

# BURLINGTON TOWNSHIP PUBLIC SCHOOLS

## DELTA DENTAL

### EXCLUSIONS AND LIMITATIONS

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**Services not covered:**

- Services for injuries or conditions which are compensable under Workers' Compensation or Employers' Liability Laws; services which are provided to the eligible patient by any Federal or State Government Agency or are provided without cost to the eligible patient by any municipality, county or other political subdivision.
- Services with respect to congenital or developmental malformations (including TMJ), cosmetic surgery and dentistry for purely cosmetic reasons.
- Minor tooth movement
- Consultation fees
- Prescribed drugs, analgesics
- Experimental procedures
- Oral hygiene instruction
- Services performed prior to effective date of coverage
- Charges for hospitalization, including hospital visits
- Broken appointments
- Laboratory tests

#### LIMITATIONS

**Dental services are subject to the following limitations:**

- a) **X-rays:** Complete mouth x-rays are provided only once in a three (3) year period, unless special need is shown. Supplementary bite-wing x-rays are provided not more than twice per calendar year.
- b) **Crowns, Inlays, and Gold Restorations:** Replacement will be made only after five (5) years have elapsed following any prior provisions of crowns, inlays or gold restorations under any Delta program.
- c) **Prosthodontics:** Prosthodontic appliances will be replaced only after five (5) years have elapsed following any prior provision of such appliances under any Delta program. Replacement will be made of a prosthodontic appliance not provided under a Delta program only if it is unsatisfactory and cannot be made satisfactory.