-based composite – two surfaces | \$185 |
| D2652 | Inlay – resin-based composite – three or more surfaces | \$185 |
| D2662 | Onlay – resin-based composite – two surfaces | \$185 |
| D2663 | Onlay – resin-based composite – three surfaces | \$185 |
| D2664 | Onlay – resin-based composite – four or more surfaces | \$185 |
| D2710 | Crown – resin-based composite (indirect) | \$185 |
| D2712 | Crown – $\frac{3}{4}$ resin-based composite (indirect) | \$185 |
| D2720 | Crown – resin with high noble metal | \$185 |
| D2721 | Crown – resin with predominantly base metal | \$185 |
| D2722 | Crown – resin with noble metal | \$185 |
| D2740 | Crown – porcelain/ceramic substrate | \$225 |
| D2750 | Crown – porcelain fused to high noble metal | \$185 |
| D2751 | Crown – porcelain fused to predominantly base metal | \$185 |
| D2752 | Crown – porcelain fused to noble metal | \$185 |
| D2780 | Crown – $\frac{3}{4}$ cast high noble metal | \$185 |
| D2781 | Crown – $\frac{3}{4}$ cast predominantly base metal | \$185 |
| D2782 | Crown – $\frac{3}{4}$ cast noble metal | \$185 |
| D2783 | Crown – $\frac{3}{4}$ porcelain/ceramic | \$185 |
| D2790 | Crown – full cast high noble metal | \$185 |
| D2791 | Crown – full cast predominantly base metal | \$185 |
| D2792 | Crown – full cast noble metal | \$185 |
| D2794 | Crown – titanium | \$185 |
| D2799 | Provisional crown | \$0 |
| D2910 | Recement inlay, onlay, or partial coverage restoration | \$0 |
| D2915 | Recement cast or prefabricated post and core | \$0 |
| D2920 | Recement crown | \$0 |
| D2930 | Prefabricated stainless steel crown – primary tooth | \$25 |
| D2931 | Prefabricated stainless steel crown – permanent tooth | \$25 |

| Code | Service | Co-payment |
|-------------|---|-------------------|
| D2932 | Prefabricated resin crown | \$35 |
| D2933 | Prefabricated stainless steel crown with resin window | \$35 |
| D2940 | Sedative filling | \$0 |
| D2950 | Core buildup, including any pins | \$50 |
| D2951 | Pin retention – per tooth, in addition to restoration | \$10 |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$50 |
| D2953 | Each additional indirectly fabricated post – same tooth | \$50 |
| D2954 | Prefabricated post and core in addition to crown | \$30 |
| D2955 | Post removal (not in conjunction with endodontic therapy) | \$10 |
| D2957 | Each additional prefabricated post – same tooth | \$30 |
| D2960 | Labial veneer (resin laminate) – chairside | \$250 |
| D2961 | Labial veneer (resin laminate) – laboratory | \$300 |
| D2962 | Labial veneer (porcelain laminate) – laboratory | \$350 |
| D2970 | Temporary crown (fractured tooth) | \$0 |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | \$50 |
| D2980 | Crown repair, by report | \$0 |
| | Endodontics | |
| | <i>All procedures exclude final restoration.</i> | |
| D3110 | Pulp cap – direct (excluding final restoration) | \$0 |
| D3120 | Pulp cap – indirect (excluding final restoration) | \$0 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament | \$10 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$45 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | \$10 |
| D3230 | Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) | \$30 |
| D3240 | Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) | \$35 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$80 |
| D3320 | Endodontic therapy, bicuspid tooth (excluding final restoration) | \$115 |
| D3330 | Endodontic therapy, molar (excluding final restoration) | \$200 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$85 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$70 |
| D3333 | Internal root repair of perforation defects | \$85 |
| D3346 | Retreatment of previous root canal therapy – anterior | \$135 |
| D3347 | Retreatment of previous root canal therapy – bicuspid | \$175 |
| D3348 | Retreatment of previous root canal therapy – molar | \$275 |
| D3351 | Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$65 |
| D3352 | Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) | \$65 |
| D3353 | Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) | \$65 |
| D3410 | Apicoectomy/periradicular surgery – anterior | \$95 |
| D3421 | Apicoectomy/periradicular surgery – bicuspid (first root) | \$95 |
| D3425 | Apicoectomy/periradicular surgery – molar (first root) | \$95 |
| D3426 | Apicoectomy/periradicular surgery (each additional root) | \$60 |

