

Limitations & Exclusions

Group Dental Insurance

READ THE CERTIFICATE CAREFULLY.

Renaissance does not pay benefits for:

1. Services for injuries or conditions which are compensable under Workers' Compensation or Employer's Liability laws; services which are provided to the Enrollee by any federal or state government agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision except as such exclusion may be prohibited by law.
2. Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration) of the teeth, and andontia (congenitally missing teeth), except those services provided to newborn children for congenital defect or birth abnormalities or services that may be provided under Orthodontic Benefits.
3. Services for restoring tooth structure lost from wear, erosion, or abrasion, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include, but are not limited to: equilibration, periodontal splinting, occlusal adjustment.
4. Any single procedure started prior to the date the person became covered for such services under this plan.
5. Prescribed drugs, medication or analgesia.
6. Experimental Procedures.
7. Charges for any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in such a facility.
8. Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services.
9. Extra oral grafts (grafting of tissues from outside the mouth to oral tissue).
10. Services performed by any person other than a Dentist or auxiliary personnel legally authorized to perform services under the direct supervision of a Dentist.
11. Replacement of teeth extracted prior to the member's effective date.
12. Services or appliances started prior to the covered person's effective date; Treatment by anyone other than a dentist or licensed dental hygienist; Services received from any governmental agency, political subdivision, community agency, foundation or similar entity other than Medicaid; Tests and laboratory examinations; Medications and prescription drugs; Charges related to hospitalization or general anesthesia and / or intravenous sedation; Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared; Cosmetic Surgery or dentistry for aesthetic reasons; Dental services that are specialized techniques or investigational in nature.
13. Limitations: Coverage for services may be limited based on the age of the person receiving services; Coverage for certain services may be limited to a maximum number of occurrences during a specified time period (such as 2 times per year, or 1 time every 3 years); Coverage for temporomandibular disorders (TMD) is limited.

The above is a summary of exclusions and limitations. For complete details, please refer to your Certificate. Not all coverage provided under the Certificate is set forth above. The Certificate term is one year. Coverage may be terminated for reasons stated in the Certificate. Coverage ceases upon termination of the Certificate.

Evidence-Based Dentistry

Renaissance Dental has enhanced its benefit plans to accommodate members who are at higher risk for serious illnesses. Covered cleanings will increase from two to four annually for persons with certain high-risk medical conditions, including those experiencing kidney failure or who are undergoing dialysis; diabetics with periodontal disease; pregnant women with periodontal disease; those susceptible to infective endocarditis; and those with suppressed immune systems due to chemotherapy and / or radiation treatment, HIV infection, organ transplant, and / or stem cell (bone marrow) transplant. Talk to your dentist if you have any of these conditions, and contact Renaissance to find out if you are eligible for these additional benefits. Your dentist must provide a notation on your claim to receive full reimbursement.