

Benefits, Exclusions and Limitations

Class I Benefits

Diagnostic and Preventive Services

Services and procedures to evaluate existing conditions and/or to prevent dental abnormalities or disease. These services include evaluations (examinations), prophylaxes (cleanings), and fluoride treatments. These services are subject to the following exclusions and limitations:

- (i) Topical fluoride treatments are payable twice in a Benefit Year for Children, under age 14.
- (ii) Benefits for oral evaluations rendered as a consultation or exam are payable twice in any Benefit Year, whether provided under one or more RLHICA plans.
- (iii) Benefits for prophylaxes, including periodontal maintenance procedures and full mouth debridement are payable twice in any Benefit Year.
- (iv) Bitewing X-rays are payable once in any Benefit Year.
- (v) Benefits for space maintenance are payable once per lifetime, per area, for Children under the age of 14 years.
- (vi) RLHICA will not make payment for preventive control programs, including home care items, oral hygiene instructions, nutritional counseling, and tobacco counseling and all charges for the same will be your responsibility.
- (vii) RLHICA will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology, pathology) and caries susceptibility tests and all charges for the same will be your responsibility.

Class II Benefits

Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain.

Radiographs (X-rays)/Diagnostic Imaging

X-rays as required for routine care or as necessary for the diagnosis of a specific condition, subject to the following limitations:

- (i) Full mouth X-rays (which include bitewing X-rays) or a panoramic X-ray (with or without bitewing X-rays) are payable once in any five-year period.
- (ii) A serial listing of X-rays is paid as a full mouth series if the total fee equals or exceeds the fee for a complete series.
- (iii) Any supplemental films with a full mouth series are part of the complete procedure.
- (iv) Benefits for a cephalometric film, oral/facial images or diagnostic casts are not payable.
- (v) Benefits for posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable.

Minor Restorative Services

Minor restorative services to rebuild and repair natural tooth structure when damaged by disease or injury. These services include amalgam (silver) and resin (white) fillings, subject to the following exclusions and limitations:

- (i) Amalgam and composite resin restorations are payable once per tooth surface within a 24-month period regardless of the number of combination of restorations placed on a surface.
- (ii) RLHICA will not make payment for dentistry for aesthetic reasons and all charges for the same will be your responsibility.

Simple Extractions

Simple extractions including local anesthesia, suturing, if needed, and routine post-operative care.

Sealants

Sealants are payable only for the occlusal surface of first permanent molars to age nine and second permanent molars to age 14. The surface must be free from decay and restorations. Sealants are a benefit payable once in any three-year period.

Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures along with benefits for prophylaxes, including periodontal maintenance procedures and full mouth debridement, are payable twice in any Benefit Year.

Other Class II Benefits

- (i) After hours visits, not to exceed once per Benefit Year.
- (ii) Benefits for consultations (includes evaluations) by a dentist other than the practitioner providing treatment are payable once per Benefit Year.

Class III Benefits

Oral Surgery Services

Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine postoperative care subject to the following exclusions and limitations:

- (i) RLHICA will not make payment for the following services. All charges for the same will be your responsibility: correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
- (ii) RLHICA will not make payment for the following benefits. All charges for the same will be your responsibility:
 - prescription drugs
 - non-prescription drugs
 - premedications

- localized delivery of chemotherapeutic agents
- relative analgesia
- non-intravenous conscious sedation
- therapeutic drug injections
- hospital visits
- desensitizing medicaments and techniques

or behavior management

(iii) RLHICA will not make payment for the following benefits and services. All charges for the same will be your responsibility: any appliance or surgical procedure used to:

- (a) change vertical dimension
- (b) restore or maintain occlusions
- (c) replace tooth structure lost as a result of abrasion, attrition or erosion; and,
- (d) splint or stabilize teeth for periodontal reasons

(iv) RLHICA will not make payment for the following benefits and services. And all charges for the same will be your responsibility unless otherwise specified in the Summary of Dental Plan Benefits: appliances, restorations, X-rays or services for the diagnosis or treatment of temporomandibular disorders (TMD).

