

ANNUAL MAXIMUM (excludes Orthodontics): \$3,000 per person; per calendar year

Co-payment amounts for listed procedures are applicable at either the Participating General Dentist or Participating Specialist.

schedule of benefits and subscriber co-payments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
PREVENTIVE SERVICES			BASIC SERVICES		
D0120	Periodic oral examination (limit 1 every 6 months)	\$0.00	D1510	Space maintainer - fixed-unilateral (limited to child <14)	\$53.00
D0140	Limited oral evaluation - problem focused (limit 1 every 6 months)	\$0.00	D1515	Space maintainer - fixed-bilateral (limited to child <14)	\$70.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months)	\$0.00	D1520	Space maintainer - removable-unilateral (limited to child <14)	\$66.00
D0150	Comp oral evaluation - new/established patient (limit 1 every 24 months)	\$0.00	D1525	Space maintainer - removable-bilateral (limited to child <14)	\$91.00
D0160	Dtl&Ext oral evaluation - problem focused report (limit 1 every 12 months)	\$0.00	D1550	Recementation of space maintainer	\$12.00
D0170	Re-evaluation - limited problem focused (limit 1 every 12 months)	\$0.00	D2140	Amalgam-One surface primary or permanent	\$24.00
D0180	Comp periodontal evaluation - new/est patient (limit 1 every 24 months)	\$0.00	D2150	Amalgam-Two surfaces primary or permanent	\$31.00
D0210	Intraoral-Complete series (limit 1 every 3 years)	\$0.00	D2160	Amalgam-Three surfaces primary or permanent	\$37.00
D0220	Intraoral-Periapical-First film (limit 9 every 12 months incl. D0230)	\$0.00	D2161	Amalgam-Four/More surfaces primary/permanent	\$46.00
D0230	Intraoral-Periapical-Each additional film (limit 9 every 12 months incl. D0220)	\$0.00	D2330	Resin-Based composite - one surface anterior	\$24.00
D0240	Intraoral - occlusal film	\$0.00	D2331	Resin-Based composite - two surfaces anterior	\$31.00
D0250	Extraoral - first film	\$0.00	D2332	Resin-Based composite - three surfaces anterior	\$38.00
D0260	Extraoral - each additional film	\$0.00	D2335	Resin compos - 4/more surfaces/invlv incisal ang	\$45.00
D0270	Bitewing - single film (limit 1 every 6 months)	\$0.00	D2390	Resin-Based composite crown anterior	\$49.00
D0272	Bitewings - two films (limit 1 every 6 months)	\$0.00	D2391	Resin-Based composite - one surface posterior	\$28.00
D0273	Bitewings - three films (limit 1 every 6 months)	\$0.00	D2392	Resin-Based composite - two surfaces posterior	\$37.00
D0274	Bitewings - four films (limit 1 every 6 months)	\$0.00	D2393	Resin-Based composite - three surfaces posterior	\$46.00
D0277	Vertical bitewings - 7 to 8 films (limit 1 every 6 months)	\$0.00	D2394	Resin compos - four or more surfaces posterior	\$56.00
D0330	Panoramic film (limit 1 every 3 years)	\$0.00	D4341	Prdntal scaling&root planing 4/more teeth-quad (limit 1 per quad every 12 months)	\$39.00
D0470	Diagnostic casts	\$0.00	D4342	Prdntal scaling&root planing 1-3 teeth-quad (limit 1 per quad every 12 months)	\$21.00
D1110	Prophylaxis - adult (limit 1 every 6 months, inclusive of D4910)	\$0.00	D4355	Full mouth debrid enable comp evaluation & dx (limit 1 every 5 years)	\$26.00
D1120	Prophylaxis - child (limit 1 every 6 months, inclusive of D4910)	\$0.00	D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	\$23.00
D1203	Topical application of fluoride - child (limit 1 every 6 months for child <16)	\$0.00			
D1206	Topical fluoride varnish (limit 1 every 6 months for child <16)	\$0.00			
D1351	Sealant - per tooth (limit 1 per tooth every 12 months for child <14)	\$0.00			

