# Texas SafeGuard

## Dental HMO Regulatory and Technical Information

## Exclusions

1. Services performed by a general dentist or dentist whose practice is limited to providing Specialty Care, not contracted with SafeGuard without prior approval by SafeGuard, (except for out of area emergency services).
2. 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.
3. Any procedures not specifically listed as a covered benefit in the Schedule of Benefits.
4. Dental procedures or services performed solely for cosmetic purposes or solely for appearance.
5. Orthognathic surgery.
6. General anesthesia or intravenous sedation.
7. Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
8. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen, or damaged due to abuse, misuse, or neglect.
9. Treatment of malignancies, cysts, or neoplasms.
10. Procedures, appliances, or restorations whose 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 specified as an orthodontic benefit on the *Schedule of Benefits*.
11. Dental implants and services associated with the placement of implants, prosthodontic restoration of dental implants, and specialized implant maintenance services.
12. Precision attachments.
13. Dental procedures initiated prior to the member's eligibility under this Plan or started after the member's termination from the Plan.
14. 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.
15. Dental services required while serving in the Armed Forces of any country or international authority or relating to a declared or undeclared war or acts of war.
16. Services considered unnecessary or experimental in nature.
17. Dental procedures or appliances for minor tooth guidance or for the control of harmful habits such as thumb sucking and tongue thrusting.

## Limitations

1. Procedures identified by * are limited to twice a year unless medically necessary.
2. Procedures identified by ** involve the additional cost of noble/high noble metal.
3. Procedures identified by *** are limited to one every twenty four (24) months.
4. Full-mouth X-rays: Once every three (3) years unless medically necessary.
5. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a SafeGuard Benefit Plan. Replacements will be a benefit only if the existing denture is unsatisfactory and cannot be made satisfactory as determined by the SafeGuard contracted general dentist.
6. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption.
7. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
8. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require additional $125 co-payment per unit in addition to co-payment for each crown/bridge unit.
9. There is a $75 co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars.
10. Surgical removal of wisdom teeth/third molar for orthodontic reasons only is not a covered benefit.
11. Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.
12. Surgical removal of impacted teeth is not a covered benefit unless pathology (disease) exists.
13. The co-payments listed for endodontic procedures do not include the cost of final restoration.

# Orthodontic Exclusions & Limitations

## Texas (Plans SG350D-TX, SG290D-TX, and SG220D-TX)

1. Orthodontic treatment must be provided by a SafeGuard Selected General Dentist in order for the co-payments listed in the Schedule of Benefits to apply. If orthodontic treatment is provided by a SafeGuard contracted dentist whose practice is limited to Specialty Care, the co-payment will be 75% of the SafeGuard contracted dentists usual and customary fees. If orthodontic treatment is provided by a non-contracted general dentist or dentist whose practice is limited to specialty care, no benefit will apply and the member will be responsible for all costs associated with such orthodontic treatment.
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 dollars.
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:
      - Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
      - Hormonal imbalances or other factors affecting growth or developmental abnormalities;
      - Treatment related to temporomandibular joint disorders;
      - Lingually placed direct bonded appliances and arch wires ("invisible braces"); and
      - 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.

## Texas (Plans SG-215-TX and SG-185-TX)

1. Orthodontic treatment must be provided by a SafeGuard Selected General Dentist or contracted dentist whose practice is limited to providing Specialty Care in order for the co-payments listed in the 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 per-office-visit charge of $25 dollars.
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:
      - Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
      - Hormonal imbalances or other factors affecting growth or developmental abnormalities;
      - Treatment related to temporomandibular joint disorders;
      - Lingually placed direct bonded appliances and arch wires ("invisible braces"); and
      - 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.

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