

Limitations on Diagnostic and Preventive Benefits:

- Routine oral examinations and cleanings, including periodontal cleanings, are limited to two in a calendar year while enrolled under any Delta Dental program.
- Full-mouth x-rays or panoramic x-rays are limited to one every five years while enrolled under any Delta Dental program.
- Bitewing x-rays are limited to one in a calendar year for adults and two in a calendar year for dependent children.
- Topical application of fluoride is limited to enrollees under age 19.

Sealant Benefit Limitations:

- Sealant benefits are available to dependent children through age 15.
- Sealants are limited to application to permanent molars with no carries (decay), without restorations and with the occlusal surface intact.
- Sealant benefits do not include the repair or replacement of a sealant on any tooth within two years of its application.

Limitations on Crowns, Jackets and Cast Restorations:

- Delta Dental will not pay to replace any crown, jacket inlays or cast restoration which the patient enrollee received in the previous five years under any Delta Dental program.

Limitations on Prosthodontic Benefits:

- Delta Dental will not pay to replace prosthodontic appliances including, but not limited to, fixed bridges and partial or complete dentures, until five years have elapsed following any prior provision of such appliance under any Delta Dental program or dental care program provided by the employer, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissues that the existing appliance cannot be made satisfactory.
- Replacement of a prosthodontic appliance not covered under a Delta Dental or any dental care program provided by the employer shall be covered only if the appliance is unsatisfactory and cannot be made satisfactory.
- Delta Dental limits benefits for dentures to a standard partial or complete denture. A "standard" partial or complete denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means.

Limitations on Orthodontic Benefits; if covered:

- The maximum amount, purchased by the employer, is a lifetime maximum per person.
- All payments will be on a monthly basis. The obligation of Delta Dental to make periodic payments for an orthodontic treatment plan begun prior to the date the patient becomes covered will commence with the first payment due following the date the patient's coverage is effective.
- The obligation of Delta Dental to make periodic payments for orthodontic treatment will terminate on the payment due-date next following the date the dependent or primary enrollee loses coverage, or upon termination of the contract, whichever occurs first.

- Delta Dental will not make any payment for repair or replacement of an orthodontic appliance furnished, in whole or in part, while enrolled under this program.
- Orthodontic benefits are limited to dependent child enrollees.
- X-rays or extractions are not subject to the orthodontic maximum.
- Surgical procedures are not subject to the orthodontic maximum.

Optional Services

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 benefits for the least costly procedure. 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.)

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 (unless services for cleft palate are provided to a covered child under age 18), 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 enrollee 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 and IV sedation administered by a licensed dentist in connection with covered oral surgery or selected endodontic and periodontal surgical procedures.

Exclusions (continued)

- 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 (DDS, DMD) or auxiliary personnel legally authorized to perform services under the supervision of a dentist.
- Orthodontic services.
- 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.
- Under the PPO Table of Allowances plan, Delta Dental will not pay for services not included on the PPO table of allowances.

PPO Vol 1, 2, and 3:

Teeth missing prior to the effect date are not covered unless extracted under the applicant's prior dental plan, if any.