

Delta Dental PPOSM

Limitations & Exclusions

This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent for complete contract information.

Limitations

- Prophylaxis and exams are a benefit twice in a calendar year.
- Bitewing x-rays are a benefit twice in a calendar year.
- Complete intraoral series and panoramic films are each limited to once every three years.
- Sealants are a benefit, limited to age 14 on unfilled permanent first and second molars. Treatment with sealants as a covered service is limited to applications to eight posterior teeth. Applications to deciduous teeth or teeth with caries are not covered services. Sealants will be replaced only after two years have elapsed following any prior provision of such materials.
- Pregnant enrollees may receive an additional benefit per calendar year: one additional routine prophylaxis or one additional periodontal scaling and root planning per quadrant. Written confirmation of the pregnancy must be provided by the enrollee or her dentist when the claim is submitted.
- Flouride applications are a benefit twice in a calendar year up to age 19.
- Space maintainers are a benefit up to age 14.
- Episodes of surgical periodontal treatment must be separated by a period of no less than three years to qualify the patient for additional periodontal benefits.
- Substandard work until corrected.
- Payment of any claim, bill or other demand or request for payment for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral. (Maryland only)

Exclusions

- Treatment for materials provided in a hospital or any other surgical treatment facility unless covered under the group contract.
- Procedures to correct skeletal malformations, except for treatment due to accidental injury to sound natural teeth within 12 months of the

accident or treatment necessary due to congenital disease or anomaly, or treatment of enamel hypoplasia (lack of development), except that this exclusion shall not apply to covered dependent children or eligible newborn children.

- Treatments or devices that increase the vertical dimension of an occlusion, restore an occlusion to normal, replace tooth structure lost by attrition or erosion, or otherwise, except as part of a treatment dentally necessary due to accident or injury and directly attributable thereto.
- Treatments or supplies primarily for cosmetic purposes, except as part of a treatment dentally necessary due to accident or injury and directly attributable thereto and except for reconstructive surgery necessary because of a congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
- Services provided or supplies furnished or devices started prior to the effective eligibility date of a patient, unless the treatment was a year in duration and was completed after the enrollee became eligible.
- Preventive plaque control programs, including oral hygiene programs.
- Periodontal splinting, equilibration and gnathological recordings.
- Myofunctional therapy, unless covered by the exception in exclusion two above.
- Temporomandibular joint dysfunction unless covered under the group contract.
- Implants are not a benefit under PPO 1, PPO 2, PPO plus Premier 1, PPO plus Premier 2, PPO V1, PPO MPB1, PPO plus Premier V1 and PPO plus Premier MPB1.
- Prescription drugs, pre-medication, and relative analgesias.
- Treatment or supplies for which the patient would have no legal obligation to pay in the absence of this or any other similar coverage.

Exclusions (continued)

- Experimental procedures.
- Anesthesia, except for general anesthesia and IV sedation given by a dentist for covered oral surgery procedures and select endodontic and periodontic procedures.
- Major restorative services, inlays, onlays and crowns are not a benefit under PPO 1, PPO 2, PPO plus Premier 1, PPO plus Premier 2, PPO V1, PPO MPB1, PPO plus Premier V1 and PPO Plus Premier MPB1.
- Prosthodontic services, including bridges and dentures, are not a benefit under PPO 1, PPO 2, PPO plus Premier 1, PPO plus Premier 2, PPO V1, PPO MPB1, PPO plus Premier V1 and PPO plus Premier MPB1.
- Orthodontic services, including tooth guide appliances, are not a benefit under PPO 1, PPO 2, PPO 3, PPO plus Premier 1, PPO plus Premier 2, PPO plus Premier 3, PPO V1, PPO MPB1 PPO V2, PPO MPB2, PPO plus Premier V1, PPO plus Premier MPB1, PPO plus Premier V2 and PPO plus Premier MPB2.
- Endodontics, periodontics and oral surgery are not a benefit under PPO 1 and PPO plus Premier 1.
- Adult orthodontics.