

## EXCLUSIONS

We will not pay for:

- Treatment for which no charge is made. This usually means treatment furnished by: (1) the covered person's employer, labor union or similar group, in its dental or medical department or clinic; (2) a facility owned or run by any governmental body; and (3) any public program, except Medicaid, paid for or sponsored by any governmental body.
- Treatment needed due to: (1) an on-the-job or job-related injury; or (2) a condition for which benefits are payable by Worker's Compensation or similar laws.
- Any service or treatment method which does not meet professionally recognized standards of dental practice or which is considered to be experimental in nature.
- Educational services.
- Duplication of radiograph images, the completion of claim forms, OSHA or other infection control charges.
- Any service performed in conjunction with, as part of, or related to a service which is not covered by this Policy.
- Any service that is provided solely for cosmetic reasons, unless the List of Covered Dental Services provides benefits for specific cosmetic services. Excluded cosmetic services include but are not limited to: internal bleaching, characterization or personalization of a dental prosthesis, and odontoplasty.
- The replacement of extracted or missing third molars (wisdom teeth).
- Treatment of congenital or developmental malformations or the replacement of congenitally missing teeth.
- Detailed and extensive oral evaluations.
- Cephalometric radiographic images.
- Oral /facial photographic images.
- Pulp vitality tests or caries susceptibility tests.
- The localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue.
- Maxillofacial prosthetics that repair or replace facial and skeletal anomalies, maxillofacial surgery, orthognathic surgery or any oral surgery requiring the setting of a fracture or dislocation that is incidental to or results from a medical condition.
- Implants and any service associated with the placement, prosthodontic restoration or maintenance of a dental implant unless this Policy provides specific benefits for implant treatment.
- Overdentures and related services including root canal therapy on teeth supporting an overdenture.
- Precision attachments.
- Temporary or provisional Dental Prosthesis or Appliances except interim partial dentures (stay plates) to replace Anterior Teeth extracted while covered under this Policy.
- A fixed bridge replacing the extracted portion of a hemisected tooth or the placement of more than one unit of a crown and/or bridge, per tooth.
- Any service performed on a tooth or teeth with a guarded, questionable or poor prognosis.
- Any restoration, service, Appliance or Dental Prosthesis used solely to: (1) alter vertical dimension; (2) restore or maintain occlusion; (3) treat a condition necessitated by attrition or abrasion; or (4) splint or stabilize teeth for periodontal reasons.
- Replacement of a lost, missing or stolen Appliance or Dental Prosthesis or the fabrication of a spare Appliance or Dental Prosthesis.
- Tooth re-implantation or tooth transplantation.
- Any service, Appliance, Dental Prosthesis, modality or surgical service intended to treat or diagnose disturbances of the temporomandibular joint (TMJ) that are incidental to, or result from, a medical condition unless required due to state law.
- Orthodontic treatment, unless the Policy provides specific benefits for orthodontic treatment.
- Separate charges for local anesthetic.
- Application of desensitizing medicaments and desensitizing resins for cervical and/or root surface.
- Bite registration, bite analysis or occlusion analysis – mounted case.
- Prescription medication.