

Florida SafeGuard

Dental Prepaid Regulatory and Technical Information

Capitol II Limitations & Exclusions

SafeGuard does not provide coverage for the following services:

1. Services which, in the opinion of the contracted general dentist or specialist, are not necessary for the patient's dental health, except those procedures listed on the co-payment schedule classified as cosmetic procedures.
2. Cost of hospitalization, pharmaceuticals and general anesthesia.
3. Any services performed by a non-contracted general dentist or specialist.
4. Services that cannot be performed because of the general health condition of the patient.
5. Treatment which, in the opinion of the general dentist, must be performed by a non-contracted specialist.
6. Any services which are not consistent with the usual and customary services provided by the contracted general dentist.
7. Services for injuries or conditions that are paid by Workers' Compensation or under Employer Liability Laws.
8. Services provided without cost to any subscriber or member by any municipality, county, or other political subdivision, or because of injury arising out of, or in the course of work for wage or profit.
9. Services which, in the opinion of the general dentist or specialist, are not necessary for the subscriber's or member's health or cannot be performed due to the general health condition of the subscriber or member.
10. Cost of dental care, which is covered under automobile, medical, no-fault or similar type of insurance.
11. Services for injuries or conditions resulting from military service or any act of war, declared or undeclared.
12. Experimental dental care, implantology, or dental care which is not generally accepted by the American Dental Association or the Academy of General Dentistry.
13. Cost of hospitalization or inpatient services for any dental procedure.
14. Dispensing of drugs or medications (except oral anesthesia).
15. Oral surgery requiring setting of fractures or dislocations.
16. Procedures performed before a person becomes a subscriber or member.
17. Procedures not contained within the Plan's Schedule of Benefits.
18. Dental services received from a non-contracted general dentist or non-contracted specialist.
19. Members are responsible for additional lab fees for services designated with two asterisks (**). Lab fees shall not exceed \$100 for each procedure excluding noble and high noble metal.
20. Treatment for cysts, neoplasms and malignancies.
21. When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50 per unit.

The co-payments contained in the Schedule of Benefits apply only when treatment is performed by a contracted general dentist. If the contracted general dentist performs services not listed on the Schedule of Benefits, you will receive a 25% discount off the dentist's usual and customary charges for such services. If the services of a contracted specialty care provider are recommended and available, then the co-payments DO NOT apply and the member's charge will be the specialist's usual and customary fees, less a discount of 25%.

Capitol II with specialty Limitations & Exclusions

SafeGuard does not provide coverage for the following services:

1. Services which, in the opinion of the contracted general dentist or specialist, are not necessary for the patient's dental health, except those procedures listed on the co-payment schedule classified as cosmetic procedures.
2. Cost of hospitalization, pharmaceuticals and general anesthesia.
3. Any services performed by a non-contracted general dentist or specialist.
4. Services that cannot be performed because of the general health condition of the patient.
5. Treatment which, in the opinion of the general dentist, must be performed by a non-contracted specialist.
6. Any services which are not consistent with the usual and customary services provided by the contracted general dentist.
7. Services for injuries or conditions that are paid by Workers' Compensation or under Employer Liability Laws.
8. Services provided without cost to any subscriber or member by any municipality, county, or other political subdivision, or because of injury arising out of, or in the course of work for wage or profit.
9. Services which, in the opinion of the general dentist or specialist, are not necessary for the subscriber's or member's health or cannot be performed due to the general health condition of the subscriber or member.
10. Cost of dental care, which is covered under automobile, medical, no-fault or similar type of insurance.
11. Services for injuries or conditions resulting from military service or any act of war, declared or undeclared.
12. Experimental dental care, implantology, or dental care which is not generally accepted by the American Dental Association or the Academy of General Dentistry.
13. Cost of hospitalization or inpatient services for any dental procedure.
14. Dispensing of drugs or medications (except oral anesthesia).
15. Oral surgery requiring setting of fractures or dislocations.
16. Procedures performed before a person becomes a subscriber or member.
17. Procedures not contained within the Plan's Schedule of Benefits.
18. Dental services received from a non-contracted general dentist or non-contracted specialist.
19. Members are responsible for additional lab fees for services designated with two asterisks (**). Lab fees shall not exceed \$100 for each procedure excluding noble and high noble metal.
20. Treatment for cysts, neoplasms and malignancies.
21. When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50 per unit.