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ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
BASIC SERVICES (cont.)			MAJOR SERVICES (cont.)		
D7111	Extraction coronal remnants deciduous tooth	\$20.00	D2710	Crown resin based composite indirect (limit 1 per tooth every 8 years)	\$187.00
D7140	Extraction erupted tooth or exposed root	\$26.00	D2720	Crown - resin with high noble metal (limit 1 per tooth every 8 years)	\$461.00
MAJOR SERVICES			D2721	Crown - resin with predominantly base metal (limit 1 per tooth every 8 years)	\$432.00
D2510	Inlay - metallic - one surface (limit 1 per tooth every 8 years)	\$313.00	D2722	Crown - resin with noble metal (limit 1 per tooth every 8 years)	\$441.00
D2520	Inlay - metallic - two surfaces (limit 1 per tooth every 8 years)	\$355.00	D2740	Crown - porcelain/ceramic substrate (limit 1 per tooth every 8 years)	\$473.00
D2530	Inlay - metallic - 3 or more surfaces (limit 1 per tooth every 8 years)	\$410.00	D2750	Crown - porcelain fused to high noble metal (limit 1 per tooth every 8 years)	\$466.00
D2542	Onlay - metallic - two surfaces (limit 1 per tooth every 8 years)	\$402.00	D2751	Crown - porcelain fused predom base metal (limit 1 per tooth every 8 years)	\$434.00
D2543	Onlay metallic three surfaces (limit 1 per tooth every 8 years)	\$420.00	D2752	Crown - porcelain fused to noble metal (limit 1 per tooth every 8 years)	\$445.00
D2544	Onlay metallic 4 or more surfaces (limit 1 per tooth every 8 years)	\$437.00	D2790	Crown - full cast high noble metal (limit 1 per tooth every 8 years)	\$450.00
D2610	Inlay - porcelain/ceramic - one surface (limit 1 per tooth every 8 years)	\$368.00	D2791	Crown - full cast predom base metal (limit 1 per tooth every 8 years)	\$426.00
D2620	Inlay - porcelain/ceramic - 2 surfaces (limit 1 per tooth every 8 years)	\$389.00	D2792	Crown - full cast noble metal (limit 1 per tooth every 8 years)	\$434.00
D2630	Inlay - porcelain/ceramic - 3 or more surfaces (limit 1 per tooth every 8 years)	\$414.00	D2910	Recement inlay onlay/part coverage restoration	\$41.00
D2642	Onlay - porcelain/ceramic - two surfaces (limit 1 per tooth every 8 years)	\$403.00	D2920	Recement crown	\$42.00
D2643	Onlay - porcelain/ceramic - three surfaces (limit 1 per tooth every 8 years)	\$434.00	D2930	Prefabr stainless steel crown - primary tooth	\$115.00
D2644	Onlay - porcelain/ceramic - 4 or more surfaces (limit 1 per tooth every 8 years)	\$461.00	D2931	Prefabr stainless steel crown - permanent tooth	\$131.00
D2650	Inlay - resin based composite - 1 surface (limit 1 per tooth every 8 years)	\$242.00	D2932	Prefabricated resin crown	\$142.00
D2651	Inlay - resin based composite - 2 surfaces (limit 1 per tooth every 8 years)	\$288.00	D2940	Sedative filling	\$44.00
D2652	Inlay - resin based compos - 3/more surfaces (limit 1 per tooth every 8 years)	\$303.00	D2950	Core buildup including any pins	\$110.00
D2662	Onlay - resin based compos - 2 surfaces (limit 1 per tooth every 8 years)	\$263.00	D2951	Pin retention - per tooth addition restoration	\$23.00
D2663	Onlay - resin based compos - 3 surfaces (limit 1 per tooth every 8 years)	\$310.00	D2952	Cast post and core in addition to crown	\$168.00
D2664	Onlay - resin based compos - 4/ more surfaces (limit 1 per tooth every 8 years)	\$332.00	D2954	Prefabricated post and core in addition to crown	\$139.00
			D3220	Tx pulp-remove pulp coronal dentinocementl junc	\$75.00
			D3310	Anterior root canal	\$315.00
			D3320	Bicuspid root canal	\$385.00
			D3330	Molar root canal	\$497.00
			D3346	Retreatment previous rc therapy - anterior	\$424.00
			D3347	Retreatment previous rc therapy - bicuspid	\$500.00
			D3348	Retreatment previous root canal therapy - molar	\$601.00
			D3410	Apicoectomy/Periradicular surgery - anterior	\$361.00