| Code | Service | Co-payment |
|--|---|-------------------|
| D3430 | Retrograde filling – per root | \$40 |
| D3450 | Root amputation – per root | \$95 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | \$19 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | \$90 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$15 |
| Periodontics | | |
| D4210 | Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant | \$90 |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant | \$68 |
| D4240 | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant | \$150 |
| D4241 | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant | \$113 |
| D4245 | Apically positioned flap | \$165 |
| D4249 | Clinical crown lengthening – hard tissue | \$120 |
| D4260 | Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$295 |
| D4261 | Osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$210 |
| D4263 | Bone replacement graft – first site in quadrant | \$180 |
| D4264 | Bone replacement graft – each additional site in quadrant | \$95 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration | \$95 |
| D4266 | Guided tissue regeneration – resorbable barrier, per site | \$215 |
| D4267 | Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal) | \$255 |
| D4270 | Pedicle soft tissue graft procedure | \$245 |
| D4271 | Free soft tissue graft procedure (including donor site surgery) | \$245 |
| D4273 | Subepithelial connective tissue graft procedures, per tooth | \$75 |
| D4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | \$70 |
| D4275 | Soft tissue allograft | \$380 |
| D4320 | Provisional splinting – intracoronal | \$95 |
| D4321 | Provisional splinting – extracoronal | \$85 |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant | \$40 |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant | \$30 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | \$40 |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report | \$60 |
| D4910 | Periodontal maintenance | \$30 |
| | • Additional periodontal maintenance procedures (beyond 2 per 12 months) | \$55 |
| | • Periodontal charting for planning treatment of periodontal disease | \$0 |
| | • Periodontal hygiene instruction | \$0 |
| Removable Prosthodontics | | |
| <i>Includes up to 3 adjustments within 6 months of delivery.</i> | | |
| D5110 | Complete denture – maxillary | \$210 |
| D5120 | Complete denture – mandibular | \$210 |
| D5130 | Immediate denture – maxillary | \$225 |

| Code | Service | Co-payment |
|-------------|---|-------------------|
| D5140 | Immediate denture – mandibular | \$225 |
| D5211 | Maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | \$240 |
| D5212 | Mandibular partial denture – resin base (including any conventional clasps, rests and teeth) | \$240 |
| D5213 | Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$260 |
| D5214 | Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$260 |
| D5225 | Maxillary partial denture – flexible base (including any clasps, rests and teeth) | \$365 |
| D5226 | Mandibular partial denture – flexible base (including any clasps, rests and teeth) | \$365 |
| D5281 | Removable unilateral partial denture – one piece cast metal including clasps and teeth) | \$250 |
| D5410 | Adjust complete denture – maxillary | \$0 |
| D5411 | Adjust complete denture – mandibular | \$0 |
| D5421 | Adjust partial denture – maxillary | \$0 |
| D5422 | Adjust partial denture – mandibular | \$0 |
| D5510 | Repair broken complete denture base | \$30 |
| D5520 | Replace missing or broken teeth – complete denture (each tooth) | \$30 |
| D5610 | Repair resin denture base | \$30 |
| D5620 | Repair cast framework | \$30 |
| D5630 | Repair or replace broken clasp | \$35 |
| D5640 | Replace broken teeth – per tooth | \$30 |
| D5650 | Add tooth to existing partial denture | \$30 |
| D5660 | Add clasp to existing partial denture | \$35 |
| 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 | \$60 |
| D5711 | Rebase complete mandibular denture | \$60 |
| D5720 | Rebase maxillary partial denture | \$60 |
| D5721 | Rebase mandibular partial denture | \$60 |
| D5730 | Reline complete maxillary denture (chairside) | \$35 |
| D5731 | Reline complete mandibular denture (chairside) | \$35 |
| D5740 | Reline maxillary partial denture (chairside) | \$35 |
| D5741 | Reline mandibular partial denture (chairside) | \$35 |
| D5750 | Reline complete maxillary denture (laboratory) | \$60 |
| D5751 | Reline complete mandibular denture (laboratory) | \$60 |
| D5760 | Reline maxillary partial denture (laboratory) | \$60 |
| D5761 | Reline mandibular partial denture (laboratory) | \$60 |
| D5810 | Interim complete denture (maxillary) | \$230 |
| D5811 | Interim complete denture (mandibular) | \$230 |
| D5820 | Interim partial denture (maxillary) | \$60 |
| D5821 | Interim partial denture (mandibular) | \$60 |
| D5850 | Tissue conditioning, maxillary | \$10 |
| D5851 | Tissue conditioning, mandibular | \$10 |
| D5862 | Precision attachment, by report | \$160 |

