

## CLASSES OF COVERED SERVICES AND SUPPLIES

Coverage is provided for the dental services and supplies described in this section.

Please note the age and frequency limitations that apply for certain procedures. All frequency limits specified are applied to the day.

For Your Policy, specific Covered Services and Supplies may fall under a Class category other than what is stated below. If Your Policy has Class categorizations different from below, it is specified on the Schedule of Benefits.

### **Class I: Preventive Dental Services**

- Comprehensive exams, periodic exams, evaluations, re-evaluations or periodontal evaluations .  
Limited to 1 per 6 month period.
- Dental prophylaxis (cleaning and scaling) for adults and Dependent children (children under age 14).  
Limited to 1 dental prophylaxis or 1 periodontal maintenance procedure per 6 month period.  
(During the 6 month period, benefits include either 1 dental prophylaxis or 1 periodontal maintenance procedure, but not both.)
- Topical fluoride treatment for Dependent children under age 14.
  - Limited to 1 per 6 month period.
  - Topical fluoride varnish is not covered.
- X-rays:
  - Intraoral complete series x-rays, including bitewings and 10 to 14 periapical x-rays, or panoramic film.  
Limited to 1 per 60 month period. Payable amount for the total of bitewing and intraoral periapical x-rays is limited to the maximum allowance for an intraoral complete series x-rays in a calendar year.
  - Bitewing x-rays (two or four films).  
Limited to 1 per 12 month period. Payable amount for the total of bitewing and intraoral periapical x-rays is limited to the maximum allowance for an intraoral complete series x-rays in a calendar year.

### **Class II: Basic Dental Services**

- Limited oral exams (emergency oral exams), considered for payment as a separate benefit only if no other treatment (except x-rays) is rendered during the visit.
- Space maintainers, including all adjustments made within 6 months of installation. Limited to Dependent children under age 14.
- Sealants, Limited to 1 application to an unrestored occlusal surface of a permanent molar tooth per 36 month period for Dependent children under age 14.
- Stainless steel crowns, limited to 1 per 36 month period for teeth not restorable by an amalgam or composite filling for Dependent children to age 19.

- Pulpotomy (primary teeth only).
- Root canal therapy:
  - Including all pre-operative, operative and post-operative x-rays, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care
  - Limited to 1 time on the same tooth per 24 month period.
  - Limited to permanent teeth only.
- Apicoectomy/periradicular surgery (anterior, bicuspid, molar, each additional root), including all pre-operative, operative and post-operative x-rays, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care.
- Retrograde filling - per root.
- Root amputation - per root.
- Hemisection, including any root removal and an allowance for local anesthesia and routine post-operative care, does not include a benefit for root canal therapy.
- Periodontal scaling and root planing, limited as follows:
  - Four teeth or more per quadrant, limited to a minimum of 5mm pockets on at least four teeth per quadrant, 1 time per quadrant per 24 month period.
  - 1 to 3 teeth per quadrant, limited to minimum of 5mm pockets on one to three teeth, limited to 1 treatment per area per 24 month period.

Root planing is generally not a benefit in the same quadrant for at least a 24 month period following the completion of active therapy. Under unusual circumstances, additional documentation can be submitted to Us for review. Root planing is not a benefit until 36 months after surgery in the same area.

- Periodontal maintenance procedure (following active treatment), limited to 1 dental prophylaxis or 1 periodontal maintenance procedure per 6 month period. (During the 6 month period, benefits include either 1 dental prophylaxis or 1 periodontal maintenance procedure, but not both.)
- Periodontal maintenance procedures (periodontal prophylaxis) may be used in those cases in which a patient has completed active periodontal therapy, and commencing no sooner than three months thereafter. The procedure includes any examination for evaluation, curettage, root planing and/or polishing as may be necessary.
- Periodontal related services as listed below, limited to 1 time per quadrant of the mouth in any 36 month period with charges combined for gingivectomy, gingival flap procedure, pedicle grafts, soft tissue grafts, subepithelial tissue grafts, or osseous surgery performed in the same quadrant within the same 36 month period.
  - Gingival flap procedures.
  - Gingivectomy procedures.
  - Osseous surgery.
  - Pedicle tissue grafts.
  - Soft tissue grafts.
  - Subepithelial tissue grafts.
  - Bone replacement grafts.
  - Guided tissue regeneration.
  - Crown lengthening procedures - hard tissue.