The co-payments contained in the Schedule of Benefits apply only when treatment is performed by a contracted general dentist or contracted specialty care provider. If the contracted general dentist or contracted specialty care provider performs services not listed on the Schedule of Benefits, you will receive a 25% discount off the dentist's or contracted specialty care provider's usual and customary charges for such services. Services that, in the opinion of the contracted general dentist or contracted specialty care provider, require a non-contracted specialty

care provider, are not subject to the plan's Schedule of Benefits, and payment of fees charged by such non-contracted specialist will be the sole responsibility of the subscriber.

Capitol II with Specialty Orthodontic Limitations & Exclusions

1. Orthodontic treatment must be provided by a SafeGuard contracted orthodontist.
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 per-office-visit charge of \$25.
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 in progress at inception of eligibility;
 - d. interceptive or Phase I orthodontics;
 - e. changes in treatment necessitated by an accident;
 - f. treatment involving:
 - 1) maxillofacial surgery, myofunctional therapy, cleft palate, micrognathia, macrognathia;
 - 2) hormonal imbalances or other factors affecting growth or developmental abnormalities;
 - 3) treatment related to temporomandibular joint disorders;
 - 4) lingually placed direct bonded appliances and arch wires ("invisible braces"); and
 - 5) functional appliances that are used in conjunction with fixed appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.

Universal II Limitations & Exclusions

SafeGuard does not provide coverage for the following services:

1. Services which, in the opinion of the contracted general dentist or specialist, are not necessary for the patient's dental health, except those procedures listed on the co-payment schedule classified as cosmetic procedures.
2. Cost of hospitalization, pharmaceuticals and general anesthesia.
3. Any services performed by a non-contracted general dentist or specialist.
4. Services that cannot be performed because of the general health condition of the patient.
5. Treatment which, in the opinion of the general dentist, must be performed by a non-contracted specialist.
6. Any services which are not consistent with the usual and customary services provided by the contracted general dentist.
7. Services for injuries or conditions that are paid by Workers' Compensation or under Employer Liability Laws.
8. Services provided without cost to any subscriber or member by any municipality, county, or other political subdivision, or because of injury arising out of, or in the course of work for wage or profit.
9. Services which, in the opinion of the general dentist or specialist, are not necessary for the subscriber's or member's health or cannot be performed due to the general health condition of the subscriber or member.
10. Cost of dental care, which is covered under automobile, medical, no-fault or similar type of insurance.
11. Services for injuries or conditions resulting from military service or any act of war, declared or undeclared.
12. Experimental dental care, implantology, or dental care which is not generally accepted by the American Dental Association or the Academy of General Dentistry.
13. Cost of hospitalization or inpatient services for any dental procedure.
14. Dispensing of drugs or medications (except oral anesthesia).
15. Oral surgery requiring setting of fractures or dislocations.
16. Procedures performed before a person becomes a subscriber or member.
17. Procedures not contained within the Plan's Schedule of Benefits.
18. Dental services received from a non-contracted general dentist or non-contracted specialist.
19. Members are responsible for additional lab fees for services designated with two asterisks (**). Lab fees shall not exceed \$100 for each procedure.
20. Treatment for cysts, neoplasms and malignancies.
21. Broken appointment without 24 hour notice

The co-payments contained in the Schedule of Benefits apply only when treatment is performed by a contracted general dentist. If the contracted general dentist performs services not listed on the Schedule of Benefits, you will receive a 25% discount off the dentist's usual and customary charges for such services. If the services of a contracted specialty care provider are recommended and available, then the co-payments DO NOT apply and the member's charge will be the specialist's usual and customary fees, less a discount of 25%.