(v) RLHICA will not make payment for the following benefits and services. And all charges for the same will be your responsibility: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

Endodontic Services

The treatment of teeth with diseased or damaged nerves (for example, root canals), subject to the following exclusions and limitations:

- (i) Benefits for endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in 24 months.
- (ii) Benefits for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.
- (iii) RLHICA will not make payment for the following benefits and services. All charges for the same will be your responsibility: pulp caps, maxillofacial prosthetics or myofunctional therapy.

Periodontic Services

The treatment of diseases of the gums and supporting structures of the teeth. These services are subject to the following exclusions and limitations:

- (i) Benefits for prophylaxes, including periodontal prophylaxes and full mouth debridement, and oral evaluations are payable twice in any Benefit Year.

- (ii) Benefits for root planing and scaling are payable once per area in any two-year period.
- (iii) Periodontal surgery is payable once per area in any three-year period.
- (iv) RLHICA will not make payment for the following benefits and services. All charges for the same will be your responsibility: any appliance or surgical procedure used to:
 - (a) change vertical dimension
 - (b) restore or maintain occlusions
 - (c) replace tooth structure lost as a result of abrasions, attrition or erosion; and
 - (d) splint or stabilize teeth for periodontal reasons

Major Restorative Services

Major restorative services, such as crowns, used when teeth cannot be restored with another filling material. These services are subject to the following exclusions and limitations:

- (i) Cast restorations (including crowns, onlays, veneers) and associated procedures such as cores and post substructures on the same tooth are payable once in any seven-year period.
- (ii) Porcelain, porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Children less than 12 years of age.
- (iii) Benefits for core buildups, cast posts and cores, and prefabricated posts are limited to once per tooth.
- (iv) RLHICA will not make payment for inlays (cast, porcelain, composite resin, or ceramic) and all charges for the same will be your responsibility.
- (v) RLHICA will not make payment for the following benefits and services. All charges for the same will be your responsibility: any appliance or surgical procedure used to
 - (a) change vertical dimension
 - (b) restore or maintain occlusions
 - (c) replace tooth structure lost as a result of abrasions, attrition or erosions; and,
 - (d) splint or stabilize teeth for periodontal reasons

Prosthetic Services

Services and appliances that replace missing natural teeth (such as bridges, partial dentures, and complete dentures), subject to the following exclusions and limitations:

- (i) One complete upper and one complete lower denture are Benefits once in any seven-year period for any individual.
- (ii) A partial denture, fixed bridge, or removable bridge and any associated services are payable once in any seven-year period.
- (iii) Fixed bridges and removable cast partials are not payable for Children less than 16 years of age.

- (iv) Fixed bridgework, replacement of fixed bridgework or addition of teeth to existing bridgework to replace extracted natural teeth is covered only if the replacement is required to replace one or more natural teeth extracted while a member under the Plan.
- (v) Benefits for tissue conditioning are payable twice per denture unit in any three-year period.
- (vi) Endosteal implants are allowed once per tooth, per lifetime. RLHICA will not make payment if implant is placed within seven years following prosthodontic or major restorative services involving that tooth.
- (vii) RLHICA will not make payment for specialized implant surgical techniques, removal of implant, implant maintenance procedures, or implant repairs. All charges for the same will be the responsibility of the Certificate Holder unless otherwise specified in the Declarations Section.
- (viii) RLHICA will not make payment for procedures to replace a missing tooth or teeth that were lost before employment with this group. All charges for the same will be your responsibility.
- (ix) RLHICA will not make payment for the following benefits and services. All charges for the same will be your responsibility: lost, missing, or stolen appliances of any type; temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachments or myofunctional therapy.
- (x) RLHICA will not make payment for the following benefits and services. All charges for the same will be your responsibility: any appliance or surgical procedure used to:
 - (a) change vertical dimension
 - (b) restore or maintain occlusions
 - (c) replace tooth structure lost as a result of abrasions, attrition or erosion; and
 - (d) splint or stabilize teeth for periodontal reasons

Relines and Repairs

Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures. A reline or a complete replacement of denture base material is limited to once in any three-year period per appliance.