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MAJOR SERVICES (cont.)			MAJOR SERVICES (cont.)		
D3421	Apicoectomy/Periradicular surgery - bicuspid	\$394.00	D5650	Add tooth to existing partial denture	\$88.00
D3425	Apicoectomy/Periradicular surgery - molar	\$445.00	D5660	Add clasp to existing partial denture	\$105.00
D3426	Apicoectomy/Periradicular surgery	\$148.00	D5710	Rebase complete maxillary denture (limit 1 every 3 years)	\$261.00
D3430	Retrograde filling - per root	\$109.00	D5711	Rebase complete mandibular denture (limit 1 every 3 years)	\$249.00
D4210	Gingivect/Plsty 4/>cntig/bound teeth spaces-quad (limit 1 every 12 months)	\$358.00	D5720	Rebase maxillary partial denture (limit 1 every 3 years)	\$246.00
D4211	Gingivect/Plsty 1-3 cntig/bound teeth space-quad (limit 1 every 12 months)	\$153.00	D5721	Rebase mandibular partial denture (limit 1 every 3 years)	\$246.00
D4240	Gingl flp proc 4/> contig/bound teeth space-quad (limit 1 every 12 months)	\$421.00	D5730	Reline complete maxillary denture (limit 1 every 3 years)	\$147.00
D4241	Gingl flp proc 1-3 contig/bound teeth space-quad (limit 1 every 12 months)	\$217.00	D5731	Reline complete mandibular denture (limit 1 every 3 years)	\$147.00
D4249	Clinical crown lengthening - hard tissue ...	\$481.00	D5740	Reline maxillary partial denture (limit 1 every 3 years)	\$135.00
D4260	Osseous surg 4/> contig/bound teeth spaces-quad	\$680.00	D5741	Reline mandibular partial denture (limit 1 every 3 years)	\$135.00
D4261	Osseous surg 1-3 contig/bound teeth spaces-quad	\$354.00	D5750	Reline complete maxillary denture (limit 1 every 3 years)	\$196.00
D5110	Complete denture - maxillary (limit 1 every 5 years)	\$642.00	D5751	Reline complete mandibular denture (limit 1 every 3 years)	\$196.00
D5120	Complete denture - mandibular (limit 1 every 5 years)	\$642.00	D5760	Reline maxillary partial denture (limit 1 every 3 years)	\$193.00
D5130	Immediate denture - maxillary (limit 1 every 5 years)	\$700.00	D5761	Reline mandibular partial denture (limit 1 every 3 years)	\$193.00
D5140	Immediate denture - mandibular (limit 1 every 5 years)	\$700.00	D5850	Tissue conditioning maxillary	\$61.00
D5211	Maxillary partial denture - resin base (limit 1 every 5 years)	\$542.00	D5851	Tissue conditioning mandibular	\$61.00
D5212	Mandibular partial denture - resin base (limit 1 every 5 years)	\$629.00	D6092	Recement implant/abutment supported crown	\$42.00
D5213	Max part dentr-cast metl frmewrk w/rsn base (limit 1 every 5 years)	\$709.00	D6093	Recement implant/abutment supported fixed partial denture	\$57.00
D5214	Mnd part dentr- cst metl frmewrk w/rsn base (limit 1 every 5 years)	\$709.00	D6210	Pontic - cast high noble metal (limit 1 every 8 years)	\$431.00
D5410	Adjust complete denture - maxillary (limit 1 every 12 months)	\$35.00	D6211	Pontic - cast predominantly base metal (limit 1 every 8 years)	\$404.00
D5411	Adjust complete denture - mandibular (limit 1 every 12 months)	\$35.00	D6212	Pontic - cast noble metal (limit 1 every 8 years)	\$420.00
D5421	Adjust partial denture - maxillary (limit 1 every 12 months)	\$35.00	D6240	Pontic - porcelain fused to high noble metal (limit 1 every 8 years)	\$426.00
D5422	Adjust partial denture - mandibular (limit 1 every 12 months)	\$35.00	D6241	Pontic - porceln fused predom base metl (limit 1 every 8 years)	\$393.00
D5510	Repair broken complete denture base	\$70.00	D6242	Pontic - porcelain fused to noble metal (limit 1 every 8 years)	\$415.00
D5520	Replace missing/broken teeth - complete denture	\$59.00	D6250	Pontic - resin with high noble metal (limit 1 every 8 years)	\$420.00
D5610	Repair resin denture base	\$76.00	D6251	Pontic - resin with predominantly base metal (limit 1 every 8 years)	\$388.00
D5620	Repair cast framework	\$82.00	D6252	Pontic - resin with noble metal (limit 1 every 8 years)	\$400.00
D5630	Repair or replace broken clasp	\$100.00			
D5640	Replace broken teeth - per tooth	\$64.00			

