North Carolina – Cigna Dental Advance 2000 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 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.
- services performed solely for cosmetic reasons, unless otherwise listed in the Schedule.
- replacement of a lost or stolen appliance.
- replacement of a bridge, crown or denture within 7 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.
- any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards.
- Orthodontic Treatment.
- precious or semi-precious metals for crowns, bridges and abutments.
- 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 pick, toothbrush, floss holder, etc.); 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 deemed to be medical services.
- services for which benefits are not payable according to the "General Limitations" section.

Dental services otherwise covered by the Policy will not be excluded for newborn or newly placed adopted or foster children solely on the basis that the service is needed to correct a congenital defect or anomaly.

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.
- 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 insurance coverage.
- For services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
- 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.