

Summary of Benefits

Schedule of Reimbursements, Exclusions & Limitations

Please refer to your Certificate of Insurance for full benefit information.

SafeGuard Scheduled Reimbursement Dental Plan



Dental & Vision

Benefits provided by SafeGuard Health Plans, Inc.
Underwritten by SafeHealth Life Insurance Company



SafeGuard[®] SCHEDULE OF REIMBURSEMENTS

SCHEDULED BENEFIT DENTAL PLAN SRC1001

Benefit Summary	
Calendar Year Maximum	\$1,000/Person
Calendar Year Deductible (Waived on Diagnostic and Preventive)	\$50 per person/\$150 per family
A twelve (12) month waiting period applies to certain procedures, as identified on this Schedule of Reimbursements.	

Underwritten by SafeHealth Life Insurance Company

Code	Service	Reimbursable Amount
Diagnostic Treatment - No waiting period		
· Periodic oral evaluations are limited to twice a year, unless medically necessary.		
· Bitewing X-rays are covered twice per year for children under 18, and once every calendar year for adults.		
D0120	Periodic oral evaluation	\$24
D0140	Limited oral evaluation - problem focused	\$40
D0150	Comprehensive oral evaluation - new or established patient	\$41
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$21
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$21
D0180	Comprehensive periodontal evaluation - new or established patient	\$41
D0210	X-rays intraoral - complete series - including bitewings (once every 5 years)	\$62
D0220	X-rays intraoral - periapical - first film	\$12
D0230	X-rays intraoral - periapical - each additional film	\$10
D0240	X-rays intraoral - occlusal film	\$18
D0250	X-rays extraoral - first film	\$23
D0260	X-rays extraoral - each additional film	\$22
D0270	X-rays bitewing - single film	\$13
D0272	X-rays bitewings - two films	\$20
D0274	X-rays bitewings - four films	\$28
D0277	Vertical bitewings - 7 to 8 films	\$45
D0290	Posterior-anterior or lateral skull and facial bone survey film	\$19
D0330	X-rays panoramic film	\$47
D0340	Cephalometric film	\$33
D0460	Pulp vitality tests	\$22
D0470	Diagnostic casts	\$46
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$59
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$59
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$59

Code	Service	Reimbursable Amount
Preventive Services		
<i>Cleanings (prophylaxis) and fluoride treatments are limited to twice a year, unless medically necessary.</i>		
D1110	Prophylaxis - adult	\$40
D1120	Prophylaxis - child	\$28
D1201	Topical application of fluoride (including prophylaxis) - child	\$37
D1203	Topical application of fluoride (excluding prophylaxis) - child	\$15
D1204	Topical application of fluoride (excluding prophylaxis) - adult	\$15
D1205	Topical application of fluoride (including prophylaxis) - adult	\$43
D1330	Oral hygiene instructions	\$34
D1351	Sealant - per tooth	\$26
D1510	Space maintainer - fixed - unilateral	\$165
D1515	Space maintainer - fixed - bilateral	\$218
D1520	Space maintainer - removable - unilateral	\$204
D1525	Space maintainer - removable - bilateral	\$280
D1550	Recementation of space maintainer	\$35
Restorative Treatment		
D2140	Amalgam - one surface, primary or permanent	\$38
D2150	Amalgam - two surfaces, primary or permanent	\$48
D2160	Amalgam - three surfaces, primary or permanent	\$58
D2161	Amalgam - four or more surfaces, primary or permanent	\$71
D2330	Resin - one surface, anterior	\$46
D2331	Resin - two surfaces, anterior	\$57
D2332	Resin - three surfaces, anterior	\$69
D2335	Resin - four or more surfaces or involving incisal angle, anterior	\$82
D2390	Resin-based composite crown, anterior	\$114
D2391	Resin-based composite, one surface, posterior	\$69
D2392	Resin-based composite, two surfaces, posterior	\$86
D2393	Resin-based composite, three surfaces, posterior	\$102
D2394	Resin-based composite, four or more surfaces, posterior	\$123
Crowns - 12 Month Waiting Period		
<i>Replacement limit 1 every 5 years.</i>		
D2510	Inlay - metallic - one surface	\$146
D2520	Inlay - metallic - two surfaces	\$166
D2530	Inlay - metallic - three or more surfaces	\$190
D2542	Onlay - metallic - two surfaces	\$191
D2543	Onlay - metallic - three surfaces	\$191
D2544	Onlay - metallic - four or more surfaces	\$191
D2650	Inlay - resin-based composite - one surface	\$34
D2651	Inlay - resin-based composite - two surfaces	\$50
D2652	Inlay - resin-based composite - three or more surfaces	\$63
D2710	Crown - resin-based composite (indirect)	\$80
D2720	Crown - resin with high noble metal	\$182
D2721	Crown - resin with predominantly base metal	\$163
D2722	Crown - resin with noble metal	\$177
D2740	Crown - porcelain/ceramic substrate	\$220
D2750	Crown - porcelain fused to high noble metal	\$217
D2751	Crown - porcelain fused to predominantly base metal	\$202
D2752	Crown - porcelain fused to noble metal	\$207
D2780	Crown - 3/4 cast high noble metal	\$186
D2781	Crown - 3/4 cast predominantly base metal	\$186