Other Class III Benefits

- (i) Benefits for an occlusal guard are payable only once in any five-year period.
- (ii) Benefits for limited occlusal adjustments are payable once in a Benefit Year.
- (iii) Office visits during regularly scheduled hours are payable once per Benefit Year.
- (iv) RLHICA will not make payment for the following services. All charges for the same will be your responsibility: repair, relines, or adjustments of occlusal guards.

(v) RLHICA will not make payment for the following benefits and services. All charges for the same will be your responsibility:

- prescription drugs
- non-prescription drugs
- premedications
- localized delivery of chemotherapeutic agents
- relative analgesia
- non-intravenous conscious sedation
- therapeutic drug injections
- hospital visits
- desensitizing medicaments and techniques
- behavior management
- athletic mouthguards
- house/extended care facility visit
- mounted occlusal analysis
- complete occlusal adjustment
- enamel microabrasions
- odontoplasty or bleaching

Class IV Benefits

Orthodontic Services

Services, treatment, and procedures to correct malposed teeth, subject to the following exclusions and limitations:

- (i) RLHICA's payment for orthodontic services (Class IV Benefits) will be limited to the lifetime maximum specified in the Summary of Dental Plan Benefits.
- (ii) Orthodontic Benefits are payable until you or your Eligible Dependent is greater than 19 years old, unless otherwise specified in the Summary of Dental Plan Benefits.
- (iii) If the treatment plan is terminated before completion of the case for any reason, RLHICA's obligation will cease with payment up to the date of termination.
- (iv) The Dentist may terminate treatment, with written notification to RLHICA and to the patient, for lack of patient interest and cooperation. In those cases, RLHICA's obligation for payment of Benefits ends on the last day of the month in which the patient was last treated.
- (v) RLHICA will not make payment for the following benefits and services. All charges for the same will be your responsibility: lost, missing, or stolen appliances of any type and replacement or repair of an orthodontic appliance.

Other Benefits

The Summary of Dental Plan Benefits lists any other Benefits that may have been selected.

Exclusions

RLHICA will not make payment for the following benefits and services, and all charges for the same will be your responsibility, unless otherwise specified in the Summary of Dental Plan Benefits:

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Benefits or services that are received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX Social Security Act, that is, Medicaid.
2. Services or appliances started prior to the date the person became eligible under this Plan.
3. Charges for failure to keep a scheduled visit with the Dentist.
4. Charges for completion of forms or submission of claims.
5. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
6. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
7. Those Benefits excluded by the policies and procedures of RLHICA, including the Processing Guidelines. Processing Guidelines are available upon request.
8. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of RLHICA coverage.
9. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
10. Services that are generally covered under a hospital, surgical/medical, or prescription drug program.
11. Services that are not within the classes of Benefits that have been selected and are not in this Plan.

Limitations

In addition to the limitations listed above in the Benefits section, the following limitations apply under this Plan, unless otherwise specified in the Summary of Dental Plan Benefits:

1. RLHICA's obligation for payment of Benefits ends on the last day of the month in which coverage is terminated under this Plan.
2. When services in progress are interrupted and completed later by another Dentist, RLHICA will review the claim to determine the amount of payment, if any, to each Dentist.

3. Care terminated due to the death of a Certificate Holder or Eligible Dependent will be paid to the limit of RLHICA's liability for the services completed or in progress.
4. The maximum Benefit payable in any one Benefit Year will be limited to the amount specified in the Summary of Dental Plan Benefits.
5. If a Plan Deductible amount is specified in the Summary of Dental Plan Benefits, RLHICA will not be obligated to pay for, in whole or in part, any services until the Deductible amount is met.
6. Processing Guidelines may limit payment. Processing Guidelines are available upon request.