As with any insurance plan, there are some services and treatments that have coverage limits or are not covered at all. For example, experimental procedures are typically not covered. This document outlines what’s not covered by your dental plan.

Please note: A full explanation of benefits, including limitations and exclusions, will be provided in your policy. Only the language of the actual policy is legally binding.

This plan does not provide benefits in any of the following circumstances or for any of the following conditions.

- Aesthetic dental procedures – Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.
- Antimicrobial agents – Localized delivery of antimicrobial agents into diseased crevicular tissue via a controlled release vehicle.
- Athletic activities – Any injuries sustained while competing or practicing for a professional athletic contest.
- Athletic mouth guards for enrolled individuals age 19 and older.
- Biopsies or histopathologic exams – A separate charge for a biopsy of oral tissue or histopathologic exam.
- Bone replacement grafts to prepare sockets for implants after tooth extraction for enrolled individuals age 19 and older (depending on plan design).
- Charges for missed appointments.
- Collection of cultures and specimens for enrolled individuals age 19 and older.
- Comprehensive periodontal exams for enrolled individuals age 19 and older.
- Connector bar or stress breaker.
- Core build-ups are not covered unless used to restore a tooth that has been treated endodontically (root canal) for enrolled individuals age 19 and older.
- Cosmetic/reconstructive services and supplies – Procedures, appliances, restorations, or other services that are primarily for cosmetic purposes. This includes services or supplies including, but not limited to, peg laterals, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia, veneers, and fluorosis (discoloration of teeth). However, the replacement of congenitally missing teeth is covered. (Congenital anomalies are not considered cosmetic.)
- Crowns and other cast or laboratory processed restorations for enrolled individuals age 19 and older (depending on plan design).
- Denture replacement made necessary by loss, theft, or breakage.
- Dentures, including cast partial denture, full, immediate, or overdenture for enrolled individuals age 19 and older (depending on plan design).
- Diagnostic casts – Diagnostic casts (study models) and occlusal appliances for enrolled individuals age 19 and older.
- Diagnostic casts - Gnathological recordings, occlusal equilibration procedures, or similar procedures.
- Drugs and medications that are prescribed drugs and take-home medicine or supplies distributed by a provider for any member.
  - As well as premedication drugs, analgesics (for example, nitrous oxide or non-intravenous sedation), and any other euphoric drugs for enrolled individuals age 19 and older.
- Educational programs – Instructions and/or training in plaque control and oral hygiene for enrolled individuals age 19 and older.
- Experimental or investigational procedures – Services, supplies, protocols, procedures, devices, drugs or medicines, or the use thereof that are experimental or investigational for the diagnosis and treatment of the patient. An experimental or investigational service is not made eligible for benefits by the fact that other treatment is considered by the member’s dental care provider to be ineffective or not as effective as the service, or that the service is prescribed as the most likely to prolong life.
- Fixed bridges or removable cast partials for enrolled individuals age 19 and older (depending on plan design).
- Fractures of the maxilla and mandible – Surgery, services, and supplies provided in connection with the treatment of simple or compound fractures of the maxilla or mandible.
- General anesthesia except when administered by a dentist in connection with oral surgery in their office.
- Gingivectomy, gingivoplasty or crown lengthening in conjunction with crown preparation or fixed bridge services done on the same date of service.
- Hospital charges or additional fees charged by the dentist for hospital treatment for enrolled individuals age 19 and older.
- Hypnosis.
- Implants – Surgical preparation, surgical placement, or removal of implants for enrolled individuals age 19 and older (depending on plan design).
- Indirect pulp caps are to be included in the restoration process, and are not a separate covered benefit.
- Infection control – A separate charge for infection control or sterilization.
- Intra and extra coronal splinting – Devices and procedures for intra and extra coronal splinting to stabilize mobile teeth.
• Mail order or Internet/web-based providers are not eligible providers.
• Orthodontic services – Repair or replacement of orthodontic appliances furnished under this plan.
• Orthodontic services – Treatment of misalignment of teeth and/or jaws, or any ancillary services expressly performed because of orthodontic treatment, except as provided for medically necessary treatment when treatment began prior to turning age 19, and was not completed prior to turning age 19.
• Orthognathic surgery – Surgery to manipulate facial bones, including the jaw, in patients with facial bone abnormalities performed to restore the proper anatomic and functional relationship to the facial bones.
• Periodontal probing, charting, and re-evaluations.
• Photographic images.
• Pin retention in addition to restoration for members age 19 and older.
• Precision attachments.
• Pulpotomies on permanent teeth for members age 19 and over.
• Removal of clinically serviceable amalgam restorations to be replaced by other materials free of mercury, except with proof of allergy to mercury.
• Replacement of an existing prosthetic device for enrolled individuals age 19 and older (depending on plan design).
• Services covered by the member’s medical plan.
• Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth.
• Services for which no charge is normally made in the absence of insurance.
• Services or supplies provided by or payable under any plan or program established by a domestic or foreign government or political subdivision, unless such exclusion is prohibited by law.
• Services or supplies with no charge, or for which the member is not legally required to pay, or which a provider or facility is not licensed to provide even though the service or supply may otherwise be eligible. This exclusion includes any services provided by the member, or any licensed professional that is directly related to the member by blood or marriage.
• Services or supplies provided outside of the United States, except in cases of emergency.

• Sinus lift grafts to prepare sinus site for implants.
• Stress-breaking or habit-breaking appliances.
• Temporomandibular joint (TMJ) – Services or supplies for treatment of any disturbance of the temporomandibular joint.
• Third party liability, motor vehicle liability, motor vehicle insurance coverage, workers’ compensation – Any services or supplies for illness or injury for which a third party is responsible or which are payable by such third party or which are payable pursuant to applicable workers’ compensation laws, motor vehicle liability, uninsured motorist, underinsured motorist, and personal injury protection insurance and any other liability and voluntary medical payment insurance to the extent of any recovery received from or on behalf of such sources.
• Tooth transplantation – Services and supplies provided in connection with tooth transplantation, including re-implantation from one site to another, and splinting, and/or stabilization. This exclusion does not relate to the re-implantation of a tooth into its original socket after it has been avulsed.
• Treatment after insurance ends – Services or supplies a member receives after the member’s coverage under this plan ends. The only exception is for Class III Services ordered and fitted before enrollment ends and are placed within 31 days after enrollment ends.
• Treatment not dentally necessary according to acceptable dental practice, or treatment not likely to have a reasonably favorable prognosis.
• Treatment of any illness, injury, or disease arising out of an illegal act or occupation or participation in a felony.
• Treatment prior to enrollment – Dental services begun before you or your family member became eligible for those services under this plan.
• Unwilling to release information – Charges for services or supplies for which you are unwilling to release dental or eligibility information necessary to determine the benefits payable under this plan.
• War-related conditions – The treatment of any condition caused by or arising out of any act of war or any war, declared or undeclared, or while in the service of the armed forces.