Exclusions and Limitations

(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations).

General exclusions and limitations

No benefits will be paid for any service or treatment for which charges incurred are not identified and included as covered expenses under the policy. You will be fully responsible for payment for any services for which charges incurred are not covered expenses under the policy.

For ALL plans, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Fees/surcharges imposed on the insured person by a provider but that are actually the responsibility of the provider to pay
- Provided prior to the effective date or after the termination date of the policy
- In excess of the frequency limitations or maximum benefits as shown in the policy
- Covered expenses which exceed the non-network provider reimbursement, as shown in the policy
- A service that is not rendered or that is not rendered within the scope of the provider's license
- Telephone consultations or for failure to keep a scheduled appointment
- Any service incurred as a result of the insured person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a doctor or voluntary taking of any over the counter drug unless taken in accordance with the manufacturer's recommended dosage
- Experimental or investigational treatment or for complications there from
- Which arise out of, or in the course of, employment for wage or profit, if the insured person is insured, or is required to be insured, by workers' compensation insurance pursuant to the applicable state or federal law
- Intentionally self-inflicted bodily harm
- Any act of declared or undeclared war
- The insured person taking part in a riot
- The insured person's commission or attempt to commit a felony
- Provided by a government plan, program, hospital or other facility, unless by law an insured person must pay and it is otherwise a covered expense or which by law must be provided by an educational institution
- Provided without cost to an insured person in the absence of insurance covering the charge
- Provided by an immediate family member or someone who ordinarily resides with an insured person
- Received outside of the United States, except for a dental emergency
- Related to the temporomandibular joint (TMJ), upper and lower jaw bone surgery or orthognathic surgery
- Teeth that can be restored by other means; for purposes of periodontal splinting; to correct abrasion, erosion, attrition, bruxism, abfraction, or for desensitization; or teeth that are not periodontally sound or have a questionable prognosis
- Performed for cosmetic/aesthetic reasons
- Mouthguards; precision or semi-precision attachments; duplicate dentures; harmful habit appliances; occlusal guard; replacement of lost or stolen appliances; treatment splints; bruxism appliance; sleep disorder appliance
- Oral hygiene instructions; plaque control; charges for completing dental claim forms; photographs; any dental supplies including but not limited to take-home fluoride; sterilization fees; diagnostic casts; treatment of halitosis and any related procedures; lab procedures
- Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the covered person's dental visit
- Maxillofacial prosthetics and related services
- Hospital or other facility charges and related anesthesia charges

Exclusions and Limitations continued
(insurance plans)

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- Charges for dental services that are not documented in the dentist records, that are not directly associated with dental disease, or that are not performed in a dental setting
- Two or more dental services are submitted and the dental services are considered part of the same dental service to one another, we will pay the most comprehensive dental service
- Two or more dental services are submitted on the same day and the dental services are considered mutually exclusive (when one dental service contradicts the need for the other dental service), we will pay for the dental service that represents the final treatment
- Replacement of full or partial removable dentures, bridges, crowns, inlays, onlays or veneers which can be repaired or restored to natural function
- Billed for incision and drainage if the involved abscessed tooth is removed on the same date of service
- Reconstructive surgery when the primary purpose is to improve physiological functioning of the involved part of the body
- Changing vertical dimension; restoring occlusion; bite analysis, congenital malformation
- Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue
- Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal
- Treatment of malignant neoplasms or congenital anomalies of hard or soft tissue, including excision
- Removal of sound functional restorations; temporary crowns and temporary prosthetics; provisional crowns and provisional prosthesis
- Altering vertical dimension and/or restoring or maintaining occlusion
- Non-intravenous conscious sedation, analgesia, anxiolysis, inhalation of nitrous oxide and conscious sedation
- Acupuncture; acupressure and other forms of alternative treatment
- Bone grafts, guided tissue regeneration, biologic materials to aid in soft and osseous tissue regeneration when performed in edentulous (toothless areas, ridge augmentation or preservations)
- Surgical extractions of wisdom teeth

For Basic and Basic Plus plans, the policy does not pay benefits for any service or treatment relating to major services, which includes all procedures or services related to endodontics, periodontics, major restorative services (crowns, inlays, onlays and veneers), dental implants, prosthetics (bridges and dentures, fixed or removable), and oral surgery

For Plan 1000 and 1000 Plus, the policy does not pay benefits for dental implants and any related procedures

For plans covering major services, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Replacement within 60 consecutive months of the last placement for full and partial dentures, crowns, bridges, inlays, onlays and veneers. This exclusion does not apply if the replacement is necessary because of extraction of a functioning natural tooth; or a present crown, bridge, or dentures is temporary and a permanent crown, bridge or denture is installed within 12 months from the date the temporary service was installed.
- Replacement of complete dentures, fixed and removable partial dentures, or crowns, implants, implant crowns, implant prosthesis and implant supporting structures, if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the dentist. If replacement is necessary because of the insured person's non-compliance, the insured person is liable for the cost of the replacement.
- Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction
- Placement of fixed partial dentures solely for the purpose of achieving periodontal stability

Exclusions and Limitations continued
(insurance plans)

This is only a general outline of the exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy. Some state exceptions may apply (see State Variations).

For plans covering major services (continued)

- Initial placement of full or partial dentures or bridges and related services, to replace functional natural teeth that are: (a) congenitally missing; or (b) lost before insurance under the policy is in effect. However, benefits are available for covered expenses for initial placement of full or partial dentures or bridges to replace loss of functional natural teeth, including necessary adjustments during the first 6 months following the date of placement, only if: (a) the teeth were lost while the insured person was under the policy and the placement is within 12 months of the date of the loss of the teeth; or (b) the extraction took place while the insured person was both under age 16 and insured under the policy.
- Replacement of crowns, bridges, dentures and fixed or removable prosthetic appliances, implants, implant crowns, implant prosthesis and implant supporting structures, inserted prior to plan coverage unless the insured person has been insured under the plan for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12-month period, dental services associated with the addition will be covered when the service is a covered expense.

For plans covering implants, the policy does not pay benefits for any service or treatment caused by, resulting from, for, which are, or relating to any of the following:

- Covered expenses incurred during the waiting period