

General Exclusions & Additions

Covered Dental Expenses will not include and no benefits will be payable for expenses incurred:

1. for Type 3 Procedures in the first twelve months that the plan member is covered under the contract.
2. for any procedure except exams, cleaning and fluoride applications for the first 12 months when a member or dependent becomes classified as a late entrant. A member or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
3. for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
4. to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the contract, it will be a Covered Expense.
5. for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the contract. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
6. for any procedure begun before the plan member was covered under the contract.
7. for any procedure begun after the member's insurance under the contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the contract terminates.
8. to replace lost or stolen appliances.
9. for appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion; or
 - c. splint or replace tooth structure lost because of abrasion or attrition.
10. for any procedure which is not shown on the Table of Dental Procedures.
11. for orthodontic treatment (unless otherwise specified in this contract).
12. for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
13. for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
14. for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
15. because of war or any act of war, declared or not.