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ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
MAJOR SERVICES (cont.)			MAJOR SERVICES (cont.)		
D6600	Inlay-Porcelain/Ceramic two surfaces (limit 1 every 8 years)	\$355.00	D6791	Crown full cast predom base metal-denture (limit 1 every 8 years)	\$445.00
D6601	Inlay - porcelain/ceramic 3 or more surfaces (limit 1 every 8 years)	\$373.00	D6792	Crown full cast noble metal-denture (limit 1 every 8 years)	\$461.00
D6602	Inlay - cast high noble metal two surfaces (limit 1 every 8 years)	\$380.00	D6930	Recement fixed partial denture (limit 1 every 5 years)	\$57.00
D6603	Inlay - cast high noble metl 3/more surfaces (limit 1 every 8 years)	\$418.00	D6970	Cast post&core add fix part dentur retainer (limit 1 every 8 years)	\$157.00
D6604	Inlay - cast predom base metal 2 surfaces (limit 1 every 8 years)	\$372.00	D6972	Prefab post&core add fix part dentur retain (limit 1 every 8 years)	\$128.00
D6605	Inlay - cast predom bse metl 3/more surfaces (limit 1 every 8 years)	\$394.00	D6973	Core build up for retainer including any pins (limit 1 every 8 years)	\$103.00
D6606	Inlay - cast noble metal two surfaces (limit 1 every 8 years)	\$366.00	D7210	Surg remv erupted tooth rqr elev flp&remv bone	\$108.00
D6607	Inlay - cast noble metal 3 or more surfaces (limit 1 every 8 years)	\$406.00	D7220	Removal of impacted tooth - soft tissue	\$135.00
D6608	Onlay - porcelain/ceramic two surfaces (limit 1 every 8 years)	\$386.00	D7230	Removal of impacted tooth - partially bony	\$179.00
D6609	Onlay - porcelain/ceramic 3 or more surfaces (limit 1 every 8 years)	\$403.00	D7240	Removal of impacted tooth - completely bony	\$211.00
D6610	Onlay - cast high noble metal two surfaces (limit 1 every 8 years)	\$409.00	D7241	Remv imp tooth - cmpl bony w/ unusual surg comps	\$265.00
D6611	Onlay - cast high noble metal 3/ more surfaces (limit 1 every 8 years)	\$448.00	D7250	Surgical removal of residual tooth roots	\$114.00
D6612	Onlay - cast predom base metal 2 surfaces (limit 1 every 8 years)	\$407.00	D7310	Alveoloplasty conjunc w/extractions- per quadrant	\$125.00
D6613	Onlay - cast predom base metl 3/ more surfces (limit 1 every 8 years)	\$426.00	D7311	Alveoloplasty conjnc xtract 1-3 teeth/ spaces quad	\$97.00
D6614	Onlay - cast noble metal two surfaces (limit 1 every 8 years)	\$399.00	D7320	Alveoloplasty not in conjunc w/ extractions-quad	\$181.00
D6615	Onlay - cast noble metal 3 or more surfces (limit 1 every 8 years)	\$414.00	D7321	Alveoloplasty not cnjnc xtrct 1-3 teeth/ spce quad	\$153.00
D6720	Crown resin with high noble metal (limit 1 every 8 years)	\$474.00	D7510	Incision & drainage abscess-intraoral soft tiss	\$120.00
D6721	Crown resin w/predom base metal-denture (limit 1 every 8 years)	\$450.00	D7520	Incision & drainage abscess-extraoral soft tiss	\$570.00
D6722	Crown resin with noble metal (limit 1 every 8 years)	\$458.00	D7960	Frenulectomy separate procedure	\$111.00
D6740	Crown porcelain/ceramic (limit 1 every 8 years)	\$499.00	D7970	Excision of hyperplastic tissue-per arch	\$272.00
D6750	Crown porceln fsed to hi noble metl-denture (limit 1 every 8 years)	\$486.00	D9110	Palliative treatment dental pain - minor proc	\$45.00
D6751	Crown porceln fused predom base metal (limit 1 every 8 years)	\$453.00	D9215	Local anesthesia	\$0.00
D6752	Crown porcelain fused to noble metal (limit 1 every 8 years)	\$464.00	D9241	IV conscious sedation/analg - 1st 30 minutes	\$144.00
D6780	Crown - cast high noble metal (limit 1 every 8 years)	\$458.00	D9242	IV conscious sedation/analg - ea add 15 minutes	\$60.00
D6790	Crown full cast high noble metal-denture (limit 1 every 8 years)	\$469.00	D9310	Professional consultation by non-treating dentist	\$96.00
			D9951	Occlusal adjustment - limited	\$58.00
			D9952	Occlusal adjustment - complete	\$326.00

