Dental Benefits Summary

Individual EPO Dental – Low Value Option

Pediatric Benefits	Coverage
Preventive	0%
Basic	20%
Major	50%
Medically Necessary Orthodontia	50%
OOP Maximum	$450 child / $900 2 or more Children
Deductible	$75

Adult Benefits	Coverage
Annual Maximum	$1,500
Preventive	0%
Basic	20%
Major	50%
Deductible	$50 Individual / $150 Family
Waiting Period	12 Months

EXCLUSIONS FOR PEDIATRIC EHB DENTAL PLAN

1. Services provided by anyone other than a doctor of medical dentistry or a doctor of dental surgery, unless a licensed hygienist performs the services under the direction of a doctor of medical dentistry or a doctor of dental surgery, or a denturist.

2. Services received while on active duty with a military service of any country or international organization.

3. Services needed because of participation in a riot or insurrection or the commission of a felony.

4. Services needed as a result of a work-related injury or illness, whether or not covered under Worker Compensation.

5. Services provided by an employer.

6. Services started before Your effective date.

7. Services not completed before Your termination date.

8. Services required because You failed to comply with professionally prescribed treatment.

9. Telephone consultation services.

10. Charges for Your failure to keep a scheduled appointment.

11. Services that are primarily for cosmetic reasons.

12. Services for orthodontic treatment and orthodontia type procedures unless defined as Covered Services.

13. Services received for or related to TMJ.

14. Charges in excess of agreed coverage amounts.

15. Services for correction or alteration of occlusion or occlusal adjustments.

16. Charges for safe fees.

17. Charges for copies of records, charts, x-rays, and forms.

18. Charges for state or territorial taxes associated with dental services.

19. Charges for services received from two or more providers for a single procedure or course of care.

20. Services that are experimental or investigational.

21. Services outside the scope of the treating provider's practice.

22. Services that are not Medically Necessary or do not meet accepted standards of practice.

23. Charges You would not legally have to pay without insurance unless mandated by law.

24. Specialized procedures and techniques including precision attachments and precious metal bases except covered implant attachments.

25. Duplicate or provisional services or supplies except covered interim implant services.

26. Plaque control programs, oral hygiene instruction, and dietary instructions.

27. Gold foil restorations.

28. Treatment at the hospital.

29. Denture or bridgework adjustments within six months by the same provider.

30. Home health aides and related items including toothpaste, fluoride gels, floss and whiteners.

31. Services to seal teeth other than permanent molars.

32. Replacement of lost, stolen or misplaced dentures.

33. Repair or replacement of damaged, lost or missing appliances unless specifically covered.

34. Athletic mouth guards.

35. Internal bleaching, nitrous oxide, oral sedation, and topical medicament centers.

36. Bone grafts in connection with extractions, apicoectomies, or non-covered implants.

37. Deductibles, Coinsurance or cost-sharing amounts for which You are responsible.

38. Temporary services considered integral to final services.

39. Veneers and related procedures.

40. Services not listed as a Covered Service.

41. Services received outside of the United States of America.

EXCLUSIONS FOR NON-EHB DENTAL PLAN

The following are not Covered Services or Covered Expenses under the Non-EHB Dental Plan, and no benefits will be payable for:

1. expenses in any Class of services that are incurred during the insured's Waiting Period for services in that Class (as shown in the Schedule of Benefits),
2. any treatment which is for cosmetic purposes, or to correct congenital malformations, other than medically necessary treatment of congenital cleft in the lip or palate, or both.
3. replacement of any full or partial denture, fixed bridge, other appliance, crown, inlay, onlay, or other precious or semiprecious metal restoration within five years of the date of the last placement of the item. But if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under the Policy, it will be a Covered Expense. In any event, replacement is not a Covered Expense if the item can instead be repaired or otherwise restored to adequate function.
4. initial placement of any full or partial denture, fixed bridge, or other prosthetic appliance during any period of continuous coverage for the Insured under the Policy, unless such placement is needed because of the extraction of one or more of the Insured's natural teeth during the same period of continuous coverage. Any portion of the expense that is identifiable as applying specifically to the replacement of a tooth extracted before that period of continuous coverage is not a Covered Expense. The extraction of a third molar (wisdom tooth) does not qualify the appliance for payment. Any such appliance must include the replacement of the extracted tooth or teeth.
5. addition of a new tooth or teeth to an existing full or partial denture, fixed bridge, or other prosthetic appliance during any period of continuous coverage for the Insured under the Policy, unless such addition is a replacement of a natural tooth or teeth extracted during the same period of continuous coverage. The extraction of a third molar (wisdom tooth) does not qualify the appliance for payment.
6. any expense incurred before the Insured's insurance under the Policy starts; or any expense incurred during any period of continuous coverage for the Insured under this Policy if the procedure starts before the period of continuous coverage starts.
7. any procedure that starts, or any expense that is incurred (regardless of when the procedure starts), after the Insured's insurance under this Policy ends. But this exclusion does not apply for any denture, partial denture, fixed bridge, other appliance, crown, inlay, onlay, or other precious or semiprecious metal restoration if both: (a) the procedure starts while the Insured's insurance under this Policy is in effect; and (b) the expense is incurred within 90 days after the Insured's insurance under this Policy ends.
8. duplication of appliances, or replacement of lost or stolen appliances.
9. 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 jaw fractures or disturbances of the temporomandibular joint. This exclusion does not apply to occlusal guards expressly listed as Covered Services.
10. any procedure that is not shown on the List of Dental Procedures.

11. education or training in, or supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.

12. charges for broken appointments or the completion of claim forms.

13. sealants that are: (a) not applied to a permanent molar; (b) applied on or after attaining age 19; or (c) reapplied to a molar within 3 years from the date of a previous sealant application.

14. subgingival curettage or root planing (procedure numbers 4220 - 4342) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.

15. charges because of an Insured's injury arising out of, or in the course of, work for wage or profit.

16. charges because of an Insured's sickness, injury or other condition for which he or she is eligible for benefits under any Worker's Compensation act or similar laws.

17. charges for which the Insured is not liable or which would not have been made had no insurance been in force.

18. services that: (a) are not recommended by a Dentist; (b) are not required for necessary care and treatment; or (c) do not have a reasonably favorable prognosis.

19. charges because of an Insured's sickness, injury, or other condition due to war or any act of war, declared or not, or sustained while on full-time active duty in the armed forces of any country.

20. benefits payable to an Insured if payment is not legal where the Insured is living when expenses are incurred.

21. services related to: equilibration; bite registration or bite analysis.

22. crowns for the purpose of periodontal splinting.

23. charges for: overdentures, precision or semi-precision attachments and associated endodontic treatment, any other customized attachments, or any specialized prosthodontic techniques or characterizations. This exclusion does not apply to overdentures, implant/abutment-supported dentures, precision or semi-precision attachment replacement, or other implant-related services expressly listed as Covered Services.

24. charges for: myofunctional therapy, orthognathic surgery, or athletic mouthguards.

25. Implant services and implant-related procedures unless provided for under the Schedule of Benefits.

26. Orthodontic services.