Plan Provisions — Traditional Products

Delta Dental Limitations

The following benefits have limitations as indicated.

**Annual deductible** — group choice of deductible. Limit of three per family per contract year (deductible does not apply to Type I or Type IV services). The aXcess™ product features a lifetime deductible. Under aXcess, once a covered member meets the required deductible, future covered services will be paid as though there is no deductible for the lifetime of the contract.

- Oral exams and cleanings are covered twice each 12-consecutive month period.
- Sealants: only for non-caries, non-restored first and second permanent molars for enrollees under the age of 16, one application per tooth.
- Bitewing radiographic images (X-rays) are covered once each 12-consecutive month period, limited to four films in one visit.
- Full mouth (panelipse) X-rays: limit of one every three years for Employer-Paid plans, one every five years for voluntary (Employee-Paid) 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.
- Space maintainers, not including distal shoe space maintainers, are limited to once per quadrant or arch per lifetime for enrollees under the age of 14.
- Distal shoe space maintainers are limited to once per quadrant per lifetime for enrollees under the age of nine.
- Fluoride applications are limited to once each 12-consecutive month period for enrollees under the age of 19.
- 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.
- Amalgam and composite filings: except as otherwise provided in the plan documents, composite (white) fillings limited to upper six and lower six anterior (front) teeth; once in a 24-month period per tooth, per surface.
- Stainless steel crowns: limited to primary/baby teeth for enrollees under the age of 14.
- Denture repair and recementation of crowns, bridges and dentures: limited to once in a 12-month period after six months from initial placement.
- Endodontic services/root canal therapy: retreatment only after 24 months from initial root canal therapy treatment and is limited to once in a lifetime.
- Periodontic services: Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings. Limitations of 24 to 36 months apply based on services rendered.
- Crowns: once per tooth every 60 months, and only when an existing crown cannot be rendered serviceable. Benefit is available only when the tooth is damaged by decay or fractured to the point that it cannot be restored by an amalgam or composite restoration. Crowns are limited to enrollees age 12 and older.
- Prosthodontics/dentures/bridges not related to an implant: once every 60 months, and only when an existing prosthesis cannot be rendered serviceable. Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device. Fixed bridges or removable partials are limited to enrollees age 16 and older.
- Implants and implant-supported prosthetics 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 reconstruction for enrollees age 16 and older.
- Adjustment, maintenance or cleaning of a maxillofacial prosthetic appliance is limited to once per year.
- Orthodontic benefits are limited to enrollees age five and older.

**MaxOver® Benefit**

Eligibility for MaxOver benefits is determined three months after the end of the plan benefit period. Any claims processed or adjusted after a member’s annual MaxOver eligibility is determined will not alter the individual’s eligibility for the benefit. Orthodontic benefits (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 Delta Dental’s plan documents:

- Services or supplies that are not dental services; also services not specifically listed as covered in the group’s 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 of

Continued on back
Plan Provisions — Traditional Products (continued)

Delta Dental Exclusions (Continued)

illnesses, injuries or other conditions for which you are eligible for coverage under your hospital, medical/surgical, or major medical plan.

• Dental services started or rendered before the date enrolled under the group contract. Also, except as otherwise noted, benefits for a course of treatment that began before you are enrolled under the group contract.

• Except as otherwise provided for in the plan documents, dental services provided after the date you are no longer enrolled or eligible for coverage.

• Except as otherwise provided for in the plan documents, prescription and non-prescription drugs, pre-medications, preventive control programs, oral hygiene instructions and relative analgesia.

• General anesthesia when less than three teeth will be routinely extracted during the same office visit.

• Splinting or devices used to support, protect or immobilize oral structures that have loosened or been reimplanted, fractured or traumatized.

• Charges for inpatient or outpatient hospital services and any additional fee that the dentist may charge for treating a patient in a hospital, nursing home or similar facility.

• Charges to complete a claim form, copy records or respond to Delta Dental’s requests for information.

• Charges for failure to keep a scheduled appointment.

• Charges for consultations in person, by phone or by other electronic means.

• Charges for X-ray interpretation.

• Dental services to the extent that benefits are available or would have been available if you had enrolled, applied for or maintained eligibility under Title XVIII of the Social Security Act (Medicare), including any amendments or other changes to that Act.

• Complimentary services or dental services for which you would not be obligated to pay in the absence of the coverage under this plan or any similar coverage.

• Services or treatment provided to an immediate family member by the treating dentist. This would include a dentist’s parent, spouse or child.

• Dental services and supplies for the replacement device or repeat treatment of lost, misplaced or stolen prosthetic devices including space maintainers, bridges and dentures (among other devices).

• Dental services or other services that Delta Dental determines are for correcting congenital malformations; also, 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 and supplies, as well as services and/or procedures due to complications thereof, which, in the judgment of 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.

• 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 the negotiated fee for the more comprehensive code, not on the negotiated fee for the underlying component codes.

• Services billed under a dental service procedure code that 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 code that more accurately describes the dental service. Delta Dental bases their 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 negotiated fee as agreed to by the dentist for covered benefits.