

## Miami-Dade County Government Limitations and Exclusions

Group Number - FL06756

Effective date - January 1, 2010

### Limitations

#### 1) **Limitations on Diagnostic and Preventive Benefits:**

- Delta Dental will pay for routine oral examinations and cleanings (including periodontal cleanings) no more than twice in any calendar year while the person is an Enrollee under any Delta Dental program or dental care program provided by the Contract holder. Note that periodontal cleanings are covered as a Basic Benefit and routine cleanings are covered as a Diagnostic and Preventive Benefit. See note on additional benefits during pregnancy.
- A complete intraoral series and panoramic film will be provided by the same Dentist when required, but Delta Dental will only pay for these services once every three (3) years under any Delta Dental program.
- Bitewing x-rays are provided twice in any calendar year for each Enrollee.
- Topical application of fluoride solutions are provided twice in any calendar year for dependents under age 19.
- Space maintainers are limited to the initial appliance only and to Enrollees under age 19.
- Sealants are limited to dependents under age 16.

#### 2) **Limitations on Basic Benefits:**

- Delta Dental will not pay to replace an amalgam, synthetic porcelain or plastic restorations (fillings) or prefabricated stainless steel restorations within 24 months of treatment if the service is provided by the same Dentist.
- Delta Dental limits payment for stainless steel crowns under this section to services on baby teeth. However, after consultant's review, Delta Dental may allow stainless steel crowns on permanent teeth as a Major Benefit.
- Oral Surgery except procedures covered under any medical plan.
- General anesthesia when dentally necessary in terms of generally accepted dental standards in connection with oral surgery, extractions or other covered dental services.
- Relining and rebasing of existing removable dentures not more than 1 in 36 months.

**3) Limitations on Major Benefits:**

- Delta Dental will not pay to replace any crowns, inlays/onlays or cast restorations which the Enrollee received in the previous five (5) years under any Delta Dental program or any program of the Contract holder.
- Prosthodontic appliances that were provided under any Delta Dental program will be replaced only after five (5) years have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Replacement of a prosthodontic appliance not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory.
- Delta Dental limits payment for dentures to a standard partial or denture (coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means.
- Delta Dental will not pay for implants (artificial teeth implanted into or on bone or gums), their removal or other associated procedures, but Delta Dental will credit the cost of a crown or standard complete or partial denture toward the cost of the implant associated appliance, i.e. the implant supported crown or denture.

**4) Limitations on Orthodontic Benefits (applicable to Enriched Plan only):**

- Payment for orthodontics is provided monthly.
- Orthodontic Benefits begin with the first payment due after the person becomes covered, if treatment has begun.
- Benefits end with the next payment due after loss of coverage. Benefits end immediately if treatment stops or if the Contract is terminated, whichever occurs first.
- Benefits are not paid to repair or replace any Orthodontic appliance furnished, in whole or in part, under this program.
- X-rays or extractions are not subject to the Orthodontic maximum.
- Surgical procedures are not subject to the Orthodontic maximum.

**5) Limitations on All Benefits - Optional Services** that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services". Optional Services also include the use of specialized techniques instead of standard procedures. For example:

- a crown where a filling would restore the tooth;
- a precision denture/partial where a standard denture/partial could be used; or
- an inlay/onlay instead of an amalgam restoration.

If you receive Optional Services, Benefits will be based on the lower cost of the customary service or standard practice instead of the higher cost of the Optional Service. You will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

## **Exclusions**

### **Delta Dental does not pay Benefits for:**

- 1)** Treatment of injuries or illness paid under workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
- 2)** Cosmetic surgery or dentistry for purely cosmetic reasons.
- 3)** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate (unless services for cleft palate are provided to a covered child under the age of 18), upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn dependent children for medically diagnosed congenital defects, birth abnormalities or prematurity.
- 4)** Treatment to restore tooth structure lost from wear, erosion or abrasion; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize the teeth. Examples include but are not limited to: equilibration, periodontal splinting or occlusal adjustment.
- 5)** Any Single Procedure (crown, bridge, root canal) started prior to the date the Enrollee became covered for such services under this program.
- 6)** Prescribed drugs, medication, pain killers or experimental procedures.
- 7)** Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
- 8)** 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.
- 9)** Extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
- 10)** Treatment performed by someone other than a Dentist or a person who by law may work under a Dentist's direct supervision.
- 11)** Charges incurred for oral hygiene instruction, a plaque control program, dietary instruction, x-ray duplications, cancer screening or broken appointments.
- 12)** Services or supplies covered by any other health plan of the Contract holder.
- 13)** Treatment rendered by a person who ordinarily resides in your household or who is related to you (or to your spouse) by blood, marriage or legal adoption.
- 14)** Services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws) except as provided under the Orthodontic Benefits section, if applicable.
- 15)** Services for any disturbances of the temporomandibular (jaw) joints.