

## **LIMITATIONS AND EXCLUSIONS**

BENEFITS shall not be provided for any of the following:

1. Any dental services which were not rendered, prescribed, arranged, or approved by a Participating Dentist.
2. Bedside calls, either at home or in a hospital.
3. Any Hospital, outpatient or emergency facility administered anesthesia or any form of general anesthesia wherever administered, hospital charges, prescription drugs and/or laboratory tests.
4. Consultation by Non-Participating Dentist(s) unless specifically directed by DSO.
5. Any service or appliance for which the Covered Person incurs no charge.
6. Any service or appliance not required in accordance with accepted standards of dental practice in the geographic area and/or location in which the service is provided.
7. Any service or appliance received from a dental or medical department maintained by an employer, a mutual benefit association, labor union, trustee or other similar person or group.
8. Services provided under any governmental program (excluding the Medicaid Act), any state or federal worker's compensation, employer's liability or occupational disease law or similar law for loss covered by such benefits; and services performed by a member of a Member's immediate family.
9. Anything other than services enumerated in this Contract.
10. Services rendered or items furnished for any conditions, disease, ailment or injury occurring while the Covered Person is on active duty during military service, or for services or items provided under the laws of the United States of America or of any State of the United States or of any Foreign country or of any political subdivision of any of the foregoing.
11. Dental services rendered prior to the date the Enrollee or Covered Person became eligible for such services under this Contract.
12. Any service(s) or item(s) which are determined by DSO's Dental Director, prior to being provided, not to be a necessary service or item incidental to the condition, disease or injury for which the Covered Person is being treated.
13. Broken appointments. An Enrollee may be liable for charges for broken appointments consistent with and if that is the policy of the provider office.
14. Any dependent(s) below age ten (10) where such dependent is so unruly as to make the rendering of services impractical under the circumstances in the opinion of the Participating Dentist.

15. Treatment of unmanageable patients. An attempt will be made to treat all patients; however, if a Covered Person is untreatable by virtue of fear or phobia, it is the Enrollee's responsibility to contact DSO and discuss possible referral to another office for treatment at the Enrollee's expense.
16. Treatment of a Covered Person with a communicable disease without medical clearance from such person's physician.
17. Services/supplies partially or wholly cosmetic in nature, including bleaching, bonding procedures and orthodontic services and appliances.
18. Replacement of any lost, stolen or existing prosthesis made within five (5) years.
19. Prosthetic devices, including but not limited to bridges, crowns, inlays, complete and partial removable dentures for which the final impressions were taken while the Covered Person was not Covered under this Plan; or where final impressions were taken while such Covered Person was covered under this Plan, but not finally installed or delivered to such Covered Person within sixty (60) days after termination of coverage.
20. Replacement of an orthodontic appliance including retainers, bite plates, functional appliances, lingual arches and tongue cribs or repair due to patient negligence.
21. Dental procedure(s) required because of insurrection, invasion, bombardment, rebellion, revolution, military or usurped power or riot or resulting from any type of accidental injury, whether or not due to or caused by negligence, act of God, deliberate conduct of any kind or caused by anything other than natural biological factors, improper, poorly performed or nonexistent dental hygiene or by reason of dental (including periodontal) disease.
22. Replacement of teeth by fixed bridgework where teeth are missing on both sides of the same arch or jaw. Where teeth are missing on both sides of the same arch, replacement will be accomplished by removable prosthesis.
23. Expenses for duplication, maintenance or repair of any appliance to be used as a spare.
24. Expenses for all periodontal regenerative therapy and appliances or restorations necessary to accomplish periodontal splinting, increase vertical dimensions or restore occlusion.
25. Expenses for occlusal equilibration except to the extent necessary to treat periodontal disease.
26. Expenses for implantology, sealants or mouthguards.
27. Treatment of major congenital defects, such as cleft palates, and associated deformities and temporomandibular joint dysfunction.
28. Repairs to a removable denture which is (i) at least five (5) years old;(ii) to be replaced; (iii) beyond repair; and (iv) no longer serviceable.