Delta Dental Benefit Exclusions and Limitations

Exclusions

No payment will be made by Delta Dental for the following services. All charges for the following services will be your responsibility. If you visit a Delta Dental PPO or Delta Dental Premier Network Dentist you should not be charged by the dentist for these services. If you visit an Out-of-Network dentist, you will be responsible for all charges for the following services.

1. Services for injuries or conditions payable under Workers’ Compensation or Employer’s Liability laws. Benefits or services which are available from any government agency, political subdivision, community agency, foundation, or similar entity. This provision does not apply to any programs provided under Title XIX Social Security Act (Medicaid).
2. Services, as determined by Delta Dental, for correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
3. Services or appliances started before an individual became eligible under this plan.
4. Prescription drugs (except intramuscular injectable antibiotics), premedications, medicaments/solutions, and relative analgesia.
5. General anesthesia and/or intravenous sedation for restorative dentistry or for surgical procedures, unless medically necessary.
6. Charges for hospitalization, laboratory tests, and histopathological examinations.
7. Charges for failure to keep a scheduled visit with the Dentist.
8. Services, as determined by Delta Dental, for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
9. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
10. Benefits excluded by the policies and procedures of Delta Dental, including the Processing Policies.
11. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.
12. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
13. Services that are covered under a hospital, surgical/medical, or prescription drug program.
14. Services that are not within the classes of benefits which have been selected and are not in the policy.
15. Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
16. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
17. Space maintainers for maintaining spaces due to the premature loss of the anterior primary teeth.
18. Lost, missing, or stolen appliances of any type and replacement or repair of orthodontic appliances or space maintainers.

19. Cosmetic dentistry, including repairs to facings posterior to the second bicuspud position.

20. Veneers.

21. A prefabricated crown used as a final restoration on a permanent tooth.

22. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, or erosion; or for implantology techniques or periodontal splinting. This exclusion will not apply to orthodontic benefits as limited by the terms and conditions of the plan.

23. Inlays.

24. A substructure to a single/abutment crown over an implant.

25. A paste-type root canal filling on a permanent tooth.

26. Replacement, repair, relines, or adjustments of occlusal guards.

27. Chemical curettage.

28. Services associated with overdentures.

29. A cu-sil, flexiplast, or similar partial denture.

30. A soft reline.

31. A metal base on a removable prosthesis.

32. The replacement of teeth beyond the normal complement of teeth.

33. Personalization/characterization of any service or appliance.

34. Temporary appliances.

35. A posterior bridge in conjunction with a partial denture in the same arch.

36. An all-porcelain bridge.

37. Precision attachments.

38. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular disorder (TMD).

39. Diagnostic photographs and cephalometric films, unless done for orthodontics.

40. Myofunctional therapy.

41. Mounted case analysis.

42. Treatment for medical conditions.

43. The completion of claim forms.

44. Emergency exam/evaluation, when any other service is done on the same date, except radiographs and/or tests necessary to diagnose the emergency condition.

45. The fee for a consultation is part of the fee for the examination and/or diagnostic procedure(s).

46. Local anesthesia.

47. Acid etching, cement bases, cavity liners, and a base or temporary filling.

48. Infection control.

49. Temporary crowns.

50. Gingivectomy as an aid to the placement of a restoration.

51. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.

52. Diagnostic casts are allowed only when done in conjunction with orthodontics. They are considered to be a part of the fee for restorative or prosthodontic procedures.

53. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the emergency condition.

54. Postoperative radiographs, when done following any completed service or procedure.

55. Periodontal charting, when done on the same day as an oral examination. An examination, when done on the same day as a periodontal prophylaxis.
56. Pins and/or a preformed post, when done with a core for a crown, onlay, or inlay.

57. A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with the opening and drainage of a tooth or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done on the same day a root canal is initiated.

58. A pulpotomy on a permanent tooth, except on a tooth with an open apex.

59. A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.

60. Retreatment of a root canal within 12 months of the original root canal treatment.

61. A prophylaxis, when done on the same day as root planing. Root planing, when done on the same day as subgingival curettage.

62. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.

63. Reline, rebase, or any adjustment or repair within six months of the delivery of a partial denture.

64. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.
Limitations

The benefits for the following services are limited as follows. All charges for the following services will be your responsibility. All time limitations are measured from the last date of service in any Delta Dental plan record or, at the request of your group, any dental plan record.

1. Bitewing X-rays are payable once every twelve months. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period. A panographic X-ray (including bitewings) is considered a full mouth X-ray.

2. Oral exams are payable twice per benefit year.

3. Prophylaxes (cleanings), including periodontal prophylaxes, are payable two times per benefit year. Two additional cleanings will be covered when medically necessary. (Two additional cleanings per benefit year are considered medically necessary for individuals with at-risk conditions such as documented periodontal disease, diabetes, kidney failure, organ or bone marrow transplant recipient, and for individuals receiving dialysis, chemotherapy, radiation treatment, or are HIV positive.)

4. Preventive fluoride treatments are payable twice per benefit year for children until their 19th birthday.

5. Space maintainers are a benefit for patients up to the age of 14.

6. Cast restorations (including jackets, crowns, onlays) and associated procedures (such as core build-ups and post substructures) on the same tooth are payable once in any five-year period.

7. A crown or onlay is a covered benefit only for extensive loss of tooth structure due to caries and/or fracture.

8. An individual crown over an implant is payable at the prosthodontic benefit level.

9. Porcelain, porcelain substrate, and cast restorations are not payable for children under 12 years of age.

10. A stayplate is a benefit only for the replacement of permanent anterior teeth during the healing period or for children 16 years or under for missing anterior permanent teeth.

11. An occlusal guard is a benefit once in a lifetime.

12. Prosthodontic (Class III) benefit limitations:
   a. One complete upper and one complete lower denture are benefits once in any five-year period for any individual.
   b. A removable partial denture or fixed bridge for any individual can be covered once in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
   c. Fixed bridges and removable cast partial dentures are not payable for patients under the age of 16.
   d. A reline or the complete replacement of denture base material is limited to once in any three-year period per appliance.

13. Orthodontic (Class IV) benefit limitations:
   a. Orthodontic benefits are payable until the 19th birthday of you or an/eligible dependent.
   b. If the treatment plan is terminated before completion of the case for any reason, Delta Dental's obligation will cease with payment to the date of termination.
   c. The Dentist may terminate treatment, with written notification to Delta Dental and to the patient, for lack of patient interest and cooperation. In those cases, Delta Dental's obligation for payment of benefits ends on the last day of the month in which the patient was last treated.
   d. An observation and adjustment is a benefit twice in a 12-month period.

14. Delta Dental's obligation for payment of benefits ends on the last day of pay period in which you terminate employment, but Delta Dental will make payment for Covered Services provided on or before the last day of coverage.

15. When services in progress are interrupted and completed later by another Dentist, Delta Dental will review the claim to determine the amount of payment, if any, to each Dentist.

16. Care terminated due to the death of faculty, staff, or an Eligible Dependent will be paid to the limit of Delta Dental's liability for the services completed or in progress.

17. Sealants are payable for first and second permanent molars for age 14 and under. Sealants are payable once per tooth per lifetime.
Optional Treatment
If you select a more expensive service than is customarily provided or for which Delta Dental does not determine a valid dental need is shown, Delta Dental can make an allowance based on the fee for the customarily provided service.

Listed below are some other examples of common optional services for which the plan will only pay up to the allowed amount. Remember that you are responsible for the difference in cost as indicated below for any optional treatment.

– Overdentures – the plan will pay only the applicable amount that it would have paid for a conventional denture.

– Porcelain/ceramic onlay – the plan will pay only the applicable amount that it would have paid for a metallic onlay.

– Porcelain/ceramic inlay – the plan will pay only the applicable amount that it would have paid for an amalgam or resin restoration (depending on the tooth being restored).

– Porcelain fused to metal and porcelain crowns on posterior teeth – the plan will pay only the applicable amount that it would have paid for a full metal crown.