Code	Service	Reimbursable Amount
D2782	Crown - 3/4 cast noble metal	\$186
D2790	Crown - full cast high noble metal	\$210
D2791	Crown - full cast predominantly base metal	\$198
D2792	Crown - full cast noble metal	\$202
D2794	Crown - titanium	\$210
D2910	Recement inlay, onlay, or partial coverage restoration	\$27
D2915	Recement cast or prefabricated post and core	\$20
D2920	Recement crown	\$27
D2930	Prefabricated stainless steel crown - primary tooth	\$65
D2931	Prefabricated stainless steel crown - permanent tooth	\$74
D2932	Prefabricated resin crown	\$80
D2933	Prefabricated stainless steel crown - with resin window	\$90
D2940	Sedative filling	\$22
D2950	Core build up, including any pins	\$55
D2951	Pin retention - per tooth, in addition to restoration	\$20
D2952	Cast post and core in addition to crown	\$92
D2954	Prefabricated post and core in addition to crown	\$75
D2955	Post removal (not in conjunction with endodontic therapy)	\$52
D2960	Labial veneer (resin laminate) - chairside	\$116
D2961	Labial veneer (resin laminate) - laboratory	\$128
D2962	Labial veneer (porcelain laminate) - laboratory	\$161
D2980	Crown repair, by report	\$25

Endodontics

All procedures exclude final restoration.

D3110	Pulp cap - direct	\$15
D3120	Pulp cap - indirect	\$12
D3220	Therapeutic pulpotomy	\$38
D3230	Pulpal therapy with resorbable filling - primary anterior tooth	\$38
D3240	Pulpal therapy with resorbable filling - primary posterior tooth	\$41
D3310	Root canal - anterior, per tooth	\$193
D3320	Root canal - bicuspid, per tooth	\$227
D3330	Root canal - molar, per tooth	\$306
D3346	Retreatment of root canal - anterior, per tooth	\$202
D3347	Retreatment of root canal - bicuspid, per tooth	\$238
D3348	Retreatment of root canal - molar, per tooth	\$306
D3351	Apexification/recalcification - initial visit	\$86
D3352	Apexification/recalcification - interim visit	\$56
D3353	Apexification/recalcification - final visit	\$126
D3410	Apicoectomy/periradicular surgery - anterior	\$240
D3421	Apicoectomy/periradicular surgery - bicuspid,1st root	\$257
D3425	Apicoectomy/periradicular surgery - molar, 1st root	\$294
D3426	Apicoectomy/periradicular surgery - each additional root	\$71
D3430	Retrograde filling - per root	\$57
D3450	Root amputation - per root	\$166
D3920	Hemisection - including root removal (excluding root canal therapy)	\$121

Periodontics

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$134
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$100

Code	Service	Reimbursable Amount
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$159
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$118
D4245	Apically positioned flap	\$159
D4249	Clinical crown lengthening - hard tissue	\$179
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces - per quadrant	\$342
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces - per quadrant	\$205
D4263	Bone replacement graft - first site in quadrant	\$77
D4264	Bone replacement graft - each additional site in quadrant	\$47
D4266	Guided tissue regeneration - resorbable barrier, per site	\$135
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$135
D4270	Pedicle soft tissue graft procedure	\$192
D4271	Free soft tissue graft procedure (including donor site surgery)	\$208
D4273	Subepithelial connective tissue graft procedure, per tooth	\$233
D4341	Periodontal scaling and root planing - four or more teeth - per quadrant	\$59
D4342	Periodontal scaling and root planing - one to three teeth - per quadrant	\$35
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$36
D4910	Periodontal maintenance procedures - following active surgery (2 in a 12 month period)	\$41
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$36

