

DELTA PREFERRED OPTION

(Preferred Provider Program)

Limitations

1. Initial examinations, periodic examinations and emergency examinations are benefits only when the dentist is a Delta Dental dentist with an accepted fee on file with Delta Dental
2. Only the first two oral examinations, including any office visits for observation and specialist consultations, or combination thereof, provided to a patient in a calendar year while he or she is an enrollee under any Delta Dental program
3. Full mouth x-rays are covered after five years have elapsed following any prior provision of full mouth x-rays under a Delta Dental program
4. Bitewing x-rays are covered on request by the dentist, but not more than twice in any calendar year for children to age 18, and once in any calendar year for adults age 18 and over
5. Diagnostic casts are a benefit only when made in connection with covered orthodontic treatment
6. Only the first two cleanings, fluoride treatments or single procedures that include cleaning, or combination thereof, provided to a patient in a calendar year while he or she is an enrollee under any Delta Dental program
7. Sealant benefits include the application of sealants only to permanent first molars up to age nine and second molars up to age 14 if they are without caries (decay) or restorations on the occlusal surface. Sealant benefits do not include the repair or replacement of a sealant on any tooth within three years of its application.
8. Direct composite (resin) restorations are benefits on anterior teeth and the facial surface of bicuspids. Any other posterior composite (resin) restorations are optional services and Delta Dental's payment is limited to the cost of the equivalent amalgam restorations.
9. Crowns, jackets, inlays, onlays and cast restorations on the same tooth will be replaced only after five years have elapsed following any prior provision under any Delta Dental program, unless Delta Dental determines that replacement is required because the restoration is unsatisfactory as a result of poor quality of care, or because the tooth involved has experienced extensive loss of changes to tooth structure or supporting tissues since the replacement of the restoration
10. Prosthodontic appliances that were provided under any Delta Dental program, including but not limited to fixed bridges and partial or complete dentures, will be replaced only after five years have passed unless 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 will be made of a prosthodontic appliance not provided under a Delta Dental program if it is unsatisfactory and cannot be made satisfactory.

11. Delta Dental will pay the applicable percentage of the dentist's fee for a standard cast chrome or acrylic partial denture or a standard complete denture, up to a maximum fee allowance which is at least the prevailing fee for a standard denture. (A "standard" complete or partial denture is defined as a removable prosthetic appliance provided to replace missing natural, permanent teeth and which is constructed using accepted and conventional procedures and materials.) The maximum allowance is revised periodically as dental fees change. Any denture and/or related service for which a charge is made which exceeds this allowance is an optional service, and the patient is responsible for the portion of the dentist's fee which exceeds the maximum Delta Dental allowance.
12. Implants (materials implanted into or on bone or soft tissue), or the removal of implants, are not benefits under this program. However, if implants are provided in association with a covered prosthetic appliance, Delta Dental will allow the cost of a standard complete or partial denture toward the cost of implants procedures and the prosthetic appliances. If Delta Dental makes an allowance toward the cost of such procedures, Delta Dental will not pay for any replacement placed within five years thereafter.
13. If an enrollee selects a more expensive plan of treatment than is customarily provided, or specialized techniques, an allowance will be made for the least expensive, professionally acceptable, alternative treatment plan. Delta Dental will pay the applicable percentage of the lesser fee and the patient is responsible for the remainder of the dentist's fee (e.g., a crown where a silver filling would restore the tooth or a precision denture where a standard denture would suffice).

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Exclusions

1. Services for injuries or conditions that are compensable under Workers' Compensation or Employers' Liability Laws
2. Services that are provided to the eligible person by any federal or state government agency or are provided without cost to the enrollee by any municipality, county or other political subdivision, except as provided in Section 1373(a) of the California Health and Safety Code
3. 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, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), unless covered by a contract rider
4. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction), 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 and periodontal splinting.
5. Prosthodontic services or any single procedure stated prior to the date the person become eligible for such services under the contract
6. Prescribed or applied therapeutic drugs, premedication or analgesia
7. Experimental procedures
8. All hospital costs and any additional fees charged by a dentist for hospital treatment
9. Charges for anesthesia, other than general anesthesia administered by a licensed dentist in connection with covered oral surgery services
10. Extraoral grafts (grafting of tissues from outside the mouth to oral tissues)
11. Implants (materials implanted into or on bone or soft tissue), or the repair or removal of implants, or any treatment in conjunction with implants, except as provided under limitations on prosthodontic benefits
12. Diagnosis or treatment by any method of any condition related to temporomandibular (jaw) joint or associated musculature, nerves and other tissues, unless covered by a rider to the contract
13. Orthodontic services (treatment of the misalignment of teeth and/or jaws), unless covered by a rider to the contract
14. Intravenous sedation, occlusal guards and complete occlusal adjustment
15. Replacement of existing restoration for any purpose other than active tooth decay