



DELTA DENTAL
DC 37 Customer Service Center
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Monday through Friday
8:00 am to 8:00 pm ET
www.deltadentalins.com/DC37

DC 37 HEALTH & SECURITY PLAN
LIST OF EXCLUDED DENTAL SERVICES & PROCEDURES
EFFECTIVE February 1, 2024

Please review the Important Participant Information for general rules on coverage exclusions.

DENTAL BENEFIT PLAN COVERAGE EXCLUSIONS

The Plan does not pay for:

1. In general, any dental work begun before you become eligible for dental benefits will not be covered, even if completed after you become eligible. For example, if a root canal was opened before becoming eligible, the root canal therapy will not be covered even if done at a later date. If you have a tooth prepared for a cap before becoming eligible, the cap is not covered even if the cap is put on after eligibility is established.
2. Benefits are not payable for more than two (2) examinations and cleanings per calendar year.
3. The Plan does not pay an additional fee for the completion of forms.
4. Benefits are not payable for a prophylaxis rendered the same day as a periodontal treatment.
5. Benefits for topical application of stannous and sodium fluoride are not payable for persons over 18 years of age.
6. Stannous and sodium fluoride treatments for persons under 18 years of age are not payable more than two (2) times in a calendar year.
7. Occlusal adjustments are limited to one full mouth adjustment once every sixty (60) months.
8. No additional allowance will be provided to connect or disconnect units involved in fixed bridgework.
9. Benefits are not payable for temporary crowns unless necessitated by an accidental injury to natural teeth.
10. A temporary restoration (except when necessitated by accidental injury) is considered part of and is included in the allowance for the final restoration.
11. No additional benefits will be provided for postoperative treatment.
12. Benefits are not payable beyond a maximum of \$1,700 per covered individual per calendar year.

13. Benefits are not payable for the following services to a covered individual, such as: (i) an appliance, or modification of an appliance, for which an impression was made before the person became a covered individual; or (ii) a crown, bridge or gold restoration, for which a tooth was prepared before the person became a covered individual.
14. Benefits are not payable for a partial or full removable denture or fixed bridgework if it involves replacement of one or more natural teeth extracted prior to the employee being in a covered job title for a consecutive twelve (12) month period, unless the denture or fixed bridgework also includes replacement of a natural tooth which (i) is extracted while the person is such a covered individual; and (ii) was not an abutment to a partial denture or fixed bridge installed within the immediately preceding five (5) years.
15. Benefits are not payable for a new partial or full removable denture or fixed bridgework, or a crown or gold restoration, if it involves the replacement of a denture, bridgework, crown, or gold restoration that was inserted during the immediately preceding five (5) years. The five (5) year period shall always commence on the date the device(s) paid for by the Plan was inserted.
16. Benefits are payable for a precision denture up to the maximum scheduled benefit allowable for a cast or acrylic base partial denture with a gold or chrome lingual or palatal bar with two clasps. However, crowns inserted as abutments for precision or semi-precision attachment appliances and cast or acrylic based partial dentures are not covered except where necessitated by restorative reasons.
17. Adjustments to dentures and space maintainers are considered part of the allowance if made within six (6) months of installation. The relining of an immediate denture will be considered after six (6) months from the insertion date. An office reline will be limited to once every twelve (12) months. A laboratory reline will be limited to once every twenty-four (24) months.
18. Any service not listed in the Plan's fee schedule will be excluded except as follows: if a charge is incurred for a service not included in the schedule, in connection with the dental care of a specific covered condition, and if the schedule contains one or more services which, according to customary dental practices, are, in the Plan's opinion, appropriate for the dental care of that condition, then a charge for the least expensive of such services as are included in the Schedule will be considered to have been incurred in lieu of the charge actually incurred.
19. Expenses incurred after the termination of a person's coverage are not reimbursable except as applicable under the Extension of Benefits Provision.
20. Charges in excess of the Delta Dental allowed fee schedule within the Participant's Delta Dental Network.
21. Charges for procedures rendered before a person becomes eligible for benefits.
22. A service not reasonably necessary before a person becomes eligible for benefits.
23. A service furnished a person for cosmetic purposes, unless necessitated as a result of an accidental injury sustained while the person was a covered individual.

24. Facing on crowns, or pontics, which are posterior to the first molar are considered cosmetic and are excluded.
25. Any employment related disease or injury to the teeth, which is covered by any Workers' Compensation law, occupational disease law, or similar legislation.
26. A service or supply (i) furnished by or for the U.S. Government, (ii) furnished by or for any other government unless payment is legally required, or (iii) to the extent any benefit is provided by any law or government program under which the person is or could be covered.
27. Charges covered by another group dental insurance plan.
28. Replacement of lost or stolen appliances.
29. Any dental service which is not furnished by a licensed dentist, unless performed by a licensed dental hygienist under the supervision of a dentist or is an x-ray ordered by a licensed dentist.
30. Services covered by any other medical or surgical benefit or insurance program.
31. Charges for oral hygiene instruction, dietary planning, etc.
32. Dental supplies, including, but not limited to, toothbrushes, toothpaste, mouthwash, water flossers, etc. are not covered by the dental benefit.
33. Payment for periodontal surgery is restricted to once every five (5) years. Each quadrant will be considered individually.

As with all decisions regarding eligibility for and the amount of benefits payable under the Plan, the benefit allowances and guidelines are subject to change, at any time and for any reason, by the Board of Trustees of the Plan, in its sole and absolute discretion. This list of eligible dental services, exclusions and all information in this document, shall not in any manner or provision, be inconsistent with or contradict any aspect of the Plan Document. In such event, the provisions of said Plan Document shall govern and apply as if a part of this list of eligible dental services.