

**DELTA DENTAL OF TENNESSEE  
SCHEDULE A  
SCHEDULE OF BENEFITS, LIMITATIONS AND EXCLUSIONS**

In addition to the benefits, limitations and exclusions listed below, the General Limitations and Exclusions found in Article 3 of this CONTRACT apply to this plan.

**A. Diagnostic & Preventive Benefits, Limitations & Exclusions**

- 1) All oral examinations and cleanings (prophylaxis).
  - a) Oral exams and cleanings, to include any combination of teeth cleanings (prophylaxes, periodontal maintenance procedures and scaling in the presence of inflammation), are limited to two times in any calendar year. Excludes full mouth debridement which is covered once per lifetime. Periodontal maintenance and full mouth debridement procedures covered at the benefit level for Periodontics.
  - b) Members with high risk health conditions may receive a total of four cleanings, to include periodontal maintenance procedures, in any calendar year. Eligible members include:
    - (1) Diabetics with periodontal disease
    - (2) Pregnant women with periodontal disease
    - (3) Individuals with renal failure/dialysis
    - (4) Individuals with suppressed immune systems (undergoing chemotherapy or radiation treatment, HIV positive, organ transplant patients, stem cell/bone marrow transplant patients)
    - (5) Individuals at high risk for infective endocarditis (such as those with a history of infective endocarditis, certain congenital heart defects, artificial heart valves, heart valve defects, hypertropic cardiomyopathy, or mitral valve prolapse)
  - c) Adult prophylaxis for members under 14 years of age is not allowed.
  - d) Comprehensive oral examinations or extensive oral examinations performed by the same dentist are allowed once within 36 months.
- 2) X-rays.
  - a) One set of bite-wing x-rays are covered in a calendar year.
  - b) Full mouth x-rays and/or panoramic x-rays are covered once within 3 years, unless special need is shown.
- 3) Fluoride. Topical application of fluoride is covered for members up to 19 years of age once per calendar year.
- 4) Space maintainers.
  - a) Space maintainers are covered for missing posterior primary teeth for members 14 years of age or under.
  - b) Distal shoe space maintainers are a benefit on first permanent molars, limited to children up to age 8. Charges for repairs and adjustments by the same dentist or dental office are not allowed.
  - c) Only one space maintainer is allowed per area per lifetime.

**B. Sealant Benefits, Limitations & Exclusions**

Sealants – resin filling used to seal grooves and pits on the chewing surface of permanent molar teeth.

- 1) A sealant is a benefit only on the unrestored, decay free chewing surface of the maxillary (upper) and mandibular (lower) permanent first and second molars.
- 2) Sealants are only a benefit on members under 16 years of age.
- 3) Only one benefit will be allowed for each tooth within a lifetime.
- 4) Benefits include repair or replacement within 24 months by the same dentist or dental office.

**C. Basic Benefits, Limitations & Exclusions**

- 1) Simple extractions.

- 2) General Anesthesia & IV Sedation is covered only when administered by a properly licensed dentist in a dental office in conjunction with covered surgery procedures or when necessary due to concurrent medical conditions. General anesthesia and IV sedation are limited to one hour. Any additional minutes are disallowed unless clinical documentation supports additional minutes.
- 3) Minor Restorations – amalgams (silver fillings) composites (white fillings) and prefabricated stainless steel crown restorations for the treatment of decay.
  - a) Restorative benefits are allowed once per surface in a 24 month period, regardless of the number or combinations of procedures requested or performed.
  - b) The replacement, by the same dentist or dental office, of amalgam or composite restorations within 24 months is not allowed.
  - c) The replacement, by the same dentist or dental office, of a stainless steel crown within 24 month of the initial placement is not allowed.
- 4) Gold foil restorations are Optional Services.
- 5) Denture Repairs -services to repair complete or partial dentures.

**D. Oral Surgery Benefits, Limitations & Exclusions.**

Oral Surgery – complex extractions and other surgical procedures (including pre- and post operative care). Some procedures are limited to once per lifetime. Excludes procedures that are considered medical procedures.

**E. Endodontic Benefits, Limitations & Exclusions**

Endodontia - treatment of the dental pulp (root canal procedures).

