

Appendix C

Covered Dental Benefits, Limitations and Exclusions

General Limitations

1. Dentistry for cosmetic reasons is Not a Paid Covered Benefit.
2. Restorations or appliances necessary to correct vertical dimension or to restore the occlusion. Such procedures include restoration of tooth structure lost from attrition, abrasion or erosion and restorations for malalignment of teeth are Not a Paid Covered Benefit.
3. General anesthesia/intravenous (deep) sedation is Not a Paid Covered Benefit, except as specified by WDS for certain oral, periodontal, or endodontic surgical procedures. General anesthesia is Not a Paid Covered Benefit except when medically necessary, for children through age six, or a physically or developmentally disabled person, when in conjunction with covered dental procedures.

General Exclusions

1. Services for injuries or conditions that are compensable under Worker's Compensation or Employers' Liability laws, and services that are provided to the Eligible Person by any federal or state or provincial government agency or provided without cost to the Eligible Person by any municipality, county or other political subdivision, other than medical assistance in this state, under medical assistance RCW 74.09.500, or any other state, under 42 U.S.C., Section 1396a, section 1902 of the Social Security Act.
2. Application of desensitizing agents.
3. Experimental services or supplies:
 - a. Experimental services or supplies are those whose use and acceptance as a course of dental treatment for a specific condition is still under investigation/observation. In determining whether services are experimental, WDS, in conjunction with the American Dental Association, shall consider if:
 1. The services are in general use in the dental community in the state of Washington;
 2. The services are under continued scientific testing and research;
 3. The services show a demonstrable benefit for a particular dental condition; and
 4. They are proven to be safe and effective. Any individual whose claim is denied due to this experimental exclusion clause shall be notified of the denial within 20 working days of receipt of a fully documented request.
 - b. Any denial of benefits by WDS on the grounds that a given procedure is deemed experimental may be appealed to WDS. By law, WDS must respond to such appeal within 20 working days after receipt of all documentation reasonably required to make a decision. The 20-day period may be extended only with written consent of the Eligible Person.
4. Analgesics such as nitrous oxide, conscious sedation, euphoric drugs or injections
5. Prescription drugs
6. In the event an Eligible Person fails to obtain a required examination from a WDS-appointed consultant Dentist for certain treatments, no benefits shall be provided for such treatment.
7. Hospitalization charges and any additional fees charged by the Dentist for hospital treatment.
8. Broken appointments
9. Patient management problems
10. Completing claim forms
11. Habit-breaking appliances
12. Orthodontic services or supplies **(If Group has orthodontic services remove this exclusion)**
13. TMJ services or supplies **(If Group has TMJ services remove this exclusion)**

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14. This program does not provide benefits for services or supplies to the extent that benefits are payable for them under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner's policy or other similar type of coverage.
15. All other services not specifically included in this Contract as Covered Dental Benefits.

WDS shall have the discretionary authority to determine whether services are Covered Benefits in accordance with the general Limitations and Exclusions shown in this Contract, but it shall not exercise this authority arbitrarily or capriciously or in violation of the provisions of the Contract.