

## DENTAL EXCLUSIONS AND LIMITATIONS

**Exclusions and Limitation may vary by state. Please refer to the certificate of coverage for more information.**

**Covered Dental Expenses Will Not Include and No Benefits Will Be Payable:**

1. for charges in excess of those considered Usual, Customary and Reasonable;
2. for overdentures and associated procedures;
3. for replacement of retainers;
4. for athletic mouthguards;
5. for denture duplication;
6. for acid etch;
7. for broken appointments;
8. for prescription or take-home fluoride;
9. for diagnostic photographs;
10. for any treatment which is for cosmetic purposes, or to correct congenital malformations. Facings on crowns or pontics beyond the second bicuspid are considered cosmetic, except for medically necessary care and treatment of cleft lip and palate;
11. for any procedure begun before the Insured was covered under this section;
12. for any procedure begun after the Insured's insurance under this section terminates, or for any prosthetic Dental appliance installed or delivered more than 90 days after the Insured's insurance under this section terminates;
13. to replace lost or stolen appliances;
14. for appliances, restorations, or procedures to:
  - a. alter vertical dimension;
  - b. restore or maintain occlusion;
  - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
  - d. treat disturbances of the temporomandibular joint.
15. for any procedure which is not shown on the Schedule of Benefits;
16. for education or training in, and supplies used for: dietary or nutritional counseling; personal oral hygiene; or Dental plaque control;
17. for the completion of claim forms;
18. for any treatments or supplies for sealants and fluoride application;
19. because of an injury arising out of, or in the course of, work for wage or profit.

20. to an Insured because of a sickness, injury or condition for which he or she is eligible for benefits under any Workers' Compensation act or similar laws;
21. for charges for which the Insured is not liable or which would not have been made had no insurance been in force;
22. for services which are not recommended by a dentist or which are not required for necessary care and treatment;
23. because of war or any act of war, declared or not, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
24. for any services related to: equilibration; bite registration; or bite analysis;
25. for crowns for the purpose of periodontal splinting;
26. for charges for: any implants; precision or semi-precision attachments; and any endodontic treatment associated with it; other customized attachments;
27. for any Dental injury or condition that is intentionally self-inflicted;
28. for charges that are applied toward satisfaction of a Deductible, if any;
29. for charges that are generally considered by the dental profession as experimental;
30. for hospital services;
31. for orthodontia (unless specifically provided in the proposal);
32. for treatment received outside the United States, its territories, or possessions.