

# DHMO Standard Limitations/Exclusions

## Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.
2. Any procedures not specifically listed as a covered benefit in this Plan's Schedule A are available at 75% of the filed fees of the Enrollee's selected Contract Dentist or Contract Specialist, provided the services are included in the treatment plan and are not specifically excluded.
3. Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 75% of the filed fees of the Enrollee's selected Contract Dentist or Contract Specialist, unless specifically listed as a covered benefit on Schedule A.
4. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$25.00 above the listed Copayment for each of these services after the sixth unit has been provided.
5. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
6. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of the Enrollee's selected Contract Dentist or Contract Specialist's filed fees.
7. Benefits provided by a pediatric Dentist are limited to children, through the end of the month that the dependent child turns age eight.
8. The cost to an Enrollee receiving orthodontic treatment whose coverage is canceled or terminated for any reason will be based on the Contract Orthodontist's filed fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
9. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.



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## Exclusions of Benefits

1. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or is inconsistent with generally accepted standards for dentistry.
2. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
3. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
4. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances.
5. Procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ) with the exception of procedures D9951 and D9952 as shown on Schedule A.
6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
8. Consultations or other diagnostic services for non-covered benefits.
9. Dental services received from any dental facility other than the assigned Contract Dentist or an authorized dental specialist (oral surgeon, endodontist, periodontist or Contract Orthodontist) except for Emergency Services as described in the Contract and/or Evidence of Coverage.
10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
11. Over-the-counter drugs; prescription drugs not administered by the Enrollee's selected Contract Dentist or Contract Specialist.
12. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
13. Changes in orthodontic treatment necessitated by accident of any kind.
14. Myofunctional and parafunctional appliances and/or therapies.
15. Composite or ceramic brackets, lingual adaptation of orthodontic bands, Invisalign and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
16. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
17. 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.
18. Dental services required while serving in the Armed Forces or any country or international authority.
19. Dental services considered experimental in nature.
20. Orthognathic surgery.
21. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving the Enrollee's dental health, as determined by the DeltaCare USA Contract Dentist.
22. Treatment of malignancies, cysts, or neoplasms unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.

