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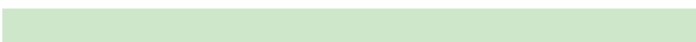
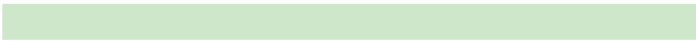
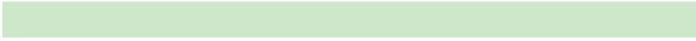
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Highlights of Delta Dental of Illinois DeltaCare® Program Plan 285

Exclusions of Benefits

1. General anesthesia, IV sedation and nitrous oxide and the services of a special anesthesiologist.
2. Dental procedures performed for purely cosmetic purposes.
3. Dental conditions arising out of and due to Enrollee's employment for which Worker's Compensation is payable. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision.
4. Treatment required by reason of war, declared or undeclared.
5. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a dentist for treatment in any such facility.
6. Treatment of fractures, dislocations and subluxations of the mandible or maxilla. This includes any surgical treatment to correct facial mal-alignments of TMJ abnormalities.
7. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).
8. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage or dental expenses incurred in connection with any dental procedure started prior to Enrollee's eligibility with the DeltaCare program. Examples: teeth prepared for crowns, root canals in progress, orthodontic treatment.
9. Any service that is not specifically listed as a covered expense.
10. Correcting congenital or developmental malformations, including replacement of congenitally missing teeth, unless restoration is needed to restore normal bodily function. This exclusion does not apply to newly born children.
11. Cysts and malignancies.
12. Prescription drugs.
13. Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.
14. Cases in which, in the professional judgment of the attending Dentist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded.
15. Dental services received from any dental office other than the assigned dental office, unless expressly authorized in writing by DeltaCare or as cited under "Emergency Treatment."
16. Prophylactic removal of impactions (asymptomatic, nonpathological).
17. "Consultations" for noncovered benefits.
18. Implant placement or removal, appliances placed on or services associated with implants including but not limited to prophylaxis and periodontal treatment.
19. Placement of a crown where there is sufficient tooth structure to retain a standard filling.
20. Porcelain crowns and porcelain fused to metal crowns on all molars.
21. Restorations placed due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.
22. Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. A fixed bridge used under these circumstances is considered optional dental treatment. The patient must pay the difference in cost between the Dentist's usual fees for the covered benefit and optional treatment, plus any coinsurance for the covered benefit.
23. Appliances or restorations necessary to increase vertical dimension,