



GENERAL LIMITATIONS AND EXCLUSIONS

Exams	Initial, Comprehensive and Periodic exams are limited to 1 every 6 months
Sealants	Sealants are covered once in a lifetime, per tooth; first and second molars only.
Prophylaxis	Covered once every 6 months
Full Mouth Debridement	Covered once in a lifetime
Full Mouth X-ray / Panoramic X-ray	Covered once every 36 months
Bitewing X-ray	Covered for a maximum of 4 images at a time, every 6 months
Fillings	Fillings are covered once every 12 months per tooth
Crowns / Bridges	Crowns and Bridges are covered once every 5 years. Porcelain crowns posterior to the second bicuspid is not a covered benefit. Lab fees on crowns/bridges are not covered.
Dentures / Partial	Dentures and partials are covered once every 5 years, per arch; lab fees are not covered.
Periodontal Maintenance	Periodontal Maintenance is covered once every 6 months following approved periodontal cleaning
Scaling and Root Planning	Periodontal scaling and root planning is covered once every 12 months, per quadrant
Fluoride	Fluoride is covered once every 6 months
Implants	Implants are not a covered benefit
Space Maintainers	Space maintainers are covered for primary teeth only
Recement Crown	Covered only after six months of initial placement
Root Canal	Root canals are covered once in a lifetime, per tooth
Retreat Root Canal	Retreatment of root canals is covered once in a lifetime, per tooth
Apicoectomy	Apicoectomy is covered once in a lifetime, per tooth
Relines / Rebases of Removable Prosthetics	Covered once every 36 months; lab fees are not covered.
Occlusal Guard	Occlusal Guard is covered once per lifetime; lab fees are not covered.
Occlusal Adjustment (Limited)	One adjustment per year

EXCLUSIONS AND LIMITATIONS

1. Dental procedures not explicitly on the Plan Benefits Summary.
2. Lab fees billed in conjunction with covered dental treatment is not a covered benefit.
3. Dental treatment for cosmetic purposes, unless specifically indicated on a specific plan.
4. Dental treatment performed in a hospital and/or any related hospital fees.
5. Treatment of cleft palate, anodontia and mandibular prognathism.
Cases in which, in the professional judgment of the attending Dentist, a satisfactory result cannot be obtained. The cost of services secured from physicians, dentists or dental surgeons, other than authorized DENCAP Providers, will not be paid for unless expressly authorized in writing by the Primary Care Dentist as cited under Emergency Coverage and Out-of-Area Emergency coverage provision, in Section 5.
6. Dental treatment started before a Covered Person became eligible under this policy.
7. Dental treatment started after termination of coverage.
8. Lost, missing, or stolen appliances (for example: retainers, occlusal guards, partial or full dentures, or flippers).
9. Porcelain, porcelain substrate, and cast restorations on primary (baby) teeth.
10. Extraction of asymptomatic teeth.
11. Behavior management fees for Covered Persons requiring additional or unusual efforts to complete a dental procedure.
12. Claims submitted due to auto accident, which should be submitted to automobile insurance carrier.
13. Charges for duplication of radiographs.
14. Charges for temporary appliances.
15. Charges for experimental or investigational services or supplies.
16. Instructions in dental hygiene, dietary planning, or plaque control.
17. Missed appointments or completion of claim forms. Infection control, including sterilization of supplies and/or equipment.

Orthodontic Exclusions, Limitations and Exceptions

1. Retreatment of prior Orthodontic problems unless provided under this Policy or any extension or renewal of this Policy.
2. Patients with severe disabilities, which may prevent satisfactory Orthodontic results.
3. Any charge made by the Orthodontist for the cost of replacement and/or repair of an appliance furnished to the patient which is lost or broken through no fault of the Orthodontist.
4. Interceptive Orthodontic Treatment is not a covered benefit.
5. Surgical procedures incidental to orthodontic treatment.
6. Active treatment extending more than 24 months from the point of banding due to lack of patient cooperation. For cases extending past 24 months, the Covered Person will be charged a monthly fee that is pro-rated at the Orthodontist's Submitted Fees.
7. Transfer to another Dentist after banding has been initiated.