Removable Prosthodontics - 12 Month Waiting Period

- *Replacement limit 1 every 5 years.*
- *Relines or rebase limited to 1 in 12 months.*

D5110	Complete upper denture (plus lab fee)	\$315
D5120	Complete lower denture (plus lab fee)	\$315
D5130	Immediate upper denture	\$343
D5140	Immediate lower denture	\$343
D5211	Upper partial - resin base (including clasps, rests and teeth)	\$266
D5212	Lower partial - resin base (including clasps, rests and teeth)	\$309
D5213	Upper partial - cast metal base with resin saddles (including clasps, rests and teeth)	\$348
D5214	Lower partial - cast metal base with resin saddles (including clasps, rests and teeth)	\$348
D5281	Removal unilateral parial denture - one piece cast metal (including clasps and teeth)	\$203
D5410	Adjust complete denture - upper	\$18
D5411	Adjust complete denture - lower	\$18
D5421	Adjust partial denture - upper	\$18
D5422	Adjust partial denture - lower	\$18
D5510	Repair broken complete denture base	\$34
D5520	Replace missing or broken teeth	\$29
D5610	Repair resin denture base	\$38
D5620	Repair cast framework	\$40
D5630	Repair or replace broken clasp	\$49
D5640	Replace broken teeth - per tooth	\$32
D5650	Add tooth to existing partial denture	\$43
D5660	Add clasp to existing partial denture	\$52
D5710	Rebase complete upper denture	\$128

Code	Service	Reimbursable Amount
D5711	Rebase complete lower denture	\$122
D5720	Rebase upper partial denture	\$121
D5721	Rebase lower partial denture	\$121
D5730	Reline complete upper denture (chairside)	\$72
D5731	Reline complete lower denture (chairside)	\$72
D5740	Reline upper partial denture (chairside)	\$66
D5741	Reline lower partial denture (chairside)	\$66
D5750	Reline complete upper denture (laboratory)	\$96
D5751	Reline complete lower denture (laboratory)	\$96
D5760	Reline upper partial denture (laboratory)	\$95
D5761	Reline lower partial denture (laboratory)	\$95
D5810	Interim complete denture (maxillary)	\$152
D5811	Interim complete denture (mandibular)	\$164
D5820	Interim partial denture - upper	\$118
D5821	Interim partial denture - lower	\$125
D5850	Tissue conditioning - upper	\$30
D5851	Tissue conditioning - lower	\$30
Implants - 12 Month Waiting Period		
D6010	Surgical placement of implant body: endosteal implant	\$188
D6065	Implant supported porcelain/ceramic crown	\$298
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$290
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$282
Crowns/Fixed Bridges - Per Unit - 12 Month Waiting Period		
<i>Replacement limit 1 every 5 years.</i>		
D6210	Pontic - cast high noble metal	\$227
D6211	Pontic - cast predominantly base metal	\$190
D6212	Pontic - cast noble metal	\$178
D6214	Pontic - titanium	\$227
D6240	Pontic - porcelain fused to high noble metal	\$185
D6241	Pontic - porcelain fused to predominantly base metal	\$173
D6242	Pontic - porcelain fused to noble metal	\$182
D6245	Pontic - porcelain/ceramic	\$193
D6250	Pontic - resin with high noble metal	\$176
D6251	Pontic - resin with predominantly base metal	\$155
D6252	Pontic - resin with noble metal	\$170
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$88
D6602	Inlay - cast high noble metal, two surfaces	\$121
D6603	Inlay - cast high noble metal, three or more surfaces	\$135
D6604	Inlay - cast predominantly base metal, two surfaces	\$121
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$135
D6606	Inlay - cast noble metal, two surfaces	\$121
D6607	Inlay - cast noble metal, three or more surfaces	\$135
D6610	Onlay - cast high noble metal, two surfaces	\$288
D6611	Onlay - cast high noble metal, three or more surfaces	\$288
D6612	Onlay - cast predominantly base metal, two surfaces	\$288
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$288
D6614	Onlay - cast noble metal, two surfaces	\$288
D6615	Onlay - cast noble metal, three or more surfaces	\$288
D6720	Crown - resin with high noble metal	\$181