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ADA CODE	PROCEDURE	PATIENT PAYS
ORTHODONTICS		
D8070 / D8080	Comprehensive Orthodontic treatment of the transitional/adolescent dentition Children up to 19 years of age Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	\$0.00
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic treatment	\$2,100.00
D8680	Comprehensive Orthodontic treatment of the transitional/adult dentition Adults 19 years of age and older Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	\$0.00
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic treatment	\$2,300.00
D8680	Retention	\$450.00

- NOTE:**
- 1. Your Participating General Dentist and Participating Specialist office visit co-payment amounts, if applicable, are shown on your I.D. card. Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for Covered Dental Care Services.
 - 2. Not all Participating Dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
 - 3. Unlisted Covered Dental Care Services are available at the Participating Dentist's usual fee less 20%.
 - 4. Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

LIMITATIONS AND EXCLUSIONS

1. Major restorative services will be subject to the following:
 - a. denture, removable partial denture, or fixed partial denture must replace a natural tooth extracted while covered under this Certificate, however, this provision will not apply if the Contract replaces a prior group dental policy under which You were covered, and You are covered by this Certificate on the effective date of the Contract without a break in coverage, provided: a) the prosthetic replaces teeth that were extracted while insured under the prior policy; and b) the prosthetic work is completed within 12 months of the extraction;
 - b. the replacement of a partial denture, full denture, or the addition of teeth to a partial denture if: (i) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (ii) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (iii) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a functioning natural tooth while covered under this Certificate; or (iv) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the re-placement is completed within 12 months of the injury;
 - c. the replacement of crowns, cast restorations, in-lays, onlays, fixed partial dentures or other laboratory prepared restorations only if: (i) replacement occurs at least eight years after the initial date of insertion; and (ii) they are not serviceable and cannot be restored to function;
 - d. the replacement of an existing partial denture with fixed bridgework, only if upgrading to fixed bridgework is essential to the correction of the person's dental condition;
 - e. the replacement of teeth up to the normal complement of 32; and
 - f. denture adjustments are limited to once every twelve (12) months starting twelve (12) months after placement.
2. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section X, Paragraph B of this Certificate.
3. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, or enjoy any of the other privileges of a Member in good standing.
4. Orthodontic treatment, if a Covered Dental Care Service as shown in the Member's Schedule of Benefits, is limited to one twenty-four (24) month course of treatment.
5. Members who are children may be seen by a Pediatric Dentist for any reason until their seventh (7th) birthday. Referrals to a Pediatric Dentist after age seven require medical documentation.
6. Only one (1) periapical radiograph is an allowed benefit for root canal treatment.
7. The total number of periodontal maintenance and all other prophylaxis treatments combined are limited to two (2) per member every twelve (12) months.
8. Company does not provide coverage for the following services:
 - a) Pharmaceuticals, drugs or medications.