| Code | Service | Co-payment |
|--|---|------------|
| Crowns/Fixed Bridges - Per Unit | | |
| <ul style="list-style-type: none"> • <i>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 crown/bridge unit in addition to regular co-payments for porcelain on molars.</i> • <i>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 co-payment for each crown/bridge unit.</i> | | |
| D6210 | Pontic – cast high noble metal | \$185 |
| D6211 | Pontic – cast predominantly base metal | \$185 |
| D6212 | Pontic – cast noble metal | \$185 |
| D6214 | Pontic – titanium | \$185 |
| D6240 | Pontic – porcelain fused to high noble metal | \$185 |
| D6241 | Pontic – porcelain fused to predominantly base metal | \$185 |
| D6242 | Pontic – porcelain fused to noble metal | \$185 |
| D6245 | Pontic – porcelain/ceramic | \$205 |
| D6250 | Pontic – resin with high noble metal | \$185 |
| D6251 | Pontic – resin with predominantly base metal | \$185 |
| D6252 | Pontic – resin with noble metal | \$185 |
| D6253 | Provisional pontic | \$0 |
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis | \$150 |
| D6600 | Inlay – porcelain/ceramic, two surfaces | \$185 |
| D6601 | Inlay – porcelain/ceramic, three or more surfaces | \$185 |
| D6602 | Inlay – cast high noble metal, two surfaces | \$185 |
| D6603 | Inlay – cast high noble metal, three or more surfaces | \$185 |
| D6604 | Inlay – cast predominantly base metal, two surfaces | \$185 |
| D6605 | Inlay – cast predominantly base metal, three or more surfaces | \$185 |
| D6606 | Inlay – cast noble metal, two surfaces | \$185 |
| D6607 | Inlay – cast noble metal, three or more surfaces | \$185 |
| D6608 | Onlay – porcelain/ceramic, two surfaces | \$185 |
| D6609 | Onlay – porcelain/ceramic, three or more surfaces | \$185 |
| D6610 | Onlay – cast high noble metal, two surfaces | \$185 |
| D6611 | Onlay – cast high noble metal, three or more surfaces | \$185 |
| D6612 | Onlay – cast predominantly base metal, two surfaces | \$185 |
| D6613 | Onlay – cast predominantly base metal, three or more surfaces | \$185 |
| D6614 | Onlay – cast noble metal, two surfaces | \$185 |
| D6615 | Onlay – cast noble metal, three or more surfaces | \$185 |
| D6710 | Crown – indirect resin based composite | \$185 |
| D6720 | Crown – resin with high noble metal | \$185 |
| D6721 | Crown – resin with predominantly base metal | \$185 |
| D6722 | Crown – resin with noble metal | \$185 |
| D6740 | Crown – porcelain/ceramic | \$185 |
| D6750 | Crown – porcelain fused to high noble metal | \$185 |
| D6751 | Crown – porcelain fused to predominantly base metal | \$185 |
| D6752 | Crown – porcelain fused to noble metal | \$185 |
| D6780 | Crown – ¾ cast high noble metal | \$185 |
| D6781 | Crown – ¾ cast predominantly base metal | \$185 |
| D6782 | Crown – ¾ cast noble metal | \$185 |
| D6783 | Crown – ¾ porcelain/ceramic | \$185 |