Code	Service	Reimbursable Amount
D6721	Crown - resin with predominantly base metal	\$161
D6722	Crown - resin with noble metal	\$175
D6740	Crown - porcelain/ceramic	\$219
D6750	Crown - porcelain fused to high noble metal	\$214
D6751	Crown - porcelain fused to predominantly base metal	\$199
D6752	Crown - porcelain fused to noble metal	\$204
D6780	Crown - 3/4 cast high noble metal	\$181
D6781	Crown - 3/4 cast predominantly base metal	\$181
D6782	Crown - 3/4 cast noble metal	\$181
D6790	Crown - full cast high noble metal	\$206
D6791	Crown - full cast predominantly base metal	\$195
D6792	Crown - full cast noble metal	\$202
D6794	Crown - titanium	\$206
D6930	Recement bridge	\$33
D6940	Stress breaker	\$38
D6970	Cast post and core in addition to bridge retainer	\$69
D6971	Cast post as part of bridge retainer	\$61
D6972	Prefabricated post and core in addition to bridge retainer	\$69
D6973	Core build up for retainer, including any pins	\$46
D6980	Fixed partial denture repair, by report	\$50

Oral Surgery

- Includes routine - post operative visits/treatment.
- Surgical removal of impacted teeth - (not covered unless pathology [disease] exists).
- Surgical removal of wisdom tooth/third molar for orthodontic reasons only is not covered.

D7111	Extraction, coronal remnants - deciduous tooth	\$20
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$39
D7210	Surgical removal of erupted tooth	\$74
D7220	Extraction - removal of impacted tooth - soft tissue	\$90
D7230	Extraction - removal of impacted tooth - partially bony	\$117
D7240	Extraction - removal of impacted tooth - completely bony	\$134
D7241	Extraction - removal of impacted tooth - completely bony, with unusual surgical complications	\$122
D7250	Surgical extraction - removal of residual tooth roots	\$78
D7260	Oroantral fistula closure	\$225
D7261	Primary closure of a sinus perforation	\$225
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$132
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$98
D7280	Surgical access of an unerupted tooth	\$176
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$106
D7285	Biopsy of oral tissue - hard	\$207
D7286	Biopsy of oral tissue - soft	\$108
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$59
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$18
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$258
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$86
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$82
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle	

Code	Service	Reimbursable Amount
	reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$218
D7411	Excision of benign lesion greater than 1.25 cm	\$240
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$110
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$160
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$131
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than \$1.25 cm	\$273
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$128
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$220
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$100
D7471	Removal of lateral exostosis (maxilla or mandible)	\$162
D7472	Removal of torus palatinus	\$162
D7473	Removal of torus mandibularis	\$162
D7485	Surgical reduction of osseous tuberosity	\$162
D7490	Radical resection of maxilla or mandible	\$1,000
D7510	Incision and drainage of abscess - intraoral soft tissue	\$55
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$55
D7520	Incision and drainage of abscess - extraoral soft tissue	\$70
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$59
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$60
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$85
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$237
D7610	Maxilla - open reduction (teeth immobilized, if present)	\$470
D7620	Maxilla - closed reduction (teeth immobilized, if present)	\$377
D7630	Mandible - open reduction (teeth immobilized, if present)	\$929
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$890
D7650	Malar and/or zygomatic arch - open reduction	\$600
D7660	Malar and/or zygomatic arch - closed reduction	\$200
D7670	Alveolus - closed reduction, may include stabilization of teeth	\$190
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$1,000
D7710	Maxilla - open reduction	\$38
D7720	Maxilla - closed reduction	\$23
D7730	Mandible - open reduction	\$1,000
D7740	Mandible - closed reduction	\$748
D7750	Malar and/or zygomatic arch - open reduction	\$800
D7760	Malar and/or zygomatic arch - closed reduction	\$200
D7770	Alveolus - open reduction stabilization of teeth	\$300
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$1,000
D7810	Open reduction of dislocation	\$800
D7820	Closed reduction of dislocation	\$61
D7830	Manipulation under anesthesia	\$172
D7910	Suture of recent small wounds up to 5 cm	\$200
D7911	Complicated suture - up to 5 cm	\$400
D7912	Complicated suture - greater than 5 cm	\$600

