

PLAN EXCLUSIONS & LIMITATIONS

The following exclusions apply to all Healthplex designed dental plans:

1. Any dental services which were not rendered, prescribed, arranged or approved by a participating dentist except in cases of out-of-area dental emergency.
2. A service not furnished by a participating Dentist, unless the service is performed by a licensed dental hygienist under the supervision of a participating dentist or for an x-ray ordered by a participating dentist.
3. Treatment of a disease, defect, or injury covered by a major medical plan, Workmen's Compensation Law, occupational disease law or similar legislation.
4. General anesthesia, analgesia and any service rendered in a hospital environment.
5. Any dental procedures which are undertaken primarily for cosmetic reasons or dental care to treat accidental injuries, congenital or developmental malformations.
6. Restorations, crowns or fixed prosthetics when acceptable results can be achieved with alternative methods or materials. In cases where the selection of a more expensive treatment plan is decided upon, the Plan will allow for the least costly alternative and the patient is responsible for all additional fees charged by the dentist.
7. Services which were started prior to the person becoming covered under this plan.
8. Implants, grafts, precision attachments or other personalized restorations or specialized techniques.
9. Replacement of any existing crown, bridge or denture which can be made serviceable according to common dental standards.
10. Procedures, appliances or restorations (except full dentures) whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of temporomandibular joint; stabilize periodontally involved teeth or restore occlusion.
11. Treatment of unmanageable children or otherwise unruly patients. An attempt will be made to treat all patients. However, if a patient is untreatable by virtue of apprehension or for any other reason and is referred to another office for treatment, the responsibility for payment lies with either the patient or with the parents of the patient.
12. Services not listed in the proposed Schedule of Benefits are not covered.

