

General Limits and Exclusions

2 - 99 Subscribers

General Limitations Definition

Routine Exams	Twice per benefit period.
Routine Cleaning	Twice per benefit period.
Fluoride	Twice per benefit period.
Sealants	Once in a two-year period per tooth from the date of service. No age limit.
Space Maintainers	Once per lifetime, through age 17.
X-Rays (Bitewing)	Once per benefit period.
X-Rays (Full Mouth)	Once in five years.
Perio Maintenance	Twice per benefit period.
Surgical Perio	Once in three years following specific periodontal treatment timelines.
Emergency Exams	Twice per benefit period.
Fillings	Once in a two-year period from the date of service (same surface).
Stainless Steel Crowns	Once in a two-year period from the date of service (same tooth).
Sedation	In conjunction with certain qualifying services.
Simple Oral Surgery	No limitations.
Complex Oral Surgery	No limitations.
Endodontics (Root Canal)	Once in two years.
Crowns	Once in seven years.
Bridges	Once in seven years.
Implants	Once in seven years. - Excluded on PPO – Value Plans
Dentures	Once in seven years.

Refer to the contract of Delta Dental of Washington (DDWA) Covered Benefits for a complete listing of Limitations and Exclusions.

General Exclusions:

1. Dentistry for cosmetic reasons.
2. Restorations or appliances necessary to correct vertical dimension or to restore the occlusion. Procedures include: restoration of tooth structure lost from attrition, abrasion or erosion and restorations for malalignment of teeth.
3. Services for injuries or conditions that are compensable under Worker's Compensation or Employers' Liability laws, and services that are provided to the eligible person by any federal or state or provincial government agency or provided without cost to the eligible person by any municipality, county, or other political subdivision, other than medical assistance in this state, under medical assistance RCW 74.09.500, or any other state, under 42 U.S.C., Section 1396a, section 1902 of the Social Security Act.
4. Application of desensitizing agents (treatment for sensitivity or adhesive resin application).
5. Experimental services or supplies, which include:
 - a. Procedures, services or supplies for which the use and acceptance as a course of dental treatment for a specific condition is still under investigation/observation. In determining whether services are experimental, DDWA, in conjunction with the American Dental Association, will consider them if:
 - i. The services are in general use in the dental community in the state of Washington;
 - ii. The services are under continued scientific testing and research;
 - iii. The services show a demonstrable benefit for a particular dental condition; and
 - iv. They are proven to be safe and effective.
 - b. Any individual whose claim is denied due to this experimental exclusion clause will be notified of the denial within 20 working days of receipt of a fully documented request.
 - c. Any denial of benefits by DDWA on the grounds that a given procedure is deemed experimental may be appealed to DDWA. DDWA will respond to such appeal within 20 working days after receipt of all documentation reasonably required to make a decision. The 20-day period may be extended only with written consent of the eligible person.
 - d. Whenever DDWA makes an adverse determination and delay would jeopardize the eligible person's life or materially jeopardize the covered person's health, DDWA shall expedite and process either a written or an oral appeal and issue a decision no later than 72 hours after receipt of the appeal. If the treating Licensed Professional determines that delay could jeopardize the eligible person's health or ability to regain maximum function, DDWA shall presume the need for expeditious review, including the need for an expeditious determination in any independent review.
6. Analgesics such as nitrous oxide, conscious sedation, euphoric drugs or injections of anesthetic not in conjunction with a dental service; or injection of any medication or drug not associated with the delivery of a covered dental service.
7. Prescription drugs.
8. Hospitalization charges and any additional fees charged by the dentist for hospital treatment.
9. Broken appointments.
10. Behavior management.
11. Completing claim forms.
12. Habit-breaking appliances which are fixed or removable device(s) fabricated to help prevent potentially harmful oral health habits (e.g., chronic thumb sucking appliance, tongue thrusting appliance etc.), does not include Occlusal Guard, see the "*Class III Periodontics*" section for benefit information.
13. Orthodontic services or supplies are not covered unless optional Orthodontic coverage has been selected. Please see your Plan Overview Page for more information.
14. Optional Orthodontic services or supplies are not available for Groups with fewer than 10 employees. Please see your Plan Overview Page for more information.
15. This plan does not provide benefits for services or supplies to the extent that benefits are payable for them under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner's policy, or other similar type of coverage.
16. All other services not specifically included in this plan as Covered Dental Benefits.