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CHAMELEON INTEGRATED SERVICES

Effective Date: 10/1/05
Group ID# 05102101

Out of Network Services

All out-of-network claims are paid at the 80th percentile of UCR. The provider will bill the insured for any charges that exceed the 80th percentile of UCR.

Late Entrant

If you do not enroll in the Essex Dental Benefits within 31 days from the time you or your dependents are eligible, and then later choose to enroll for dental benefits during open enrollment, your dental benefits will be limited to preventive care for the first 12 months of coverage.

Limitations

Certain services and procedures may be subject to limitations under your Essex Dental Benefits program, as follows:

- If dental care is received from more than one dentist for the same procedure, benefits will not exceed what would have been paid for one dentist for that procedure.
- If alternate treatments are available, benefits will not exceed an amount otherwise payable for the least costly professionally satisfactory treatment.
- A Gross Debridement, limited to once in a lifetime, paid under Basic Services.

Exclusions

Certain services and procedures are excluded from your Essex Dental Benefits program, as follows:

- Services provided solely to improve appearance or to correct congenital malformations.
- Replacement of lost or stolen dentures and other dental appliances or duplicate appliances.
- Nitrous oxide
- Any services not specifically stated as covered dental services i.e. hospital, medical, prescription and non-prescription drugs.
- Implants
- Treatment for malignancies, tumors or cysts.
- Maxillofacial or orthognathic surgery, splint therapy or any treatment for temporomandibular joint disorders (TMJ), craniomandibular disorders or other conditions of the joint linking the jawbone and skull.
- Replacement of a bridge or denture within 5 years following the original date of installation, and not during the first year of coverage for new enrollees.
- Services or supplies not reasonably necessary for the care of the covered person or charges that exceed the usual, customary and reasonable limits.
- Care covered under, or subject to, any worker's compensation law or federal employer's compensation or liability acts.
- Services for which a covered person would normally incur no charge.
- Experimental services, procedures or supplies.
- Charges for hypnosis.
- Charges which were a direct or indirect result of any act of war.
- Charges for a partial or full removable denture, removable bridge or fixed bridgework if it includes replacement of one or more natural teeth missing prior to the covered person's effective date, unless the denture, bridge, or bridgework also includes replacement of a natural tooth that was removed while the person was covered either under the current plan or another group plan sponsored by the group immediately preceding the date of coverage under this plan or was not an abutment to a partial denture, removable bridge or fixed bridge installed during the prior 5 years.
- Charges for complete occlusal adjustments in conjunction with temporomandibular joint therapy, crowns for occlusal correction, nightguards and bruxism appliances.
- To the extent permitted by law, care received with or without charge from the Veteran's Administration, or from or through the state, county, city or political subdivision.
- Tooth preparation, temporary crowns, temporary appliances, orthodontic retainers, bases, impressions and anesthesia or other services which are part of the complete dental procedure are considered components of and included in the fee for the complete procedure. Separate fees will not be eligible for benefits from the certificate.
- Charges for oral hygiene instruction, OSHA charges or sterilization fees, missed appointments, completing a claim form and duplication of x-rays or dental records.
- Charges for treatment that is already in progress prior to the covered person's effective date or charges incurred for treatment provided after coverage terminates.