

## Covered Expenses

1. Covered Expenses refers to expenses incurred by you, your spouse or dependents when visiting a licensed dentist under the plan.
2. Covered dental services are to be provided by a dentist or under his/her direct supervision.
3. Expenses for dental services must be incurred while the insurance is in force.
4. Dates that various charges are incurred:  
For a crown, bridge or cast restoration, charges are incurred on the date the tooth is prepared. For other prosthetic devices, the charge is incurred on the date the master impression is made. For root canals, the charge is incurred on the date the pulp chamber is opened. And, for all other services, the charge is incurred on the date the services are performed.
5. Replacement of a prosthetic device to replace teeth lost before coverage began is not covered. However, we will pay for a device to replace those teeth if it replaces natural teeth lost or extracted after coverage begins.

## Exclusions & Limitations

These services are not covered:

1. Oral hygiene, plaque control, diet instruction
2. Precision attachments
3. Treatment which:
  - does not meet accepted standards of dental practice
  - is experimental in nature
  - is due to an on-the-job-related injury, or a condition for which benefits are payable by Worker's Compensation or similar laws
4. Orthodontia treatment, unless the Schedule of Covered Dental Services lists orthodontia benefits.
5. Appliances or prosthetic devices used to:
  - change vertical dimension
  - restore or maintain occlusion, except to the extent that this benefit section covers orthodontia benefits
  - splint or stabilize teeth for periodontic reasons
  - replace tooth structure lost as a result of abrasion or attrition, or treat disturbances of the temporomandibular joint
6. Cosmetic services including but not limited to:
  - characterizing and personalizing prosthetic devices, or making facings on prosthetic devices for any tooth posterior to the second bicuspid
7. Replacement of an appliance or prosthetic device unless:
  - it is at least 5 years old and unusable, or is damaged through injury and is beyond repair.
8. Replacement crowns within 5 years of initial placement
9. Replacement of a lost, stolen or missing appliance or prosthetic device
10. Spare appliances or devices
11. Services or devices for which no charge is made, including but not limited to:
  - the covered person's employer, labor union or similar group, in its dental or medical department or clinic
  - a facility owned or run by any government body, or
  - any public program, except Medicaid, paid for or sponsored by any government body
12. For surgery, periodontic or endodontic treatment, we will not pay separately for:
  - X-rays
  - the treatment plan
  - local anesthetics, or
  - routine follow-up care
13. Diagnostic casts
14. Implants
15. Radical resection of mandible with bone graft

### **IMPORTANT NOTE:**

This sales guide outlines standard benefit and plan provisions. All plans will comply with state-mandated benefits or plan provisions as applicable.

This sales guide is a summary only and subject to the terms, conditions and limitations of the Ameritas Group Policy under which the individual Certificates of Insurance are issued.