

EXCLUSIONS AND LIMITATIONS

All Benefits are subject to the following exclusions and limitations and frequency limits:

- (1) Examination and prophylaxis, including scaling and polishing is limited to once every six(6) months.
- (2) Coverage is limited to those services set forth in the Schedule of Covered Procedures. If a service is not listed, it is not included.
- (3) Benefits for prophylaxis (ADA Code 1110) will not be paid if performed on the same date of service with periodontal cleaning treatment. (ADA Code 4355, 4910, 4341, 4342.)
- (4) Bitewing x-rays are limited to once every [twelve (12) months], limited to four (4) bitewings.
- (5) Full mouth x-rays (ADA Code 0210) or panoramic x-rays (ADA Code 0330) are limited to once every [sixty (60) months], except when taken for diagnosis of 3rd molars, cysts, or neoplasms.
- (6) Consultation (ADA Code 9310) performed by a Specialist will not be paid if the dental procedure is performed on the same date of service by that Specialist. Consultation should already be included with the dental procedure.
- (7) For Eligible Dependents (age [14] and under) fluoride once every [twelve (12) months].
- (8) Sealants for Eligible Dependents (age [14] and under) once per 1st and 2nd permanent molar once per tooth per lifetime.
- (9) Space maintainers (ADA Codes 1510, 1515, 1520, 1525) for Eligible Dependents (age [14] and under) once per lifetime per space.
- (10) Periodontal scaling and root planning (ADA Codes 4341 and 4342) is limited to once per quadrant every [twenty-four (24) months]. In order to receive benefits, the Covered Person must submit to DeneX Dental, before treatment, a copy of the periodontal chart for pre-authorization for documented periodontal disease which must include at least four (4) teeth per quadrant with 4 millimeters or greater periodontal pockets.
- (11) Periodontal maintenance (ADA Code 4910) limited to two per [twelve (12) month period] following active periodontal treatment (excluding gross debridement – ADA Code 4355).
- (12) Full mouth gross debridement (ADA Code 4355) limited to once per [thirty six (36) months].
- (13) Resin based composites of posterior teeth (ADA Codes 2391 to 2394) will be paid at the rate for Amalgams. The Covered Person is responsible for any difference in fees charged by the Provider.
- (14) Amalgams and Composites (ADA Codes 2140 to 2394) one restoration allowed per surface every [thirty six (36) months].
- (15) Dentures, Bridges, Crowns (per tooth) are limited to once every [seven (7) years].
- (16) Root canals (ADA Codes 3310, 3320, 3330) once per tooth per lifetime. Re-treatment of root canal is limited to not more than once in [twenty four (24) months] for the same tooth.
- (17) Post and Cores (ADA Codes 2952 and 2954) will be covered only for teeth that have had root canal therapy.
- (18) Gingivectomy/gingivoplasty and osseous surgery (ADA Codes 4210, 4211, 4260, 4261) once per quadrant per [thirty-six (36) month period].
- (19) Retreatments, Relines, Rebases, Replacements, or Repairs are excluded within [six (6) months] of the completion of the initial procedure. [Benefits for denture repair will be limited to no more than half the cost of the Provider fee for a new denture.]
- (20) Relines and rebases of existing removable dentures no more than once per [thirty-six (36) month period].
- (21) Interim complete dentures (ADA Codes 5810, 5811) and interim partial dentures (ADA Codes 5820, 5821) may not be replaced for a [twelve (12) month period].
- (22) Deep sedation (ADA Codes 9220, 9221) must be performed by an Oral Surgeon.
- (23) Examination, evaluation and treatment of temporomandibular joint (TMJ) pain dysfunction is excluded.
- (24) Replacement of all teeth and acrylic on cast metal framework (ADA Codes 5670, 5671) limited to once per [thirty-six (36) month] period.
- (25) Palliative treatment (ADA Code 9110) will be covered as a separate benefit only if no other service other than exam and radiographs were done during the visit.
- (26) Internal bleaching of a tooth (ADA Code 9974) will only be covered if the tooth had root canal treatment.
- (27) Dental procedures begun prior to the Covered Person's effective date of coverage are excluded for [twelve (12) months] following the Covered Person's effective date. Examples include, but are not limited to, teeth prepared for crowns, root canal therapy in progress. This exclusion does not apply to Diagnostic & Preventive Services.
- (28) Replacement of missing natural teeth, lost prior to the Covered Person's effective date, are excluded for [twelve months] following the Covered Person's effective date.
- (29) Hospitalization for any dental procedure is excluded.
- (30) Drugs obtainable with or without a prescription are excluded.
- (31) Where two or more professionally acceptable dental treatments for a dental condition exist, the Plan bases reimbursement on the least costly treatment alternative.
- (32) Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines were provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.