

BENEFITS AND LIMITATIONS

Diagnostic and Preventive Services

Diagnostic services covered by the plan include:

- **Oral examinations** Delta Dental will cover no more than two oral exams done in any calendar year while the enrollee is covered by any Delta Dental program.
- **X-rays** Full mouth x-rays or panoramic x-rays will be provided by the dentist when required, but Delta Dental will only pay for these services once every five years. Bitewing x-rays are limited to twice in any calendar year when provided to enrollees under age 18 and once every calendar year for enrollees that are age 18 and over.

- **Emergency exams**

Preventive Services covered by the plan include:

- **Prophylaxis treatments (cleanings)** Delta Dental will cover no more than two cleanings in any calendar year while the enrollee is covered by any Delta Dental program. Periodontal cleanings done in the presence of inflamed gums are considered to be periodontal treatment for payment purposes.
- **Fluoride treatments** *Benefit Limitation:* Topical application of fluoride solutions is limited to eligible persons under age 19.
- **Space maintainers**

Basic Services

Basic services covered under the plan include:

- **Restorative Services** Amalgam, synthetic porcelain, plastic fillings, and prefabricated stainless steel restorations for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of dental decay).
- **Palliative Services** Treatment to relieve pain
- **Denture Repair** Repair of partial or complete dentures, including rebase procedures and relining.
- **Sealants** Protective coating for posterior molar teeth. *Benefit Limitation:* Sealants are available to eligible persons through age 15. The benefit includes the application of sealants to permanent posterior molar teeth with no caries (decay), with no restorations and with the occlusal surface intact. The sealants benefit does not include the repair or replacement of a sealant on any tooth within two years of its application.
- **General Anesthesia** When administered by a dentist for a covered oral surgery procedure.

Endodontics / Periodontics / Oral Surgery

- **Endodontic Services** Treatment of the tooth pulp
- **Periodontic Services** Treatment of gums and bones supporting the teeth
- **Oral Surgery** Extractions and certain other surgical procedures, including pre- and post-operative care.

Major Services

Major services covered by the plan include:

- **Crowns, Jackets and Cast Restorations** Crowns, jackets and cast restorations are for the treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam, synthetic porcelain, plastic restorations, or prefabricated stainless steel restorations. *Benefit Limitation:* Delta Dental will not pay to replace any crown, jacket or cast restoration that the enrollee received in the previous five years.
- **Prosthodontic Services** Procedures for construction of fixed bridges, partial and complete dentures and repair of fixed bridges. *Benefit Limitation:* Delta Dental will not pay to replace any bridge or denture that the enrollee received in the previous five years. An exception is made if the bridge or denture cannot be made satisfactory due to a change in supporting tissues or because too many teeth have been lost.

Delta Dental will not pay for implants (artificial teeth implanted into or on bone or gums), their removal or other associated procedures; but Delta Dental will credit the cost of a single crown or a standard complete or partial denture that would have been allowed under this plan toward the cost of an implant and related services (coinsurance amounts apply).

DPO (continued)

Orthodontic Services

(Where orthodontic benefit option for dependent children is selected by employer)

Orthodontic services covered by the plan include:

- Procedures performed by a dentist using appliances to treat poor alignment of teeth and/or jaws which significantly interferes with their function. *Benefit Limitations:* The maximum amount payable for each enrollee during enrollee's lifetime is shown in the schedule of benefits. Payment for orthodontics is provided monthly. Orthodontic benefits begin with the first payment due after the person becomes covered, if treatment has begun. Benefits end with the next payment due after loss of coverage. Benefits end immediately if treatment stops or if this contract is terminated.

Benefits are not paid to repair or replace any orthodontic appliance received under this contract. X-rays or extractions are not subject to the orthodontic maximum.

LIMITATIONS ON ALL BENEFITS

Optional Services

In general, optional services are not covered benefits. If an eligible person selects a more expensive plan of treatment than is customarily provided, or chooses specialized techniques rather than standard procedures, Delta Dental will pay the applicable percentage of the lesser fee. The enrollee is responsible for the remainder of the dentist's fee. (examples: electing a crown where an amalgam filling would restore the tooth; a precision denture where a standard denture would suffice; a composite restoration instead of an amalgam restoration on posterior teeth.)