| Code | Service | Co-payment |
|-------------|---|-------------------|
| D6790 | Crown – full cast high noble metal | \$185 |
| D6791 | Crown – full cast predominantly base metal | \$185 |
| D6792 | Crown – full cast noble metal | \$185 |
| D6794 | Crown – titanium | \$185 |
| D6930 | Recement fixed partial denture | \$0 |
| D6940 | Stress breaker | \$110 |
| D6950 | Precision attachment | \$195 |
| D6970 | Post and core in addition to fixed partial denture retainer, indirectly fabricated | \$50 |
| D6972 | Prefabricated post and core in addition to fixed partial denture retainer | \$30 |
| D6973 | Core build up for retainer, including any pins | \$10 |
| D6976 | Each additional indirectly fabricated post – same tooth | \$40 |
| D6977 | Each additional prefabricated post – same tooth | \$40 |
| D6980 | Fixed partial denture repair, by report | \$45 |
| | Oral Surgery | |
| | <ul style="list-style-type: none"> • <i>Includes routine post operative visits/treatment.</i> • <i>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.</i> | |
| D7111 | Extraction, coronal remnants – deciduous tooth | \$5 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$0 |
| D7210 | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | \$30 |
| D7220 | Removal of impacted tooth – soft tissue | \$45 |
| D7230 | Removal of impacted tooth – partially bony | \$65 |
| D7240 | Removal of impacted tooth – completely bony | \$80 |
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications | \$100 |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | \$40 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$50 |
| D7280 | Surgical access of an unerupted tooth | \$85 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | \$90 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$90 |
| D7285 | Biopsy of oral tissue – hard (bone, tooth) | \$0 |
| D7286 | Biopsy of oral tissue – soft | \$0 |
| D7287 | Exfoliative cytological sample collection | \$50 |
| D7288 | Brush biopsy – transepithelial sample collection | \$50 |
| D7310 | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$35 |
| D7311 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | \$10 |
| D7320 | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$40 |
| D7321 | Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | \$20 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$80 |
| D7472 | Removal of torus palatinus | \$60 |

| Code | Service | Co-payment |
|---|---|-------------------|
| D7473 | Removal of torus mandibularis | \$60 |
| D7485 | Surgical reduction of osseous tuberosity | \$60 |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | \$30 |
| D7511 | Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | \$30 |
| D7520 | Incision and drainage of abscess – extraoral soft tissue | \$30 |
| D7521 | Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | \$30 |
| D7910 | Suture of recent small wounds up to 5 cm | \$25 |
| D7960 | Frenulectomy (frenectomy or frenotomy) – separate procedure | \$40 |
| D7963 | Frenuloplasty | \$40 |
| D7970 | Excision of hyperplastic tissue – per arch | \$55 |
| D7971 | Excision of pericoronal gingiva | \$35 |
| Orthodontics | | |
| <ul style="list-style-type: none"> • <i>Benefits cover 24 months of usual & customary orthodontic treatment and 24 months of retention.</i> • <i>Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances.</i> | | |
| D8010 | Limited orthodontic treatment of the primary dentition | \$725 |
| D8020 | Limited orthodontic treatment of the transitional dentition | \$725 |
| D8030 | Limited orthodontic treatment of the adolescent dentition | \$725 |
| D8040 | Limited orthodontic treatment of the adult dentition | \$725 |
| D8050 | Interceptive orthodontic treatment of the primary dentition | 25% Discount |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | 25% Discount |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | \$1,695 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | \$1,695 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | \$1,695 |
| D8210 | Removable appliance therapy | 25% Discount |
| D8220 | Fixed appliance therapy | 25% Discount |
| D8660 | Pre-orthodontic treatment visit | \$0 |
| D8670 | Periodic orthodontic treatment visit (as part of contract) | \$0 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | \$250 |
| D8693 | Rebonding or recementing; and/or repair, as required, of fixed retainers | \$0 |
| <ul style="list-style-type: none"> • Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models) \$250 • Ortho visits beyond 24 months of active treatment or retention \$25 per visit | | |
| Adjunctive General Services | | |
| D9110 | Palliative (emergency) treatment of dental pain – minor procedure | \$0 |
| 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 | \$0 |
| D9220 | Deep sedation/general anesthesia – first 30 minutes | \$150 |
| D9221 | Deep sedation/general anesthesia – each additional 15 minutes | \$45 |
| D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | \$15 |
| D9241 | Intravenous conscious sedation/analgesia – first 30 minutes | \$150 |
| D9242 | Intravenous conscious sedation/analgesia – each additional 15 minutes | \$45 |

| Code | Service | Co-payment |
|-------------|---|--------------------|
| 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 | \$0 |
| D9440 | Office visit – after regularly scheduled hours | \$30 |
| D9450 | Case presentation, detailed and extensive treatment planning | \$0 |
| D9610 | Therapeutic parenteral drug, single administration | \$15 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | \$25 |
| D9630 | Other drugs and/or medicaments, by report | \$15 |
| D9910 | Application of desensitizing medicament | \$15 |
| D9940 | Occlusal guard, by report | \$85 |
| D9942 | Repair and/or relines of occlusal guard | \$40 |
| D9951 | Occlusal adjustment – limited | \$15 |
| D9952 | Occlusal adjustment – complete | \$50 |
| D9972 | External bleaching – per arch | \$125 |
| | • Broken Appointment (less than 24-hr notice) | Not to exceed \$25 |

