

## **EXCLUSIONS AND LIMITATIONS SUMMARY**

1. Any dental services which were not rendered or approved by a participating dentist except in cases of out-of-area dental emergency.
2. A service not furnished by a dentist, unless the service is performed by a licensed dental hygienist under the supervision of a dentist or for an x-ray ordered by a dentist.
3. Treatment of a disease, defect, or injury covered by a major medical plan, Worker's Compensation Law, occupational disease law, or similar legislation.
4. General anesthesia, or analgesia for general services.
5. Any dental procedures which are undertaken primarily for cosmetic reasons, or dental care to treat accidental injuries, congenital or developmental malformations.
6. Restorations, crowns or fixed prosthetics when acceptable results can be achieved with alternative methods or materials. In cases where the selection of a more expensive treatment plan is decided upon, the Plan will allow for the least costly alternative and the patient is responsible for all additional fees charged by the dentist.
7. Services which were started prior to the person becoming covered under this plan.
8. Implants, grafts, precision attachments or other personalized restorations or specialized techniques.
9. Broken Appointments - If specified by Plan Dentist for appointments not canceled 24 hours in advance, there will be a charge to the patient.
10. Replacement of an existing crown, bridge or denture which can be made serviceable according to common dental standards.
11. Procedures, appliances or restorations (except full dentures) whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint; stabilize periodontally involved teeth, or restore occlusion.
12. Treatment of unmanageable children and/or unruly patients. An attempt will be made to treat all patients. However, if a patient is untreatable by virtue of apprehension or any other reason, and is referred to another office for treatment, the responsibility for payment lies with either the patient or with the parents of the patient.
13. Services not listed in the Schedule of Patient Copayments are not covered.

The following limitations apply to all dental plans:

Oral exams, bitewing x-rays, prophylaxes, scalings and fluoride treatments-	Once every 6 mos.
Full mouth and panoramic x-rays -	Once every 36 mos.
Crowns, bridges, dentures & periodontal surgery -	Once every 60 mos.
Orthodontic treatment of Class II/Class III malocclusions-	One 24 month case
Under family coverage, children are covered to age 19 (25 if full-time students).	