

The following dental benefits are excluded under the plan:

1. Any service that is not specifically listed as a covered benefit.
2. Services, which in the opinion of the attending dentist are not necessary to the member's dental health.
3. Experimental or investigational services, including any treatment, therapy, procedure or drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional standards or for which the safety and efficacy have not been determined for use in the treatment for which the item or service in question is recommended or prescribed.
4. Services, which were provided without cost to the member by State government or an agency thereof, or any municipality, county or other subdivisions.
5. Additional treatment costs incurred because a dental procedure is unable to be performed in the dentist's office due to the general health and physical limitations of the member.
6. Dental Services that are received in an emergency care setting for conditions that are not emergencies if the subscriber reasonably should have known that an emergency care situation did not exist.
7. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the member became eligible for such services.
8. Procedures, appliances, or restorations to correct congenital or developmental malformations, unless specifically listed in the Benefits section above.
9. Hospital charges of any kind.
10. General anesthesia or intravenous sedation.
11. Dispensing of drugs not normally supplied in a dental office
12. Major surgery for fractures and dislocations
13. Treatment of root canal obstruction
14. Loss or theft of dentures or bridgework without appropriate documentation (i.e. police report or natural disaster).
15. Malignancies.
16. The cost of precious metals used in any form of dental benefits.
17. Implants and implant-related services
18. Placement and replacement of Cantilever and Maryland/Resin-bonded bridges
19. Extraction of pathology-free teeth, including supernumerary teeth (unless for medically necessary orthodontics)
20. Cosmetic dental care
21. Services of a pedodontist/pediatric dentist, except when the member is unable to be treated by his or her PCD, or treatment by a pedodontist/pediatric dentist is medically necessary, or his or her PCD is a pedodontist/pediatric dentist.