



The list of dental services illustrated are not exhaustive. Please refer to a certificate of coverage for full Plan description, the list of covered dental services and Plan exclusions and limitations (noted below).

Please refer to a schedule for full Plan description, the list of covered dental services and Plan exclusions and limitations.

This plan does not pay for:

1. Any service or treatment method which does not meet professionally recognized standards of dental practice or which is considered to be experimental in nature.
2. Educational services, including, but not limited to: (1) oral hygiene instruction; (2) tobacco counseling; or (3) nutritional counseling.
3. Any service performed in conjunction with, as part of, or related to a service which is not covered by this Policy.
4. Any service furnished solely for cosmetic reasons. This includes, but is not limited to: (1) characterization and personalization of a Dental Prosthesis; (2) bleaching of discolored teeth; and (3) odontoplasty.
5. Treatment of congenital or developmental malformations or the replacement of congenitally missing teeth.
6. Pulp vitality tests or caries susceptibility tests.
7. The localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue.
8. Any service performed on a tooth or teeth with a guarded, questionable or poor prognosis.
9. 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.
10. Replacement of a lost, missing or stolen Appliance or Dental Prosthesis or the fabrication of a spare Appliance or Dental Prosthesis.
11. 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.
12. We will not pay to replace an existing Dental Prosthesis with any Dental Prosthesis unless: (1) it is at least 10 years old and is no longer usable; or (2) it is damaged while in the covered person's mouth in an Injury suffered while covered and cannot be made serviceable.
13. A Dental Prosthesis will not be covered when replacing a tooth or teeth lost or extracted before being covered under this Policy.