Code	Service	Reimbursable Amount
D7960	Frenectomy (frenectomy or frenotomy) - separate procedure	\$122
D7970	Excision of hyperplastic tissue - per arch	\$88
D7971	Excision of pericoronal gingiva	\$43
D7972	Surgical reduction of fibrous tuberosity	\$43
D7980	Sialolithotomy	\$233
D7981	Excision of salivary gland, by report	\$1,000
D7982	Sialodochoplasty	\$50
D7983	Closure of salivary fistula	\$20
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain - minor procedure (limited to services for relief of pain only)	\$41
D9220	Deep sedation/general anesthesia - first 30 minutes	\$100
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$36
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$43
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$24
D9440	Office visit - after regularly scheduled hours	\$49
D9610	Therapeutic drug injection, by report	\$6
D9951	Occlusal adjustment - limited	\$32
D9952	Occlusal adjustment - complete	\$179

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 four 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 disease and injury to the inside of the tooth (the nerve or pulp).
Oral Surgery:	Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth.
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.
Primary Teeth:	The first set of teeth (“baby” teeth).
Prophylaxis:	Teeth cleaning
Prosthodontics:	Procedures related to the replacement of teeth with removable appliances like dentures or partial dentures.
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 & Limitations

Exclusions

No benefits are payable under the Policy for any expenses incurred for:

1. Dental treatment or expenses in connection with periodontal splinting.
2. Internal or external bleaching procedures.
3. Precision attachments on fixed or removable prosthetics.
4. Treatment of congenital malformations (except in Colorado).
5. Cosmetic dental care services (dental services provided solely for cosmetic purposes).
6. Any dental procedure or dental care product or service or supply not listed in the Summary of Benefits in your employer's master policy.
7. Periodontal maintenance, unless following active periodontal therapy.
8. Prescribed drugs, medications, or training in or products used for dietary counseling, oral hygiene, or plaque control.
9. Appliances or restorations whose primary purpose is to alter vertical dimension.
10. Treatment by anyone other than a licensed dentist or physician, except when the services are performed by a licensed dental hygienist, in accordance with state regulations.
11. Dental treatment paid under any Workers' Compensation law or act, Employers' Liability law or by any governmental program, law or agency.
12. Care or treatment which is provided, or payment is made by, any governmental agency.
13. Dental services which are considered experimental or investigative.
14. Dental treatment or product which is not recommended by a dentist.
15. Dental care treatment resulting from any intentionally self-inflicted injury or sickness.
16. Dental treatment resulting from injuries sustained while committing or attempting to commit an assault or felony.
17. Hospital and associated physician charges for any dental treatment which because of the Member's general health or mental, emotional or behavioral or physical limitations, cannot be performed in the dental office.
18. Treatment of fractures, dislocations or sinus surgical procedures, except those services specifically listed as covered in the Summary of Benefits.
19. Treatment by any method of any condition related to the diagnosis of temporomandibular joint disorder.
20. Orthodontic conditions or treatment unless orthodontic benefits are listed on the enclosed Summary of Benefits or on any rider to your policy.
21. Replacement of lost or stolen dentures, bridge work or other dental appliance, is not covered if replacement occurs within five (5) years of original placement date.

Limitations

1. Reline or rebase of denture or partials are limited to once in a twelve (12) month period. Procedures relating to dentures and partials include adjustments for a six-month period following installation. Such procedures do not include specialized techniques involving precision dentures, personalization or characterizations.
2. Any procedure started or appliance placed prior to the effective date or after the termination date of the covered person's insurance.

Exclusions & Limitations

3. Initial placement or replacement of any bridge or denture, unless such placement is necessitated by the loss of one or more natural teeth while insured under this policy.
4. Porcelain, porcelain with metal, or full gold crowns for persons under sixteen (16) years of age.
5. Periodontal maintenance, unless following active periodontal therapy.
6. Cleanings (prophylaxis), fluoride treatments and periodic oral evaluations are limited to twice a year, unless medically necessary.
7. Bitewing X-rays are covered twice per year for children under 18, and once every calendar year for adults.
8. Sealants for children under the age of 17, on permanent molars only.
9. If more than one type of service can be used to treat a dental condition, the benefit payment will be based on the least expensive service, which is within the range of professionally accepted standards of dental practice.
10. Initial placement of space maintainers includes all adjustments within six months of installation.