

California Dental Network Covered California Individual Dental Plan Benefits are set forth in the list of covered procedures (Schedule of Copayments and Covered Benefits) and are subject to the applicable Member cost (copayment) in the list, when provided by a CDN Participating Dentist and subject to the Exclusions and Limitations contained herein.

EXCLUSIONS

- Treatment of fractures or dislocations; congenital malformations; malignancies, cysts, or neoplasms; or Temporomandibular Joint Syndrome (TMJ).
- Extractions or x-rays for orthodontic purposes.
- Prescription Drugs and over the counter medicines.
- Any services involving implants or experimental procedures.
- Any procedures performed for cosmetic, elective or aesthetic purposes
- Any procedure to replace or stabilize tooth structure lost by attrition, abrasion, erosion or grinding.
- Any procedure not specifically listed as a covered Benefit.
- Services provided outside the CDN Participating General Dentist's office that the Member selected, or was assigned, to receive covered services, unless expressly authorized by CDN.
- Services, which in the opinion of the attending CDN dentist, cannot be performed in the dental office due to the general health and/or physical or behavioral limitations of the Member.
- Services for injuries or conditions, which were caused by acts of war, or are covered under Worker's Compensation or Employer's Liability Laws.
- Services which in the opinion of the attending CDN dentist are not necessary for the Member's dental health or which have a poor prognosis.
- Expenses incurred in connection with any dental procedure started prior to the effective date of Coverage or after the termination date of Coverage.
- Hospital costs of any kind.
- Loss or theft of full or partial dentures.
- Any procedures or appliances for the purpose of correcting contour, contact, occlusion or to change vertical dimension.
- Damage to teeth due to mouth jewelry, for example tongue piercing.
- Services of a prosthodontist.

LIMITATIONS

- Prophylaxis (teeth cleaning) is limited to once every six months.
- Fluoride treatment is covered once every 6 months.
- Bitewing x-rays are limited to one series of four films every 12 months.
- Full mouth x-rays are limited to once every 24 months.
- Periodontal treatments (sub-gingival curettage and root planing) are limited to one treatment per quadrant in any 12-month period.
- Fixed bridgework will be covered only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, the fixed bridge is considered optional treatment.
- Replacement of partial dentures is limited to once every five years from initial placement while the member is covered by the plan, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
- Full upper and/or lower dentures are not to exceed one each in any five-year period from initial placement while the member is covered by the plan. Replacement will be provided by CDN for an existing full or partial denture only if it is unserviceable and cannot be made serviceable by either relines or repair.
- Denture relines are limited to one per arch in any 12-month period.
- Sealants when covered are limited to permanent first and second molars.
- Replacement of a restoration is covered only when dentally necessary.
- Replacement of existing bridgework is covered only when it cannot be made satisfactory by repair.
- Services of a specialist are covered Benefits only when specifically listed, and when covered, Pedodontic referral and services are covered at 50% of the pedodontist's fees.
- Optional Treatment – If (1) a less expensive alternative procedure, service or course of treatment can be performed in place of the proposed treatment to correct a dental condition, as determined by the Plan; and (2) the alternate treatment will produce a professionally satisfactory result; then the maximum eligible dental expense to be considered for payment will be the less expensive treatment.
- Crowns are limited to five per arch per year.

ADDITIONAL EXCLUSIONS AND LIMITATIONS FOR ORTHODONTICS

- Orthodontic treatment must be rendered by a participating CDN Orthodontist and the Member must remain eligible throughout the period of active orthodontic treatment. Member's losing eligibility during treatment will be charged the treating Orthodontist's usual and customary fees for any unfinished treatment.
- Orthodontic Benefits are for 24 months of active treatment. Treatment in excess of 24 months (extended treatment) is available at the participating CDN Orthodontist's usual

and customary fees. Members whose treatment is extended because of gross non-compliance or who change Providers while in active treatment will incur additional charges.

- Members who are 18 years of age, or younger, on the date the orthodontic bands are placed, are eligible for the Children copayments. All other Members are considered adults and are subject to the adult co-payment.
- Unless specifically listed in the Summary of Benefits, the following are not covered Benefits under this Evidence of Coverage and Disclosure Form:
 - Study Models and Initial Diagnostic Work-up
 - X-rays for Orthodontic Purposes
 - Tracings and Photographs
 - Extractions for Orthodontic purposes
 - Phase I Orthodontic Treatment
- The following are not included as an orthodontic Benefit:
 - Replacement or repair of lost or broken appliances,
 - Re-treatment of orthodontic cases,
 - Treatments started or in progress prior to a Member's eligibility,
 - Changes in treatment necessitated by an accident,
 - Orthodontic treatment that involves:
 - Maxillofacial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia,
 - Surgically exposing impacted teeth (i.e., Maxillary cuspids),
 - Hormonal imbalances or other factors causing growth and development abnormalities,
 - Treatment related to temporomandibular joint disturbances (TMJ),
 - Lingually placed direct bonded appliances and arch wires - "invisible braces",
 - Cases involving surgical orthodontics,
 - Sever or mutilated malocclusions.

ADDITIONAL EXCLUSIONS AND LIMITATIONS FOR IMPLANTS

Implants are a **covered benefit only for Individuals on the California Dental Network Plan 595 and are covered services ONLY when performed by a contracted General Dentist.** Refer to your included Schedule of Benefits and Covered Services for a listing of your covered benefits.

- All covered services are subject to eligibility and dental necessity at the time of service, and must be recommended by the dentist.
- Implant Services are a covered benefit when performed by a contracted General Dentist only, not all General Dentists provide implant services, and not all implants can be placed by General Dentists.

- Implants are limited to no more than once for the same tooth position in a five (5) year period.
- Implants and Implant abutments are limited to no more than two (2) each per year.
- Dental procedures not listed are available at the dental office's usual and customary fee.