

Perfect Smiles – Delta Dental PPO Plus Premier Individual and Family Plan Policy



6. GENERAL EXCLUSIONS AND LIMITATIONS

In addition to coverage limitations within each benefit section, the following services are not Covered Services and no benefits will be provided.

- 6.1.** Services or supplies for the diagnosis and treatment of temporomandibular joint syndrome/dysfunction/surgery by intra-oral prosthetic devices, bite guards, splints, orthopedic splints, mandibular repositioning devices, or by any other method to alter vertical dimension, and treatment of temporomandibular joint dysfunction.
- 6.2.** Services and supplies for which you have no legal obligation to pay in the absence of this or similar coverage, or for which no charge has been made;
- 6.3.** Services or supplies for any condition, disease, defect, ailment or accidental injury arising out of and in the course of employment if benefits or compensation are available under any Workers' Compensation Act or other similar law. This applies if you receive the benefits in whole or in part. It also applies whether or not you claim the benefits or compensation. It also applies whether or not you recover from a third party;
- 6.4.** Procedures, appliances or restorations that are primarily to alter, restore or maintain occlusion. If performed, it should be done with the agreement of the patient to assume additional cost. These include:
 - A. Services to alter or restore vertical dimension;
 - B. Services to restore occlusion;
 - C. Services to replace tooth structure lost by attrition, abrasion, and/or erosion;
 - D. Services to correct congenital malformation;
 - E. Services for aesthetic purposes;
 - F. Services for gnathological purposes;
 - G. Services for equilibration purposes; and
 - H. Services for periodontal splinting;
- 6.5.** The fact that a Dentist prescribes or approves a service or supply, or that a court orders a service or supply to be obtained does not make it a Covered Service. We are the final authority for determining if services or supplies are a Covered Service. No benefits are provided for services, supplies or treatments not specifically listed as a Covered Service. Some coverage limitations and exclusions are in the relevant benefit section;
- 6.6.** Services and supplies that are Investigational;
- 6.7.** Services and supplies for any state or federal hospital, except facilities for the uniformed services;
- 6.8.** Benefits are not provided for services and supplies for any military-connected disability or condition;
- 6.9.** Services and supplies for which the Covered Person is eligible or for which benefits are available under any governmental health plans (except Medicaid), although we will coordinate the payment of benefits under this contract with such other governmental health plans to the extent required under existing state and federal laws and regulations;

**General Exclusions and Limitations are part of the complete Policy.*

- 6.10.** Services, supplies or other care provided in treatment of injuries sustained or illnesses resulting from participation in a riot or civil disturbance; or while committing or attempting to commit an assault or felony. Services, supplies or other care required while incarcerated in a federal state or local penal institution or required while in custody of federal, state or local law enforcement authorities, including work release programs;
- 6.11.** Services and supplies for diseases contracted or injuries sustained as a result of war, declared or undeclared, or any act of war;
- 6.12.** Services or supplies rendered before your effective date or after your termination date;
- 6.13.** Specialized techniques, including, precision attachments, over-dentures, and procedures associated therewith, personalization or characterization;
- 6.14.** Prescription drugs, premedications, injections;
- 6.15.** Charges for hospitalization, including hospital visits;
- 6.16.** Mounted case-analysis;
- 6.17.** Laboratory tests and/or examinations;
- 6.18.** Inlays or onlays;
- 6.19.** Sialography;
- 6.20.** Sequestrectomy;
- 6.21.** General anesthesia and analgesia are excluded under the Basic Plan Benefits;
- 6.22.** Consultations;
- 6.23.** Orthodontics;
- 6.24.** No benefits will be provided for occlusal guards, bone replacement grafts, gingival curettage, mucogingival surgery, occlusal adjustments, osseous surgery, or any periodontic service or supply not specifically listed;
- 6.25.** No benefits will be provided for services or supplies in connection with an overdenture, including, crowns and root canal treatment;
- 6.26.** No benefits will be provided for preventive control programs, such as oral hygiene instruction, dietary control and training in preventive care;
- 6.27.** Services and supplies for cosmetic purposes and complications resulting from such services;
- 6.28.** Bleaching/whitening;
- 6.29.** In the event you transfer from the care of one Dentist to another Dentist during your course of treatment, benefits are limited to the Allowable Amount for services of one Dentist;
- 6.30.** In the event more than one Dentist performs services for one procedure, benefits are limited to the Allowable Amount for the services of one Dentist;

- 6.31.** In all cases in which there are optional techniques or treatment, benefits are limited to the Allowable Amount for the least expensive treatment, unless we determine that the more expensive procedure is required in accordance with generally accepted standards of dental practice;
- 6.32.** A separate allowance is not provided for tooth preparation, temporary services, bases, impressions, local anesthesia or other services that are components of a complete procedure;
- 6.33.** Restorative services, such as restorative crowns, are benefits only when performed due to fracture or decay;
- 6.34.** No benefits are provided for services and supplies that do not meet our dental or benefit Policy guidelines;
- 6.35.** Services or supplies not specifically listed in this contract are not covered.