Common – Cigna Dental Vision and Hearing (DVH) 2000 Plan Exclusions and Limitations

Exclusions And Limitations: What Is Not Covered By This Policy

Excluded Services

Covered Expenses do not include expenses incurred for:

- procedures and services which are not included in the list of “Covered Dental Services, Covered Vision Services, or Covered Hearing Services”.
- cone beam imaging.
- instruction for plaque control, oral hygiene and diet.
- core build-ups.
- veneers.
- precious or semi-precious metals for crowns, bridges, pontics and abutments.
- restoration of teeth which have been damaged by erosion, attrition or abrasion.
- bite registrations; precision or semi-precision attachments; or splinting.
- implants or implant related services.
- orthodontic treatment, except for the treatment of cleft lip and cleft palate.
- general anesthesia or intravenous sedation, when used for the purposes of anxiety control or patient management is not covered; may be considered only when medically or dentally necessary and when in conjunction with covered complex oral surgery.
- athletic mouth guards.
- services performed solely for cosmetic reasons.
- personalization or decoration of any dental device or dental work.
- replacement of an appliance per benefit guidelines.
- prescription drugs.
- any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility.
- services that are deemed to be medical services
- plano lenses.
- VDT (video display terminal)/computer eyeglass benefit
- medical or surgical treatment of the eyes.
- any type of corrective vision surgery, including LASIK surgery, radial keratotomy (RK), automated lamellar keratoplasty (ALK), or conductive keratoplasty (CK).
- orthoptic or vision training and any associated supplemental testing.
- any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
- safety eyewear.
- sub-normal vision aids or non-prescription lenses.
- magnification or low vision aids not shown as covered in the Schedule of Vision Coverage.
- Assistive Listening Devices (ALDs).

- medical and/or surgical treatment of the internal or external structures of the ear, including but not limited to Cochlear implants.
- Hearing Aids not prescribed by a Licensed Hearing Care Professional.
- ear protective devices or plugs.
- Hearing Aids maintenance/service contracts, ear molds and other miscellaneous repairs.
- Hearing Aids purchased online or over the counter (OTC).
- disposable Hearing Aids.
- services for which benefits are not payable according to the "General Limitations" section.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- For services or supplies that are not Dentally or Medically Necessary.
- For services received before the Effective Date of coverage.
- For services received after coverage under this Policy ends.
- For services for which You have no legal obligation to pay or for which no charge would be made if You did not have dental insurance coverage.
- For Professional services or supplies received or purchased directly or on Your behalf by anyone, including a Dentist, from any of the following:
    - Yourself or Your employer;
    - a person who lives in the Insured Person's home, or that person's employer;
    - a person who is related to the Insured Person by blood, marriage or adoption, or that person's employer.
- for or in connection with an Injury arising out of, or in the course of, any employment for wage or profit;
- for or in connection with a Sickness which is covered under any workers' compensation or similar law;
- for charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military service-connected condition;
- services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
- to the extent that payment is unlawful where the person resides when the expenses are incurred;
- for charges which the person is not legally required to pay;
- for charges which would not have been made if the person had no insurance;
- to the extent that billed charges exceed the rate of reimbursement as described in the Schedule;

- for charges for unnecessary care, treatment or surgery;
- to the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- for or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.
- Procedures that are a covered expense under any other dental plan which provides dental or vision benefits.
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a “no-fault” insurance law or an uninsured motorist insurance law. Cigna will take into account any adjustment option chosen under such part by you or any one of your Dependents.