Delta Dental of Virginia Plan Provisions
Exchange Certified Plans

Limitations

Delta Dental Limitations
The following benefits, if covered, have limitations as indicated.

Diagnostic and Preventive Care
(Type I), Standard Coverage - No Deductible
- Oral exams (includes periodic, exams for patients under three years of age, comprehensive, detailed and extensive evaluation and exam): twice in a 12-month period.
- Emergency exams (limited-problem focused): twice in a 12-month period.
- Bitewing X-rays (including vertical bitewings): one set in a 12-month period.
- Intraoral-periapical X-rays: six films in a six-month period.
- Intraoral-occlusal X-rays: twice in a 12-month period.
- Full mouth (panelipse) X-rays: limit of one every three years for (non) contributory plans, and enrollees under age 19. One every five years for voluntary plans. Full mouth X-ray includes bitewing X-rays. Panoramic X-ray in conjunction with any other X-ray is considered a full mouth X-ray.
- Pulp vitality tests: twice in a 12-month period.
- Diagnostic casts covered for non-orthodontic procedures.
- Cleanings: twice in a 12-month period.
- Fluoride applications: twice in a 12-month period, for enrollees under age 19.
- Sealants and preventive resin restorations not allowed when placed over restorations. Tooth must be decay free. One application per tooth per lifetime, limited to 1st and 2nd permanent molars for enrollees under age 19.
- Space maintainers: one per missing tooth space for enrollees under age 19.
- Removal of fixed space maintainers not allowed by Dentist or dental office that placed space maintainers.
- For enrollees age 19 and over, full mouth debridement is limited to once in a lifetime and is only a covered benefit when an enrollee has not had a cleaning or scaling and root planing within 36 months of the full mouth debridement. For enrollees under age 19, full mouth debridement is limited to once in a 12-month period.
- Periodontal maintenance: Periodontal cleaning is considered a regular cleaning and subject to the benefit limitation for regular cleaning.
- Palliative (emergency) treatment of dental pain; minor procedure twice in a 12-month period; not allowed on same day with any procedure except X-rays.
- Consultations: twice in a 12-month period, subject to the benefit limitation for oral exams.

Basic Dental Care (Type II) - Deductible Applies
- For enrollees age 19 and over, amalgam and composite fillings: except as otherwise provided in the plan documents, composite (white) fillings limited to upper six and lower six anterior (front) teeth; retreatment only after two years from initial treatment. For enrollees under age 19, amalgam and composite fillings are limited to once per surface in a 12-month period.
- Prefabricated stainless steel crowns (primary teeth): allowed on primary (baby) teeth, once in a 24-month period.
- Protective restoration: once in a three-month period, not allowed when performed in conjunction with definitive restoration.
- Pin retention once per tooth for permanent teeth when completed on same day as restoration.
- Therapeutic pulpotomy (excluding final restoration): once per tooth for primary teeth.
- Pulpal debridement: once per tooth.
- Root canal therapy (Anterior, Bicuspid, Molar), excluding final restoration: once in a 24-month period.
- Retreatment of root canal therapy: once per quadrant in a 24-month period.
- Gingivectomy or gingivoplasty: for enrollees age 19 and over, once per quadrant in a 36-month period. For enrollees under age 19, once per quadrant in a 24-month period. Osseous surgery, including general anesthesia: once per quadrant in a 36-month period.
- Pedicle and free soft tissue graft procedures: once per site in a 36-month period.
- Subepithelial connective tissue graft procedures; distal or proximal wedge procedure; soft tissue allograft; combined connective tissue and double pedicle graft: once per site in a 36-month period.
- Periodontal scaling and root planing: once per quadrant in a 24-month period.
- Biopsy of oral tissue – hard and soft, including general anesthesia: twice in a 24-month period.
- Brush biopsy – transepithelial sample collection: twice in a 24-month period.
- Alveolectomy, including general anesthesia: once per quadrant.
- Removal of lateral exostosis, torus, palatines, torus mandibulares, including general anesthesia: once in a 60-month period.
- Maxillary sinusotomy for removal of tooth fragment or foreign body, including general anesthesia: once in a 12-month period.
- Frenulectomy and frenuloplasty, including general anesthesia: once in a lifetime.
- Excision of hyperplastic tissue, including general anesthesia: once in a 60-month period.
- Excision of pericondral gingiva, including general anesthesia: once in a 36-month period.
- Excision of pericondral gingiva: once in a 36-month period.

