

# Limitations and Exclusions from Coverage

**GDP 's Dental Health Plus Plan covers the diagnosis, prevention & restoration of dentition caused from oral disease conditions.**

## Covered Services are subject to following limitations:

- Oral examinations, routine preventive cleanings, fluoride treatments are covered twice in any twelve (12) month period.
- Crowns, if a tooth can be restored with amalgam or composite resin, these will be materials used to restore the tooth. The judgment will be solely that of the Participating Dentist.
- Replacement of dentures, partial dentures, crowns and bridges after five years, if unserviceable.
- In matters of coordination of benefits this plan is always secondary.

## Emergency and out of town coverage:

If an emergency occurs outside the geographic area of your GDP dental center you may seek emergency treatment from a dentist in the area. GDP will reimburse you for actual costs to a maximum of \$50. Simply send GDP a copy of the bill, include the subscribers name, address and social security number.

"Emergency Treatment" is defined as dental services required to alleviate pain and suffering or palliative treatment.

"Geographic Area" is defined as fifty mile radius from your GDP dental center.

## Exclusions:

- Dental services not otherwise listed on the Schedule of Benefits detailed below.
- Conditions caused by accident, trauma or neglect.
- Dental treatment for cosmetic purposes.
- Dental treatment performed in a hospital.
- Dental services for cases in which in the professional judgement of the participating dentist, a satisfactory result cannot be obtained.
- Dental services for any condition for which benefits of any nature are recovered or found to be recoverable whether by adjudication or settlement under any Workers Compensation or Occupational Disease Law, even though the Subscriber fails to claim the right to such benefits, provided that this exclusion shall only apply to the extent that such benefits are payable through such other plans.
- Dental services to increase vertical dimension to restore occlusion or restore tooth structure lost to attrition.
- Treatment of (TMJ) Temporal Mandibular Joint Disorder
- Surgical orthodontics

# Schedule of Benefits

## Diagnostic and Preventive

### Patient Co-Pay

Oral Examination & diagnosis	No Charge
Routine preventive cleaning	No Charge
Preventive care instructions/training	No Charge
Local anesthetics	No Charge
Single film (periapical)	No Charge
Fluoride treatment	No Charge
Pulp vitality test	\$6.00
Sealants (per tooth)	\$12.00

## X-Ray (except for specialist treatment)

### Patient Co-Pay

Complete mouth	\$20.00
Panoramic	\$25.00
Two films (bitewing or periapical)	\$8.00
Each additional film	\$2.00

## Adjunctive Services

### Patient Co-Pay

Palliative treatment	\$10.00
Recementing appliance, crown or bridge	\$10.00
Sedative filling	\$10.00
Pulp cap - direct or indirect	\$10.00
Crown buildup (including pins)	\$85.00
Dowel in core/cast post-core	\$105.00
Broken appointment	\$10.00
Diagnostic cast (one)	\$10.00
Diagnostic casts (two)	\$15.00

## Restorative (fillings)

Amalgam restorations - primary teeth

### Patient Co-Pay

One surface of tooth	\$15.00
Two surfaces of tooth	\$20.00
Three surfaces of tooth	\$30.00
Four or more surfaces of tooth	\$35.00

## Amalgam restorations - permanent teeth

### Patient Co-Pay

One surface of tooth	\$21.00
Two surfaces of tooth	\$28.00
Three surfaces of tooth	\$35.00
Four or more surfaces of tooth	\$45.00

## Composite - anterior teeth only (white restorations)

### Patient Co-Pay

One surface of tooth	\$29.00
Two surfaces of tooth	\$39.00
Three surfaces of tooth	\$48.00
Four or more surfaces of tooth or incisal angle	\$62.00

## Space Maintainers

### Patient Co-Pay

Unilateral (fixed)	\$105.00
Bilateral (fixed)	\$135.00
Bilateral (removable)	\$135.00

## Crown and Bridge

### Patient Co-Pay

Crown - full cast (per unit)*	\$365.00
Crown - porcelain with metal (per unit)*	\$365.00
Fixed bridge-crown or pontic (per unit)*	\$365.00
3/4 crown metal (per unit)*	\$385.00
Stainless steel crown	\$70.00
Temporary crown	\$20.00

## Endodontics (Interior of tooth)

### Patient Co-Pay

Anterior root canal therapy (1 canal)	\$185.00
Premolar root canal therapy (2 canals)	\$250.00
Molar root canal therapy (3 canals)	\$350.00
Additional canals (each canal)	\$50.00
Vital pulpotomy	\$55.00
Pulp capping (direct or indirect)	\$10.00

## Periodontics (gums and supporting tissue)

### Patient Co-Pay

Periodontal exam/charting (full mouth)	\$25.00
Difficult Prophy (heavy calculus)	\$30.00
Therapeutic scaling (each visit)	\$30.00
Periodontal maintenance (each visit)	\$35.00
Subgingival curettage (per quadrant)	\$95.00
Periodontal scaling & root planning (per quad)	\$65.00
Site specific therapy (1 tooth per quad)**	\$65.00
Site specific therapy (2 teeth per quad)**	\$85.00
Site specific therapy (3 teeth per quad)**	\$115.00
Gingivectomy (per quadrant)	\$210.00
Mucogingival surgery (per quadrant)	\$210.00
Osseous surgery (per quadrant)	\$290.00

## Prosthetic (removables)

### Patient Co-Pay

Complete upper or lower denture	\$425.00
Complete upper or lower immediate denture	\$475.00
Partial upper/lower with chrome cobalt frame, two clasps & rests & acrylic base	\$495.00
Partial denture - acrylic base (flipper)	\$165.00
Tissue conditioning	\$65.00
Denture/partial adjustment	10.00

## Repair of Prosthesis

Repair broken denture or partial (acrylic base)	\$50.00
Replace broken tooth on partial denture (per tooth)	\$30.00
Add tooth to existing partial denture	\$50.00
Add clasp to existing partial denture	\$75.00
Repair or replace broken clasp	\$75.00
Relining complete or partial denture (office)	\$100.00
Relining complete of partial denture (lab)	\$125.00

## Oral Surgery

### Patient Co-Pay

Simple Extractions: (by general dentist)	
Single Tooth	\$32.00
Each additional tooth	\$26.00
Surgical Extractions: (by general dentist)	
Surgical removal of an erupted tooth	\$60.00
Removal of impacted tooth-soft tissue	\$85.00
Removal of impacted tooth-partial bony	\$115.00
Removal of impacted tooth-complete bony	\$170.00
Removal of impacted tooth-complete bony (difficult)	\$195.00
Additional Surgery: (by general dentist)	
Alveoloplasty with extraction (per quad)	\$75.00
Alveoloplasty without extraction (per quad)	\$95.00
Removal of exostosis (max or mand)	\$135.00
Incision & drainage of abscess (intraoral)	\$30.00
IV sedation (for surgical or multiple extractions)	\$95.00

\*Additional charge for gold or precious metal

\*\*ACTISITE (Tetracycline) Periodontal Fiber