- 1) Payment for root canal treatment includes charges for x-rays and temporary restorations.
- 2) Root canal treatment is limited to once in a 24 month period by the same dentist or dental office.
- 3) Post-operative procedures are considered part of the total fee.

**F. Periodontic Benefits, Limitations & Exclusions**

Periodontia - treatment of the gums and bones that surround the natural tooth.

- 1) Payment for periodontal surgery shall include charges for three months post-operative care and any surgical re-entry for a three year period.
- 2) Root planing, curettage and osseous surgery are not a benefit for members under 14 years of age.
- 3) Scaling and root planing procedures are allowed once within 24 months.
- 4) Full mouth debridement covered once per lifetime.
- 5) Periodontal maintenance procedures to include any combination of teeth cleanings (prophylaxes, periodontal maintenance procedures and scaling in the presence of inflammation), are limited to two times in any calendar year. Prophylaxes and scaling in the presence of inflammation procedures covered at the Diagnostic & Preventive Benefit level.
- 6) Localized delivery of antimicrobial agents is not a benefit.
- 7) Guided tissue regeneration limited to once per tooth per lifetime.

**G. Major Restorative Benefits, Limitations & Exclusions**

Cast Restorations. Crowns and onlays are benefits for the treatment of visible decay and fractures of hard tooth structure when teeth are so badly damaged that they cannot be restored with amalgam or composite restorations.

- 1) Replacement of crowns or cast restorations received in the previous five years is not a benefit. Payment for cast restorations shall include charges for preparations of tooth and gingiva, impression, temporary restoration and any re-cementation by the same dentist within a 12 month period.
- 2) A cast restoration on a tooth that can be restored with an amalgam or composite restoration is not a benefit.
- 3) Procedures for purely cosmetic reasons are not benefits.
- 4) Veneers are payable on incisors, cuspids and bicuspid once per tooth per five-year period when necessary due to fracture or decay for people age 12 and older. Veneers for cosmetic purposes are not Covered Services. Porcelain, gold or veneer crowns for children under 12 years of age are not a benefit.

- 5) A prefabricated post and core in addition to crown is payable only on an endodontically treated tooth.

#### **H. Prosthodontic Benefits, Limitations & Exclusions**

- 1) Prosthodontics. Procedures for construction of fixed bridges, partial or complete dentures and repair of fixed bridges.
  - a) Replacement of any fixed bridges or partial or complete dentures that the member received in the previous five years is not a benefit.
  - b) Payment for a complete or partial denture shall include charges for any necessary adjustment within a six month period.
  - c) Payment for standard dentures is limited to the maximum allowable fee for a standard partial or complete denture. A standard denture means a removable appliance to replace missing natural, permanent teeth. A standard denture is made by conventional means from acceptable materials. If a denture is constructed by specialized techniques and the fee is higher than the fee allowable for a standard denture, the patient is responsible for the difference.
  - d) Payment for fixed bridges or cast partials for children under 16 years of age is not a benefit. A temporary partial-stayplate denture is a benefit in children 16 years of age or under for missing anterior permanent teeth.
  - e) A posterior bridge where a partial denture is constructed in the same arch is not a covered benefit.
  - f) Temporary partial dentures are a benefit during the healing period for missing upper anterior teeth.
  - g) Temporary or provisional fixed prosthodontics are not separate benefits and should be included in the fee for the permanent prosthesis.
- 2) Complete or Partial Denture Reline and Rebase procedures. Payment for a relining or rebase of a partial or complete denture is limited to once in a three year period and includes all adjustments required for six months after delivery.

#### **I. Implant Benefits, Limitation and Exclusions**

Implants. The surgical placement of an endosteal (in the bone) implant and the connecting abutment are covered benefits.

- 1) Replacement of implants or abutments received in the previous five years is not a benefit.
- 2) The removal of an implant is allowed once per lifetime.
- 3) Specialized techniques are not benefits (ie. bone grafts, guided tissue regeneration, precision attachments, etc.)
- 4) Implants are not a benefit for patient's under 19 years of age.
- 5) Implant maintenance procedures are allowed once in a 12 month period.