**Common– Cigna Dental and Vision (DV) 1000 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 or Covered Vision 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.
- 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.