- Oral surgery services as listed below, including an allowance for local anesthesia and routine post-operative care:
  - Simple extraction.
  - Surgical extractions, including extraction of symptomatic third molars (wisdom teeth)
  - Alveoloplasty.
  - Vestibuloplasty.
  - Removal of exostosis - maxilla or mandible.
  - Frenulectomy (frenectomy or frenotomy).
  - Excision of hyperplastic tissue - per arch.
- Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus, limited to permanent teeth only.
- Root removal - exposed roots.
- Biopsy.
- Incision and drainage.
- Palliative (emergency) treatment of dental pain, considered for payment as a separate benefit only if no other treatment (except x-rays) is rendered during the same visit.
- General anesthesia and intravenous sedation, limited as follows:
  - Considered for payment as a separate benefit only when medically necessary (as determined by Us) and when administered in the Dentist's office or outpatient surgical center in conjunction with complex oral surgical services which are covered under the Policy.
  - Oral sedation is not a covered benefit.
- Nitrous oxide limited to Dependent Children through age 6.
- Consultation, including specialist consultations, limited as follows:
  - Considered for payment as a separate benefit only if no other treatment (except x-rays) is rendered on the same date.
  - Benefits will not be considered for payment if the purpose of the consultation is to describe the Dental Treatment Plan.
- Amalgam and composite restorations, limited as follows:
  - Multiple restorations on one surface will be considered a single filling.
  - Multiple restorations on different surfaces of the same tooth will be considered connected.
  - Benefits for replacement of an existing restoration will only be considered for payment if at least:
    - 12 months have passed since the existing restoration was placed if the Covered Person is under age 19, except in extraordinary circumstances involving external, violent and accidental means or due to radiation therapy; or
    - 36 months have passed since the existing restoration was placed if the Covered Person is age 19 or older, except in extraordinary circumstances involving external, violent and accidental means or due to radiation therapy.
  - Additional fillings on the same surface of a tooth in less than 12 months for patients up to age 19 or in less than 36 months for patients age 19 or over, by the same office or same Dentist are not a benefit, except in extraordinary circumstances involving external, violent and accidental means or due to radiation therapy.
  - Sedative bases and copalite are considered part of the restorative service and are not paid as separate procedures.
  - Composite restorations are also limited as follows:
    - Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations on anterior teeth will be considered single surface restorations
    - Acid etch is not covered as a separate procedure.
    - Benefits limited to anterior teeth only.
    - **Based on Network Type**, benefits for composite resin restorations on posterior teeth may be limited to the benefit for the corresponding amalgam restoration.
- Pins, in conjunction with a final amalgam restoration.

- Other X-rays
  - Intraoral periapical x-rays.
  - Payable amount for the total of bitewing and intraoral periapical x-rays is limited to the maximum allowance for an intraoral complete series x-rays in a calendar year.
  - Intraoral occlusal x-rays, limited to 1 film per arch per 6 month period.
  - Extraoral x-rays, limited to 1 film per 6 month period.
  - Other x-rays (except film related to orthodontic procedures or temporomandibular joint dysfunction).

### **Class III: Major Dental Services**

- Inlays and onlays (metallic), limited as follows:
  - Covered only when the tooth cannot be restored by an amalgam or composite filling.
  - Covered only if more than 5 years have elapsed since last placement.
  - Limited to persons age 16 and above.
  - Inlays and onlays on teeth which may be restored with an amalgam or composite resin filling are not covered.
  - Build-up procedure is not covered as a separate service.
  - Benefits based on the date of cementation.
  