Current Dental Terminology © American Dental Association

Dental Terminology Definitions

These definitions are designed to give you a “layman’s understanding” of some dental terminology in order for you to better understand your plan; they are not full descriptions.

| | |
|-------------------------------|--|
| Amalgam: | A silver filling |
| Anterior: | Teeth that are in the front of the mouth |
| Bicuspid: | Most people have eight bicuspid teeth; they are located immediately preceding the molar teeth with two in each quadrant of the mouth. |
| Bridge: | A replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s). |
| Crown: | A covering created to place over a tooth to strengthen and/or replace tooth structure. A crown can be made of different materials (noble, high noble), base metal, porcelain or porcelain and metal. |
| Endodontics: | Procedures that treat the nerve or the pulp of the tooth due to injury or infection. |
| Oral Surgery: | Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth. |
| Orthodontics: | Braces and other procedures to straighten the teeth. |
| Periodontics: | Procedures related to treatment of the supporting structures of the teeth (gums, underlying bone). |
| Posterior: | Teeth that set towards the back of the mouth, including molars and bicuspid (premolars). |
| Primary Teeth: | The first set of teeth (“baby” teeth). |
| Prophylaxis: | Scaling and polishing of teeth by removal of the plaque above the gum line. |
| Prosthodontics: | The restoration of natural and/or the replacement of missing teeth with artificial substitutes. |
| Quadrant: | One of the four equal sections into which your mouth can be divided (some procedures like periodontics are done in quadrants). |
| Resin-based Composite: | Tooth-colored (white) fillings |

Exclusions and Limitations

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), 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 for 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, except for emergency, palliative care.
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 adaption 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.



Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, or group insurance or annuity contract. In this notice, "you" refers to these individuals.

Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- process claims and other transactions
- perform business research
- confirm or correct your information
- market new products to you
- help us run our business
- comply with applicable laws

Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits

- giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
- giving your information to your health care provider
- having a peer review organization evaluate your information, if you have health coverage with us
- those listed in our “Using Your Information” section above

HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long-term care, or medical insurance from us, the Health Insurance Portability and Accountability Act (“HIPAA”) may further limit how we may use and share your information.

Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

Questions

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office
P. O. Box 489
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

Metropolitan Life Insurance Company
General American Life Insurance Company
SafeHealth Life Insurance Company

MetLife Insurance Company of Connecticut
SafeGuard Health Plans, Inc.

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 spoken or written language assistance or would like to inform SafeGuard of your preferred language, please contact us at (800) 880-1800.

Como miembro de SafeGuard, tiene derecho a servicios gratuitos de ayuda con idiomas, que incluyen servicios de interpretación y traducción. SafeGuard recopila y conserva sus preferencias de idioma, raza y origen étnico para poder comunicarnos más eficazmente con nuestros miembros. Si necesita ayuda oral o escrita con un idioma, o si desea informar a SafeGuard su idioma de preferencia, comuníquese con nosotros al (800) 880-1800.

作為 SafeGuard 的會員，您有權享受免費語言協助服務，包括口譯及翻譯服務。SafeGuard 將搜集並保留您的語言偏好、種族及民族的相關資料，以便於我們更有效地與會員溝通。如需口頭或書面語言協助，或樂意告知 SafeGuard 您的首選語言，請致電(800) 880-1800 聯絡我們。

Notes



Creating your personal safety net

We understand how important it is for you to create your own safety net to protect you and your family—and your group dental benefits are an important part of that plan.

SafeGuard is part of the MetLife family of companies.

Together, MetLife and SafeGuard have over 75 years of experience in the dental benefits industry, so we understand what matters most to you. That's why we make it a priority to provide you with the tools and resources you need to make informed choices about your benefits. When you choose a MetLife company, you choose a partner that makes it easier for you and your family to achieve your oral health goals.



*Dental HMO plans are available in CA, FL and TX only, through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. "Dental HMO" is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; and "Single Service Health Maintenance Organizations" in Texas. Please contact MetLife or your plan administrator for complete details.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

Benefits for the **if in life**SM

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