Maryland – Cigna Dental 3000/100 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 which are not included in the list of Covered Expenses.
- procedures which are not Necessary, as determined by the treating Provider, and which do not have uniform professional endorsement.
- procedures for which a charge would not have been made in the absence of coverage or for which the Covered Person is not legally required to pay. This does not apply to procedures rendered to a Covered Person who is eligible for or receives medical assistance under the state Medicaid program.
- services performed solely for cosmetic reasons, as determined by the treating Provider.
- replacement of a lost or stolen appliance.
- replacement of a bridge, crown or denture within 5 years after the date it was originally installed unless: (a) the replacement is made Necessary by the placement of an original opposing full denture or the Necessary extraction of natural teeth; or (b) the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a Covered Person is insured for these benefits. The determination of whether the replacement or extraction is Necessary is made by the treating Provider.
- any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards.
- precious or semi-precious metals for crowns, bridges and abutments.
- procedures, appliances or restorations whose main purpose is to diagnose or treat jaw joint problems, including dysfunction of the temporomandibular joint and craniomandibular disorders, or other conditions of the joints linking the jawbone and skull, including the complex muscles, nerves and other tissues related to that joint.
- implants or implant related services.
- Orthodontic Treatment.
- bite registrations; precision or semi-precision attachments; or splinting.
- charges for travel time or transportation costs.
- temporary, transitional or interim dental services.
- any charge for any treatment performed outside of the United States other than for Dental Emergency treatment (any benefits for Dental Emergency treatment which

is performed outside of the United States will be limited to a maximum of $100 per consecutive 12-month period).

- oral hygiene and diet instruction; broken appointments; completion of claim forms; personal supplies (e.g., water irrigation device, water pick, toothbrush, rotary toothbrush, floss holder); duplication of x-rays and exams required by a third party.
- any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility.
- dental services that are medical services.
- 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 Your Dependent(s):

- for services not specifically listed as Covered Services in this Policy.
- for services or supplies that are not Medically Necessary and/or Dentally Necessary, as determined by the treating Provider.
- for services received before the Effective Date of coverage.
- for services received after coverage under this Policy ends, subject to the “Dental Services We Will Pay After Insurance Ends” provision.
- for services for which You have no legal obligation to pay or for which no charge would be made if You did not have insurance coverage. This does not apply to procedures rendered to a Covered Person who is eligible for or receives medical assistance under the state Medicaid program.
- 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; Cigna will refund premiums as applicable on a pro-rata basis to a Covered Person for any charges related to a military-service condition if Cigna receives written notice of military service.
- services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared while serving in the military or an associated auxiliary unit, Cigna will refund premiums as applicable on a pro-rata basis to a Covered Person if Cigna receives written notice of military service.
- to the extent that You or Your Dependent(s) 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 dental procedures or dental treatment methods not approved by the American Dental Association or the appropriate dental specialty society.

- for any claim, bill, or other demand or request for payment for Covered Services that the appropriate regulatory board determines were provided as a result of a prohibited referral.