- Porcelain restorations on anterior teeth, limited as follows:
  - Covered only when the tooth cannot be restored by an amalgam or composite filling.
  - Covered only if more than 5 years have elapsed since last placement.
  - Limited to permanent teeth. Porcelain restorations on over-retained primary teeth are not covered.
  - Limited to persons age 16 and above.
  - Porcelain restorations on teeth which may be restored with an amalgam or composite resin filling are not covered.
  - Build-up procedure is not covered as a separate service.
  - Benefits based on the date of cementation.
  
- Cast crowns, limited as follows:
  - Covered only when the tooth cannot be restored by an amalgam or composite filling.
  - Covered only if more than 5 years have elapsed since last placement.
  - Limited to permanent teeth. Cast crowns on over-retained primary teeth are not covered.
  - Limited to persons age 16 and above.
  - Crowns on third molars where adjacent first and second molars are present or where there is no occlusion with opposing are not covered.
  - Crowns on teeth which may be restored with an amalgam or composite resin filling are not covered.
  - Build-up procedure is not covered as a separate service.
  - Benefits based on the date of cementation.
  
- Crown lengthening, limited to single site when contiguous teeth are involved.
  
- Recementing inlays, crowns and bridges, limited to three per tooth.
  
- Post and core:
  - Covered only for endodontically treated teeth requiring crowns.
  - One post and core is covered per tooth.
  
- Full dentures, limited as follows:
  - Limited to 1 full denture per arch.
  - Replacement covered only if 5 years have elapsed since last replacement AND the full denture cannot be made serviceable (please refer to the Denture or Bridge Replacement/Addition provision under Exclusions and Limitations for exceptions).
  - Service includes any adjustment or reline performed within 12 month of initial insertion.
  - We will not pay additional benefits for personalized dentures or overdentures or associated treatment.
  - Benefits for dentures are based on the date of delivery.
  
- Partial dentures, including any clasps and rests and all teeth, limited as follows:
  - Limited to 1 partial denture per arch.
  - Replacement covered only if 5 years have elapsed since last placement AND the partial denture cannot be made serviceable (please refer to the denture or bridge replacement/addition provision under exclusions and limitations for exceptions).
  - Service includes any adjustment or reline performed within 12 months of initial insertion.
  - There are no benefits for precision or semi-precision attachments.
  - Benefits for partial dentures are based on the date of delivery.

- Denture adjustments, limited to:
  - 1 time in any 12 month period; and
  - Adjustments made more than 12 months after the insertion of the denture.
- Repairs to full or partial dentures, bridges, and crowns, limited to repairs or adjustments performed more than 0 life times after the initial insertion.
- Rebasing dentures, limited to 1 time per 12 month period.
- Relining dentures, limited to:
  - 1 time per 12 month period; and
  - Relines performed more than 12 months after initial insertion of the denture.
- Tissue conditioning, limited to repairs or adjustment performed once in a 12 month period.
- Fixed bridges (including Maryland bridges) limited as follows:
  - Limited to persons age 16 and above.
  - Benefits for the replacement of an existing fixed bridge are payable only if the existing bridge:
    - Is more than 5 years old (see the Denture or Bridge Replacement/Addition provision under Exclusions and Limitations for exceptions); and
    - Cannot be made serviceable.
  - A fixed bridge replacing the extracted portion of a hemisected tooth is not covered.
  - Placement and replacement of cante-lever bridges on posterior teeth will not be covered.
  - Benefits for bridges are based on the date of cementation.
- Recementing bridges limited to repairs or adjustment performed more than 12 months after the initial insertion.
- Endodontic endosseous implant and endosseous implant, limited as follows:
  - Benefits for the replacement of an existing implant are payable only if the existing implant is more than 60 months old and cannot be made serviceable.
- Implant supported prosthetics, allowance includes the treatment plan and local anesthetic:
  - Abutment supported crown.
  - Implant supported crown.
  - Abutment supported retainer for fixed partial denture.
  - Implant supported retainer for fixed partial denture.
  - Implant/abutment supported fixed denture for completely edentulous arch.
  - Implant/abutment supported fixed denture for partially edentulous arch.