

Exclusions & Limitations

Most Dental treatment is covered, except for certain cosmetic procedures, bleaching, take-home dental products and medications.

The summary of exclusions and limitations is provided for your convenience. Exclusions and limitations are not limited to the listing below.

The Dental Board of Trustees have the power to amend the plan and the exclusions and limitations of covered services at any time.

There are no pre-existing condition restrictions or approvals required.

You can see any licensed dental or orthodontic provider of your choice, in or out of state. Out of the country providers can be covered if all required supporting documentation is provided, along with proof of payment in U.S. dollars.

Coverage is not provided for:

- New, experimental or investigational dental techniques or services may be denied until there is dental coding under ADA standards and/or provider letter given to the satisfaction of the plan
- Credit card processing fees
- Insurance payments, discounts or adjustments given by the provider or insurance company
- Co-pay fees collected by the provider due to insurance company used
- Purchase fee for an “in-house” dental benefit plan of any type, design, dollar amount
- Therapies performed for conditions such as TMJ, Sleep Apnea, Tongue and Lip Tie releases are not covered under the plan (i.e. physical therapies, myofunctional/myofascial therapies)
- Bleaching or whitening treatments or kits of any kind
- Veneers
- Odontoplasty or enameloplasty treatments done for cosmetic purposes
- Take home products and/or medication not administered in office

Limitations:

- Over the counter Athletic/Mouth Guards are not covered. *Mouth guards that are specifically formed and designed for an individual's mouth are considered a covered expense.*
- Orthodontic coverage is not available to individuals over the age of 26. *A \$2000 lifetime benefit towards orthodontic treatment and appliances can be received by individuals up to age 26, coverage ends the last day of the month in which an individual turns 26.*
- Generally speaking for conditions such as TMJ, Sleep Apnea, Lip and Tongue Ties the plan does not cover treatment and diagnostic costs associated. *Charges for appliances, injections, surgery/laser procedures (i.e. frenectomies/frenotomy) specifically for each of these conditions is generally an eligible expense to submit for reimbursement, additional information from your dental provider may be requested before claim approval is made. DCUE Dental encourages you to first check with your medical benefit plan to find if there is coverage for these conditions and treatments needed.*