SERVICES NOT COVERED (Exclusions)

Delta Dental does not pay benefits for

- Services for injuries or conditions which are compensable under Workers' Compensation or Employers' Liability Laws; services which are provided to the eligible person by any federal or state government agency or are provided without cost to the eligible person by any municipality, county or other political subdivision, except as exclusion may be prohibited by law.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth). This does not exclude services provided to newborn

children for congenital defects or birth abnormalities or those services provided under the Orthodontic Benefits, if covered.

- Services for restoring tooth structure lost from wear, erosion or abrasion, 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, occlusal adjustment and periodontal splinting.
- Any single procedure started prior to the date the person became eligible for such services under the contract.
- Prescribed drugs, medication or analgesia.
- Experimental procedures.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Charges for anesthesia, other than general anesthesia administered by a licensed dentist in connection with covered oral surgery services.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Diagnosis or treatment of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves and other tissues (MPD-TMJ).
- Services performed by any person other than a dentist (Doctor of Dentistry) or auxiliary personnel legally authorized to perform services under the supervision of a dentist.
- Orthodontic services (treatment of the malalignment of teeth and/or jaws), unless orthodontic benefit is selected and benefits are specified in the program design.
- Implants (prosthetic appliances placed into or on the bone of the upper or lower jaw to retain or support dental prosthesis), their removal or other associated procedures.

PREPAID

BENEFITS AND LIMITATIONS

(Plans available only in Florida, Georgia, Texas)

THIS IS ONLY A BRIEF SUMMARY OF THE PLAN. The group dental service contract must be consulted to determine the exact terms and conditions of coverage. Benefits, limitations and exclusions may vary by state. An evidence of coverage booklet will be sent upon enrollment.

- The frequency of certain benefits is limited. All frequency limitations are listed in the “description of benefits and copayments.” (Frequency limitations do not apply in Texas when services are needed more frequently due to medical necessity as determined by the contracting dentist.)
- If the enrollee accepts a treatment plan from the general dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the enrollee may be charged an additional \$100.00 above the listed copayment for each of these services after the sixth unit has been provided.
- 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).
- Benefits under plan 13A or 15B provided by a pediatric dentist are limited to children through age seven following an attempt by the assigned contracting dentist to treat the child and upon prior authorization by the Administrator, less applicable copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
- Benefits under plan 15C provided by a contract pediatric dentist are available at 75 percent of the contract specialist’s filed fees. Referral by the assigned contracting dentist is required before services are rendered.
- The cost to an enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the contract orthodontist’s usual 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.

- Orthodontic treatment in progress is limited to new DeltaCare 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 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. The administrator is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

SERVICES NOT COVERED (exclusions)

Any procedure not specifically listed in the “Description Of Benefits and Copayments.”

- Any procedure that in the professional opinion of the contracting dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures
 - b. is inconsistent with generally accepted standards for dentistry.
- Services solely for cosmetic purposes, with the exception of procedure D9972, external bleaching, 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 treatment of newborn children with congenital defects or birth abnormalities.
- Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under age 16.
- Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).
- Procedures, appliances or restoration to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
- 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) personalization and characterization of complete and partial dentures.

PREPAID (continued)

- Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
- Under plans 13A and 15B, dental services received from any dental facility other than the assigned contracting dentist, a preauthorized dental specialist, or a contract orthodontist are excluded, except for Emergency Services as described in the Contract and/or Evidence Of Coverage (EOC).
- Under plan 15C, dental services received from any dental facility other than the assigned contracting dentist, including the services of an out-of-network dentist who provides specialized services are excluded unless expressly authorized by the Administrator, or as covered under Emergency Services as described in the Contract and/or Evidence Of Coverage (EOC).
- Consultations for non-covered benefits.
- All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- Prescription drugs.
- Dental expenses incurred in connection with any dental or orthodontic procedure started before the enrollee's eligibility with the DeltaCare 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.
- Lost, stolen or broken orthodontic appliances.
- Changes in orthodontic treatment necessitated by accident of any kind.
- Myofunctional or parafunctional appliances and/or therapies.
- Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.