

Delta Dental of Virginia's Individual Plans

Exclusions and Limitations

LIMITATIONS

Please refer to the Schedule of Benefits for a complete listing of Covered Benefits under this Policy.

THE FOLLOWING LIMITATIONS APPLY TO BOTH THE BASIC AND ENHANCED PLANS

- Oral exams are limited to twice in a 12 consecutive month period.
- Cleanings are limited to twice in a 12 consecutive month period.
- Full mouth debridement is a Covered Benefit when an Enrollee has not had a cleaning or scaling and root planing within 36 months of the full mouth debridement.
- Full mouth debridement is limited to once in a lifetime.
- Fluoride applications are limited to once in a 12 consecutive month period for dependents under the age of 19.
- Bitewing X-rays are limited to once in a 12 consecutive month period; limited to a maximum of 4 films in one visit.
- Full mouth/panorpan X-rays are limited to once in a 3 year period.
- A 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 are limited to once per lifetime per arch for dependent children under the age of 14.
- Amalgam (silver) and composite (white) fillings are limited to once per surface in a 24 month period.
- Composite (white) fillings are limited to upper 6 and lower 6 anterior (front) teeth.
- Stainless steel crowns are limited to primary (baby) teeth for participants under age 14 and payable once in a 24 month period.
- Allowance for replacement stainless steel crowns within a 24 month period are included in the original fee.
- Sealants are limited to non-carious, non-restored 1st and 2nd permanent molars for dependents under the age of 16. One application per tooth.
- Retreatment of root canal therapy is limited to 2 years after initial treatment.
- Periodontal services are limited to once every 3 years, except periodontal scaling and root planing which is limited to once every 2 years.
- Periodontal cleaning is considered a regular cleaning and subject to the benefit limitation and coinsurance for regular cleaning.
- Multiple services performed on the same tooth may be limited by the specified time period of the original procedure.
- Bridge or denture repair is limited to ½ the allowance of a new denture or prosthesis.

THE FOLLOWING LIMITATIONS APPLY TO THE ENHANCED PLAN ONLY

- Replacement of an existing crown is a Covered Benefit once every 7 years per tooth and only when the existing crown is not serviceable.
- Crowns are a Covered Benefit when the tooth is damaged by decay or fracture cannot be restored by an amalgam or composite restoration.
- Crowns are not benefits for dependents under the age of 12.
- Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device.
- Replacement of an existing prosthetic is limited to once every 7 years and when the existing prosthesis is not serviceable.
- Fixed bridges or removable partials are not benefits for dependents under the age of 16.
- The allowance for a crown or bridge placed on a tooth that has been restored within 12 months will be reduced by the restoration allowance.

EXCLUSIONS

The following are not covered benefits under this Policy.

THE FOLLOWING EXCLUSIONS APPLY TO BOTH THE BASIC AND ENHANCED PLANS

- 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 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 this

Policy. Also, except as otherwise provided in this Policy, benefits for a course of treatment that began before you are enrolled under this Policy.

- Except as otherwise provided for in this Policy, Dental Services provided after the date you are no longer enrolled or eligible for coverage under this Policy.
- Except as otherwise provided for in this Policy, prescription and non-prescription drugs; pre-medications; preventive control programs, oral hygiene instructions and relative analgesia.
- General anesthesia when less than five (5) 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; 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 Policy 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 or other services that Delta Dental determines are for correcting congenital malformations; also, cosmetic surgery or Dentistry for cosmetic purposes.
- 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 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.
- Specialized techniques including, but not limited to, those involving gold, precision partial attachments, over-dentures, implants, precision bridge attachments and personalization or characterization.
- 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 procedure codes, which Delta Dental, in its sole discretion, determines that the service was either a component part of or inclusive of the more comprehensive or primary procedure code. This exclusion is subject to any and all internal and external appeals available to you. Delta Dental bases its payment on the Plan Allowance for the underlying component codes.
- Partial or incomplete dental treatments.
- 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.
- Diagnostic casts or study models.
- Multiple dental restorations placed within or on the same tooth surface on the same date of service.
- Therapy and appliances to correct temporomandibular joint (TMJ) syndromes, problems and/or occlusal disharmony (including occlusal equilibration).
- Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants or any surgical treatment in conjunction with implants.

THE FOLLOWING EXCLUSIONS APPLY TO THE BASIC PLAN ONLY

- Crowns, bridges, dentures and related services.
- Complex oral surgery and related services.

THE FOLLOWING EXCLUSIONS APPLY TO THE ENHANCED PLAN ONLY

- 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).
- 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.
- Areas closed by drifting of adjacent teeth into missing tooth spaces are not eligible for fixed or removable partial denture benefits.
- According to the Policy, the replacement of tooth/teeth removed and all other related services prior to eligibility.