

## CA SCHEDULE OF EXCLUSIONS AND LIMITATIONS

### **THIS PLAN DOES NOT MEET THE MINIMUM ESSENTIAL HEALTH BENEFIT REQUIREMENTS FOR PEDIATRIC ORAL HEALTH AS REQUIRED UNDER THE FEDERAL AFFORDABLE CARE ACT.**

#### **EXCLUSIONS – The following services, supplies or charges are excluded:**

1. Started prior to the Member's Effective Date or after the Termination Date of coverage under the Group Policy (for example but not limited to, multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures).
2. For house or hospital calls for dental services and for hospitalization costs (facility-use fees).
3. For Group Policies in California, the only services that are the responsibility of Workers' Compensation or employer's liability insurance shall be excluded from this Plan.
4. For prescription and non-prescription drugs, vitamins or dietary supplements.
5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.
6. Which are solely Cosmetic in nature (for example but not limited to, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures).
7. Elective procedures (for example but not limited to, the prophylactic extraction of third molars).
8. For congenital mouth malformations or skeletal imbalances (for example but not limited to, treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment).
9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered under the Schedule of Benefits or a Rider.
10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under the Certificate. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.
11. For treatment of fractures and dislocations of the jaw.
12. For treatment of malignancies or neoplasms.
13. Services and/or appliances that alter the vertical dimension (for example but not limited to, full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.
14. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.
15. Preventive restorations.
16. Periodontal splinting of teeth by any method.
17. For duplicate dentures, prosthetic devices or any other duplicative device.
18. For which in the absence of insurance the Member would incur no charge.
19. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.
20. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority.
21. For treatment and appliances for bruxism (night grinding of teeth).
22. For any claims submitted to the Company by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.
23. Incomplete treatment (for example but not limited to, patient does not return to complete treatment) and temporary services (for example but not limited to, temporary restorations).
24. Procedures that are:
  - part of a service but are reported as separate services; or
  - misreported or that represent a procedure other than the one reported.
25. Specialized procedures and techniques (for example but not limited to, precision attachments, copings and intentional root canal treatment).
26. Fees for broken appointments.

27. Those specifically listed on the Schedule of Benefits as “Not Covered” or “Plan Pays 0%”.
28. {For prosthetic services (for example but not limited to, full or partial dentures or fixed bridges) if such services replace one (1) or more teeth missing prior to Member’s eligibility under the Group Policy.}
29. Fluoride treatment; Space maintainers; Sealants; Prefabricated stainless steel crowns; Periodontal services; Basic restorations; Crowns, inlays, onlays; Buildups and post and cores; Fixed partial dentures, full dentures or partial removable dentures; Denture relining, rebasing or adjustments; Pulpal therapy; Root canal; Periapical and occlusal intraoral films; General anesthesia and IV sedation}
30. {Orthodontic services, supplies, and appliances.}

**LIMITATIONS – Covered services are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age: {**

1. Full mouth x-rays – {one (1)} every {{60} months} {{5} {calendar or contract year(s)}}.
2. Bitewing x-rays – {one (1)} set(s) per {{6} months} {{1} {calendar or contract year(s)}} under age {fourteen (14)} and {one (1)} set(s) per {{12} months} {{1} {calendar or contract year(s)}} age {fourteen (14)} and older.
3. Oral Evaluations:
  - Comprehensive and periodic – {two (2)} of these services per {{12} months} {{1} {calendar or contract year(s)}}. Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for {three (3)} or more year(s).
  - Limited problem focused and consultations – {one (1)} of these services per dentist per patient per {{12} months} {{1} {calendar or contract year(s)}}.
  - Detailed problem focused – {one (1)} per dentist per patient per {{12} months} {{1} {calendar or contract year(s)}} per eligible diagnosis.
4. Prophylaxis – {two (2)} per {{12} months} {{1} {calendar or contract year(s)}}. {{One (1)} additional for Members under the care of a medical professional during pregnancy.}
5. Fluoride treatment – {two (2)} per {{12} months} {{1} {calendar or contract year(s)}} under age {nineteen (19)}.
6. Space maintainers – {one (1)} per {three (3)} year period for Members under age {nineteen (19)} when used to maintain space as a result of prematurely lost {teeth} {deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not, develop.}
7. Sealants – {one (1)} per tooth per {{36} months} {{3} {calendar or contract year(s)}} {under age {sixteen (16)} on permanent first and second molars} {under age {eleven (11)} on permanent first molars and under age {sixteen (16)} on permanent second molars.}
8. Prefabricated stainless steel crowns – {one (1)} per tooth per lifetime for Members under age {fifteen (15)}.
9. Periodontal Services:
  - Full mouth debridement – {one (1)} per {{12} months} {{1} {calendar or contract year(s)}} {lifetime}.
  - Periodontal maintenance following active periodontal therapy – {two (2)} per {{12} months} {{1} {calendar or contract year(s)}} in addition to routine prophylaxis.
  - Periodontal scaling and root planing – {one (1)} per {{24} months} {{2} {calendar or contract year(s)}} per area of the mouth.
  - Surgical periodontal procedures – {one (1)} per {{24} months} {{2} {calendar or contract year(s)}} per area of the mouth.
  - Guided tissue regeneration – {one (1)} per tooth per lifetime.
10. Replacement of restorative services only when they are not, and cannot be made, serviceable:
  - Basic restorations – not within {{24} months} {{2} {calendar or contract year(s)}} of previous placement of any basic restoration.
  - Single crowns, inlays, onlays – not within {{60} months} {{5} {calendar or contract year(s)}} of previous placement of any of the procedures in this category.
  - Buildups and post and cores – not within {{60} months} {{5} {calendar or contract year(s)}} of previous placement of any of the procedures in this category.
  - Replacement of natural tooth/teeth in an arch – not within {{60} months} {{5} {calendar or contract year(s)}} of a fixed partial denture, full denture or partial removable denture.

{one (1)} every {{36} months} {{3} {calendar or contract year(s)}} thereafter.

12. Pulpal therapy – {one (1)} per eligible tooth per lifetime only when there is no permanent tooth to replace it. Eligible teeth limited to primary anterior teeth under age {six (6)} and primary posterior molars under age {twelve (12)}.
13. Root canal retreatment – {one (1)} per tooth per lifetime.
14. Recementation – {one (1)} per {{12} months} {{1} {calendar or contract year(s)}}. Recementation during the first {{12} months} {{1} {calendar or contract year(s)}} following insertion any preventive, restorative or prosthodontic service by the same dentist is included in the preventive, restorative or prosthodontic service benefit.
15. An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP.
16. Payment for orthodontic services shall cease at the end of the month after termination by the Company.
17. {Intraoral films:
  - {Periapical – {four (4)} per {{12} months} {{1} {calendar or contract year(s)}} {per dentist if not performed in conjunction with definitive procedure(s)}.}
  - {Occlusal – {two (2)} per {{12} months} {{1} {calendar or contract year(s)}} {under age {eight (8)}}.}
18. {General anesthesia and IV sedation: a total of {60} minutes per session.}}