Major Dental Care (Type III), if applicable - Deductible Applies
(Requires Diagnostic & Preventive and Basic Coverage)
- Onlays and single crowns: once every 60 months when the tooth damaged by decay or fracture cannot be restored by amalgam or composite restoration, limited to the upper and lower front teeth for age 12 and older.
- Temporary crowns limited to a fractured tooth. Not to be used as a temporary crown during crown fabrication.
- For enrollees age 19 and over, temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device.
- Tooth veneers: once every 60 months when the tooth damaged by decay or fracture cannot be restored by amalgam or composite restoration, limited to the upper and lower front teeth for age 12 and older.
- Cast and prefabricated post and core in addition to crown: core buildup, and crown repair: once every 60 months, age 12 and older.
- Implants are limited to once in a lifetime per site and are also limited to two per quadrant and four per arch, with a maximum of eight for full mouth reconstructions for enrollees over the age of 15.
- Implant supported crowns: once every 60 months, age 12 and older.
- Recement of root canal therapy: once in a 12-month period after six months from initial placement partial denture.
- Retreatment of root canal therapy: once in a 12-month period after six months from initial placement of full or partial denture.
- Pontics (does not include indirect resin based composite, porcelain/ceramic and provisional pontics): once every 60 months.
- Fixed partial denture retainers – inlays/onlays (does not include porcelain/ceramic retainers, inlays, and onlays): once every 60 months.
- Fixed partial denture retainers – crowns (does not include indirect resin based composite and porcelain/ceramic crowns): once every 60 months.
- Fixed partial denture repair: once every 60 months.
- Fixed partial denture sectioning: once every 60 months.
- Implant supported dentures: once every 60 months.
- Recement fixed partial denture; recement implant/abutment supported fixed partial denture: once in a 12-month period after six months from initial placement partial denture.
- Repair of complete and partial dentures: once in a 12-month period after six months from initial placement of complete or partial denture.

Orthodontic Benefits
(Type IV), if applicable - No Deductible
Non-Medically Necessary
Orthodontic Benefits (Requires Diagnostic & Preventive, Basic and Major Services Coverage)
- Minimum of 10 enrolled (minimum of 2 for aXcess). Not covered under Choice Plan.
- Orthodontic services are available to all enrollees on Employer Paid plans. Voluntary plans cover dependent children up to age 19 only.

Medically Necessary Orthodontic Benefits (for enrollees under age 19)
- Treatment necessary for the proper alignment of teeth. Members must have a severe, dysfunctional, handicapping malocclusion. In order to qualify as medically necessary, a minimum score of 25 points using Salzmann Index criteria is required. Handicapping esthetic diagnoses (crooked, crowded or protruding teeth) due to appearance are not considered part of the determination.

MaxOver® Benefit (for enrollees age 19 and over)
Eligibility for MaxOver benefits are determined three months after the end of the plan benefit period. Any claims processed or denied after a member’s annual MaxOver eligibility is determined will not alter the individual’s eligibility for the benefit. Orthodontic services (if covered) are excluded from the MaxOver program. MaxOver benefits cease to be available when a member’s coverage under the group contract terminates.
**Delta Dental Exclusions**

The following are not Covered Benefits unless specifically identified as a Covered Benefit in the Schedule of Benefits:

- Services or supplies that are not Dental Services; also services not specifically listed as covered in the Schedule of Benefits.
- Services or treatment provided by someone other than a licensed Dentist or a qualified licensed dental hygienist working under the supervision of a Dentist.
- A Dental Service that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to you), determines is not necessary or customary for the diagnosis or treatment of your condition. In making this determination, Delta Dental will take into account generally accepted dental practice standards based on the Dental Services provided. In addition, each Covered Benefit must demonstrate Dental Necessity. Dental Necessity is determined in accordance with generally accepted standards of dentistry.
- Dental Services for injuries or conditions that may be covered under workers compensation, similar employer liability laws or other medical plan coverage; also benefits or services that are available under any federal or state government program (subject to the rules and regulations of those programs) or from any charitable foundation or similar entity.
- Dental Services for the diagnosis or treatment for illnesses, injuries or other conditions you are eligible for coverage under your hospital, medical/surgical, or major medical plan.
- Dental Services provided before the date you enrolled under this plan.
- Except as otherwise provided for in the plan documents, Dental Services provided after the date you are no longer enrolled or eligible for coverage.
- Charges that Delta Dental determines are for cosmetic surgery or dentistry for cosmetic purposes.
- Replacement of congenitally missing teeth by dental implant, fixed or removable prosthesis whether the result of a medical diagnosis, including but not limited to, hereditary ectodermal dysplasia or not related to a medical diagnosis.
- Experimental or investigative dental procedures, services or supplies, as well as services and/or procedures due to complications thereof. Experimental or investigative procedures, services or supplies are those which, in the judgment of the Delta Dental: (a) are in a trial stage; (b) are not in accordance with generally accepted standards of dental practice; or (c) have not yet been shown to be consistently effective for the diagnosis or treatment of the Enrollee’s condition.
- For enrollees age 19 and over, dental services for restoring tooth structure lost from wear (abrasion), erosion, attrition, or abfraction, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include, but are not limited to, equilibration and periodontal splinting.
- Dental Services, procedures and supplies needed because of harmful habits. An example of a harmful habit includes clenching or grinding of the teeth.
- Services billed under multiple Dental Service procedure codes which Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to you), determines should have been billed under a single, more comprehensive Dental Service procedure code. Delta Dental bases its payment on its determination of the more accurate Dental Service code.
- Amounts assessed on Dental Services and/or supplies by state or local regulation.
- Amounts that exceed the Plan Allowance as agreed to by the Dentist for Covered Benefits.
- Non-medically necessary orthodontic treatment (Pediatric plan only).