 - b) Services which in the opinion of the Participating General Dentist, Participating Specialist or Company are (a) not necessary; (b) not appropriate for the given condition or not customarily used for dental care; (c) do not have uniform professional endorsement or do not meet the standards set by the American Dental Association; (d) experimental or investigational in nature; (e) for which the Member has no legal obligation to pay; or (f) for which a charge would have been made in the absence of insurance.
 - c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
 - d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
 - e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
 - f) Services for injuries and conditions which are covered under Workers' Compensation or Employers' Liability laws, or that arises out of or in the course of a job or employment for pay or profit.
 - g) Treatment for cysts, neoplasms and malignancies.
 - h) General anesthesia, IV sedation, and nitrous oxide, unless it is specifically listed on the Schedule of Benefits. When listed on the Schedule of Benefits, general anesthesia and IV sedation are covered only when medically necessary and provided in conjunction with other Covered Dental Services and performed by an Oral Surgeon, Periodontist, or Pediatric Dentist. The following rationales are not eligible for benefits: 1) pain control, unless documented allergy to local anesthetic; 2) anxiety; 3) fear of pain; 4) pain management; or 5) emotional inability to undergo surgery.

LIMITATIONS AND EXCLUSIONS (cont.)

- i) Any procedure, service, or supply which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by Company.
- j) Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling.
- k) Appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting.
- l) Any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite restoration, or bite analysis.
- m) Adult fluoride treatments, athletic mouth guards, myofunctional therapy, infection control, precision or semi-precision attachments, denture duplication, oral hygiene instructions, radiograph duplication charges for claim submission, separate charges for acid etching, completion of claim fees, equipment or technology fees, exams required by third party, personal supplies (water pik, toothbrush, floss holder, etc.), or replacement of lost or stolen appliances.
- n) Any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures.
- o) Procedures that are a covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis.
- p) Extraction of asymptomatic third molars, including extraction of erupted third molars for orthodontics.
- q) Cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance). Facings on crowns or fixed partial dentures on molar teeth will always be considered cosmetic.
- r) Dental implants and related services.
- s) Restoration of teeth that have been damaged by attrition, abrasion, or erosion.
- t) Resin bonded bridges, including associated retainers and pontics.
- u) Charges for travel time, transportation costs, or professional advice given on the phone.
- v) Procedures performed by a dentist who is a member of Your immediate family.
- w) Any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility.
- x) Any charges related to the review of any diagnostic biopsy, material, or specimens submitted to a pathologist, or pathology lab, for histological review.
- y) Charges for treatment rendered; (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any Member; or (b) by an employee of any Member.
- z) Charges for treatment performed outside the United States other than for emergency treatment. Benefits for emergency treatment that is performed outside the United States is limited to \$100 (US dollars) per year.
- aa) Dental services required while serving in the armed forces, or the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared.