

**SMILE.**  
we've  
got you  
**Covered.**



**FOR AFGE MEMBERS**

*Administered By*



**DENTALINK USA**

**Federal Dental  
Triple Option Dental Plan**

**DOMINION  
DDS  
DENTAL**  
*Services, Inc.*

**2007**



**For additional information regarding enrollment, please  
contact DentaLink at:**

**Tidewater Area: (757) 873-0737;**

**Toll-Free: (800) 296-5289**

**Submit PPO Claims to:**

**Dominion Dental Services USA, Inc.  
P.O. Box 1920; Bowie, MD 20717-1920**

# DENTAL CARE.



## TAKE CARE OF YOUR TEETH WITH FEDERAL DENTAL

*Dental disease is preventable. DOMINION plans encourage the early detection of dental problems and routine maintenance. We can help you take better care of your teeth and now it can cost you less to do it!*

## FEDERAL DENTAL

Dominion Dental Services (Dominion) is pleased to offer dental benefits to AFGE members and their family members. Employees may select between two different DHMO plans and a PPO plan. There are three methods of payment – payroll deduction\*, credit card or bank draft. The enrollment and payment authorization forms are included. When you enroll, you will receive dental membership cards and detailed plan information at your home address. The dental benefits you've been waiting for are now available.

## HOW DOES FEDERAL DENTAL BENEFIT YOU?

Federal Dental offers three benefit options.

- ❖ **DHMO Plans 603x and 605x:** Our carefully selected DHMO network dentists provide the services listed in the Plan 603x and 605x *Summary of Benefits and Member Copayments*, including many “no-charge” procedures and others at fees up to 60% (603x) or 65% (605x) lower than usual and customary charges.
- ❖ **AccessPlus PPO Plan:** This plan combines extensive benefits and the flexibility to use any dentist. Using a PPO network dentist may significantly reduce your out-of-pocket costs.

Visit [www.DominionDental.com](http://www.DominionDental.com) for a complete listing of DHMO and PPO network dentists.



## WHO IS ELIGIBLE?

You and your dependents are eligible. Dependents include your spouse, unmarried children less than age 19 and unmarried children who are full-time students (up to age 23).

## WHEN WILL BENEFITS BEGIN?

For PPO, the sooner you apply, the sooner you will be eligible for benefits. If your application is received by the 15th of any given month, then your coverage will become effective the 1st of the next month.

For DHMO, if your second bi-weekly allotment is received by the 10<sup>th</sup> of any given month, then your coverage will be effective the 1<sup>st</sup> of the next month.

\* Payroll deduction available for DHMO premiums only.

# The need is real.

## How do I join?

- 1) Select which DHMO or PPO benefit you will enroll in and fill out the attached **DHMO / PPO** enrollment card. Be sure to list all dependents, if covered, and the dental office of your choice (DHMO subscribers only).
- 2) Fill out the Monthly Payment Authorization form.
- 3) Return the completed enrollment card and the Monthly Payment Authorization form, along with a \$20 nonrefundable application fee made payable to DentaLink, USA to: **DENTALINK, USA, P.O. Box 12016, NEWPORT NEWS, VA 23612**

A membership card, certificate of coverage and a complete list of covered procedures will be mailed to you on or before your first day of eligibility.

Note: If there is ever a lapse in your monthly payment, a re-enrollment fee and/or waiting periods may be applied.



## CAN I MAKE CHANGES ON THE INTERNET?

An interactive website is provided for your use. It allows online access to Plan information and permits changes to member records. Features include:

- **New dentist search**
- **Membership transfers to new dentists**
- **Benefit schedules and coverage provisions**
- **Email access to our Member Services Department**
- **New membership card requests**

All changes are confirmed by return email. For more information, visit us at [www.DominionDental.com](http://www.DominionDental.com)

## IS FEDERAL DENTAL AN FEHB BENEFIT?

No, this benefit is not an FEHB program or endorsed by OPM.



## WHAT IS MY COST?

The below rates are valid for subscribers with coverage effective dates beginning between November 1, 2006 and November 1, 2007.

Subscribers' rates are guaranteed for twelve (12) months following their effective date.

2007 Rates	Bi-Weekly DHMO Plan 603x	Bi-Weekly DHMO Plan 605x	Monthly ACCESSPlus PPO Plan
Employee	\$6.00	\$9.00	\$28.04
Employee & One	\$11.00	\$15.00	\$53.82
Family	\$16.00	\$23.00	\$75.11

# The DHMO Options -



## WHAT ARE THE DHMO<sup>1</sup> PLANS BENEFITS?

The DHMO Plan 603x and Plan 605x were designed with patient wellness in mind. Benefits are structured to encourage prevention and the early treatment of dental problems by eliminating the barriers to subscriber use. There are no waiting periods, deductibles, pre-existing condition exclusions or maximum dollar limits. Preventive and diagnostic procedures are performed without copayments.

There are no claim forms, pre-authorization forms or related paperwork with the DHMO. The DHMO plans are priced up to 40% lower than comparable PPO benefits.

## OUR DHMO NETWORK DENTISTS PROVIDE:

- Extensive coverage
- Quality dental care at predetermined fees
- Your choice of convenient private offices
- An emphasis on prevention and early detection of dental problems

## DHMO BENEFITS INCLUDE:

- No charge for routine semiannual cleanings (605x)
- No charge for oral examinations
- No charge for bitewing X-rays
- No charge for topical fluoride for children

These procedures account for over 65% of dental services most frequently performed for adults, and almost 90% of the most frequently performed services for children<sup>2</sup>.

You will receive more extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, etc.) at fees 45% to 60% lower than usual and customary charges on Plan 603x and 55% to 65% lower on Plan 605x. You only pay the amount listed. Specialty care is also provided at a 25% discount.

## QUALITY COMES FIRST

All participating dentists are licensed and regulated by the appropriate government agencies. They are qualified, experienced professionals. And, as part of our requirement for participation in our program, they undergo extensive credentialing and periodic office reviews by our staff of dentists and Professional Services Representatives.

# Plans 603x and 605x

## PLAN FEATURES

- NO Deductibles
- NO Waiting Periods
- NO Pre-authorization Paperwork
- NO Claim Forms
- NO Maximum Annual Dollar Limits
- NO Pre-existing Condition Exclusions

## OUT-OF-AREA EMERGENCY CARE

Plan subscribers are covered for emergency palliative dental treatment arising from accidental injury or illness while temporarily more than 50 miles from home. Simply use any convenient dentist and submit the receipt to DOMINION for reimbursement. Dominion will reimburse claim based on treatment costs minus copayments.

## YOUR CHOICE OF PARTICIPATING DENTISTS

You may select any general dentist in our DHMO network. If you need specific information on these offices, please call our Member Services Department toll-free at 1-888-518-5338. You may also access [www.FederalDentalPlans.com](http://www.FederalDentalPlans.com) for provider information such as office hours, handicap accessibility, etc.

Each family member may select different participating dentists. And, if you ever need to change your dentist for any reason, just call our Member Services Department.

## PLAN 603x AND PLAN 605x SAVINGS COMPARISON

Procedure	Avg. Chg.*	603x Fee	605x Fee
Comp. oral examination	\$69	No Charge	No Charge
Bitewing x-rays (2 Films)	\$35	No Charge	No Charge
Topical fluoride for children	\$37	No Charge	No Charge
Semiannual cleaning	\$78	\$13	No Charge
Complete series x-rays	\$110	\$26	\$26
Filling (3 surface-silver)	\$152	\$58	\$52
Crown (porcelain/metal)	\$792	\$497	\$470
Root canal (anterior tooth)	\$574	\$296	\$282
Complete denture	\$1210	\$606	\$577
Simple extraction	\$109	\$50	\$50

\* Based on the ADP Context Fee Schedule's 80th percentile fee information.

<sup>1</sup> Dominion is licensed as a Limited Health Care Services HMO in Virginia, Risk Assuming PPO in Pennsylvania, and Dental Plan Organization in Maryland and Delaware.

<sup>2</sup> Dominion Dental Services, Inc. - based on annual review of utilization data.

# Plans 603x and 605x Summary of

<b>DIAGNOSTIC/PREVENTIVE</b>	<b>603x FEES</b>	<b>605x FEES</b>
Office visits (includes sterilization charge) .....	\$10	\$10
Oral examinations and diagnosis .....	No Charge	No Charge
<b>X-rays:</b>		
Complete series .....	26	26
Single periapical .....	No Charge	No Charge
Biteewing .....	No Charge	No Charge
Panoramic x-rays .....	30	30
Each additional film .....	No Charge	No Charge
Pulp vitality test .....	No Charge	No Charge
Diagnostic models .....	No Charge	No Charge
Teeth cleaning (1 per six months per member) .....	13	No Charge
Topical fluoride for children .....	No Charge	No Charge
Nutritional counseling .....	No Charge	No Charge
Oral hygiene instruction .....	No Charge	No Charge
Sealant - per tooth (up to age 14) .....	21	18
<b>Space maintainers:</b>		
Unilateral .....	135	129
Bilateral .....	187	174
Recementation .....	32	31
Emergency (palliative) treatment per visit .....	40	40
Local anesthesia .....	No Charge	No Charge
Nitrous oxide (per visit - if available) .....	35	35
Second opinion/consultation, per session (by another plan dentist) .....	40	39
Broken appointments (without 24 hours notice - per 1/2 hour) .....	23	23
<b>RESTORATIVE DENTISTRY (FILLINGS)</b>		
<b>Amalgam restorations (silver):</b>		
One-surface filling, primary/permanent .....	37	33
Two-surface filling, primary/permanent .....	46	41
Three-surface filling, primary/permanent .....	58	52
Four-or-more-surface filling, primary/permanent .....	70	62
<b>Resin composite restorations (tooth colored):</b>		
One-surface filling, anterior .....	66	61
Two-surface filling, anterior .....	79	73
Three-surface filling, anterior .....	95	86
Four-or-more-surface filling, anterior .....	114	104
Pin retention (per tooth, add to restoration) .....	20	20
Pulp cap direct/indirect (excl. final restoration) .....	27	24
Sedative filling .....	37	35
<b>CROWN &amp; BRIDGE (CAPS, FIXED TOOTH REPLACEMENT)</b>		
Inlay - one, two or three surface .....	407	390
Onlay - two-surface .....	458	423
Resin crown (lab processed) .....	258	246
Temporary crown (in conjunction with permanent crown) .....	No Charge	No Charge
Resin with metal crown .....	495	470
Porcelain crown fused to metal .....	497	470
Full cast crown .....	470	457
Recementation: inlay/crown per unit .....	40	38
Cast post and core in addition to crown .....	176	171
Prefabricated post and core in addition to crown .....	146	140
Stainless steel crown (primary or permanent) .....	114	112
Core build-up, including any pins .....	118	113
Crown repair (by report) .....	96	88
<b>PONTICS</b>		
Cast (metal) .....	470	457
Porcelain with metal .....	497	470
Resin with metal .....	495	470
<b>BRIDGE RETAINERS</b>		
Retainer - cast metal for resin bonded fixed .....	238	221
Abutment crown - resin with metal .....	495	470
Abutment crown - porcelain fused to metal .....	497	470
Crown - 3/4 cast high noble metal .....	470	457
<b>PROSTHETICS (REMOVABLE)</b>		
Complete denture - upper or lower .....	606	577
Immediate denture - upper or lower .....	627	615
<b>Partial denture:</b>		
Upper/lower resin base with conventional clasps/rests .....	564	533
Upper/lower cast metal base with resin saddle .....	652	627
Removable unilateral partial - one-piece cast met with clasps and pontics .....	364	345
Interim complete/partial dentures (upper/lower) .....	314	289
Complete denture adjustments .....	33	30
Reline - laboratory, complete/partial denture .....	194	186
Tissue conditioning upper/lower per unit .....	68	65
<b>Repairs:</b>		
Repair complete denture base .....	75	73
Replace missing/broken tooth complete denture (per tooth) .....	75	73
Clasp added to partial denture .....	100	97

# Benefits and Member Copayments

<b>ENDODONTICS<sup>1</sup> (ROOT CANAL)</b>	<b>603x FEES</b>	<b>605x FEES</b>
Pulpotomy .....	\$70	\$70
Anterior .....	296	282
Bicuspid .....	363	343
Molar .....	444	423
Apicoectomy - anterior .....	280	269
Apicoectomy - bicuspid .....	316	289
Apicoectomy - molar (first root) .....	363	329
Apicoectomy - (each additional root) .....	132	128
Retrograde filling (per root) .....	103	98
<b>PERIODONTICS<sup>1</sup> (GUM TREATMENT)</b>		
Gingivectomy per quadrant (4 or more teeth) .....	255	242
Gingivectomy per quadrant (1-3 teeth) .....	91	86
Gingival flap surgery per quadrant .....	316	296
Gingival flap surgery per quadrant (1-3 teeth) .....	97	82
Osseous (bone) surgery per quadrant (1-3 teeth) .....	359	329
Periodontal scaling and root planing per quadrant .....	99	96
Periodontal maintenance procedures .....	67	60
<b>ORAL SURGERY<sup>1</sup></b>		
Extraction, without complication .....	50	40
Root removal - exposed roots .....	62	57
Surgical extraction, erupted .....	120	115
Impaction:		
Soft tissue .....	137	130
Partially bony .....	178	171
Completely bony .....	219	206
Residual tooth root removal .....	128	123
Alveoloplasty per quadrant .....	128	122

<sup>1</sup> As performed by a General Dentist. See Plan Exclusion #16 below.

## **ORTHODONTICS**

Initial records and study models .....	413	413
Two-year case (child) .....	3,422	3,422
Two-year case (adult) .....	3,658	3,658

## **PLAN EXCLUSIONS**

- Services for injuries or conditions which are covered under worker's compensation and employer's liability laws. Services which are provided without cost to Subscribers by any federal, state, municipal, county, or other subdivision's program (with the exception of Medicaid).
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the sole discretion of the Participating Dentist, such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic or war, including declared or undeclared war or acts of war.
- Replacement due to loss or theft of prosthetic appliance.
- General anesthesia and sedation.
- Services that cannot be performed because of the general health of the patient.
- Implantation and related restorative procedures.
- Unlisted procedures are not covered.
- Services obtained outside of the dental office in which enrolled and which are not pre-authorized by such office or Dominion Dental Services, Inc. (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporal Mandibular Disorder).
- Services related to procedures which are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Plan Specialist (with the exception of Orthodontics). Plan Specialist, if available, will reduce fees 25% from Usual, Customary, and Reasonable (UCR) fees, except in the State of Delaware. In Delaware, Plan Specialists will provide a reduction from their UCR that will vary between specialists.
- Elective surgery including, but not limited to extraction of non-pathologic, asymptomatic impacted teeth.
- The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

## **PLAN LIMITATIONS**

- Replacement of a bridge, crown or denture within 5 years after the date it was originally installed.
- Replacement of filling within 2 years after original date of placement.
- Teeth cleaning (Prophylaxis) at intervals of less than six months.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Full mouth x-rays or panoramic film – one set every three years.
- Retreatment of root canal within 2 years of the original treatment.
- Limit 4381 to one benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five millimeters or greater.

# The ACCESSPlus



## WHAT ARE THE ACCESSPlus PPO<sup>1</sup> PLAN BENEFITS?

The ACCESSPlus PPO plan is the latest in the evolution of dental benefits. It provides the unlimited access to the dentists you need while containing premium costs with its unique plan design. ACCESSPlus gives you PPO benefits and access, without the PPO price.

Use a network dentist, or use any dentist. ACCESSPlus combines the best aspects of PPO and dental HMO benefits in one simple plan. Value and choice come together in a single package.

## THE ACCESSPlus PPO FEATURES

- **Maximum access – Use any provider or one of over 65,000 dentist access points nationwide for greater savings**
- **No charge for in-network exams, cleanings, x-rays and other preventive services**
- **No deductibles (\$10 office visit fee only)**
- **No pre-existing condition exclusions<sup>2</sup>**
- **Defined in-network copayments make dental costs predictable**
- **An annual \$1,000 maximum limit per insured person**
- **No waiting periods for Class I services. To be eligible for Class II services, you must have completed six months of continuous coverage. For Class III services, you must have completed eighteen months of continuous coverage.**

<sup>1</sup> ACCESSPlus is underwritten by Security Life Insurance Company of America, 10901 Red Circle Dr., Minnetonka, MN 55343-9137 and administered by Dominion Dental Services USA, Inc.

<sup>2</sup> Please see the ACCESSPlus plan limitations.

UCR amounts are provided as an example only for comparative purposes.

SAVINGS COMPARISON (EXAMPLE ONLY)			In-
ADA Code	Procedure	UCR*	W Pa
D0150	Comp. oral examination	\$69	Dominion p the balance the negotia fee to In Netwo dentists
D0272	Bitewing x-rays (2 films)	\$35	
D1201	Topical fluoride (child)	\$37	
D1110	Semiannual cleaning (adult)	\$78	
D0210	Complete series x-rays	\$110	
D2160	Filling (3 surface-silver)	\$152	
D2750	Crown (porcelain/metal)	\$792	
D3310	Root canal (anterior)	\$574	
D5110	Complete denture	\$1,210	
D7111	Simple extraction	\$109	

# PPO Plan



## HOW DOES THE PLAN WORK?

You may receive dental care from any licensed dentist. When you or your dependents incur expenses for covered dental services, payments will be made in accordance with the **ACCESSPlus PPO Coverage Schedule**. A *Coverage Schedule Summary* is included in this brochure showing a partial list of copayments (in-network coverage) and plan payments (out-of-network coverage).

When members receive care from a network dentist, the In-Network column of the *Coverage Schedule* applies. This is the member's portion of the payment due to the dentist. We will pay the dentist for the balance due.

When members receive care from a non-participating dentist, the Out-of-Network column of the *Coverage Schedule* applies. This is the amount we will pay the dentist toward the total cost. The member's portion of the payment due is the difference between the payment we make and the amount billed.

Most of the commonly practiced Diagnostic, Preventive, Basic Care and Major Restorative dental procedures are covered. Payment for these services is subject to the restrictions identified in the *Plan Limitations* section of this brochure.

for comparative purposes. Actual UCR amounts will vary by geographic region.

In-Network		Out-of-Network	
We Pay	You Pay	We Pay	You Pay
Dominion pays the balance of the negotiated fee to In Network dentists.	No Charge	\$32	Patient pays the balance of the dentist's fee.
	No Charge	\$18	
	No Charge	\$36	
	No Charge	\$38	
	No Charge	\$57	
	\$22	\$51	
	\$314	\$283	
	\$196	\$165	
	\$448	\$289	
	\$21	\$44	

UCR means the usual, customary and reasonable charges for the area where such expenses are incurred. UCR amounts are based on the 2006 ADP Context Fee Schedule's 80th percentile fee information.

# AccessPlus COVERAGE

BENEFIT CLASS	In PPO Out of PPO	
	Network (Your Copay)	Network (Plan pays)
<b>I. DIAGNOSTIC/PREVENTIVE</b>		
Office visit / Infectious disease control charge .....	\$10	\$0
Periodic oral examination .....	0	18
<b>X-rays:</b>		
Intraoral - complete series (including bitewings) .....	0	57
Intraoral - periapical - first film .....	0	11
Bitewing - single film .....	0	12
Bitewings - two films .....	0	18
Panoramic film .....	22	53
Diagnostic casts .....	0	39
Prophylaxis (teeth cleaning) - adult .....	0	38
Prophylaxis (teeth cleaning) - child .....	0	26
Topical fluoride (including prophylaxis) - child .....	0	36
Space maintainer - fixed - unilateral .....	101	69
Space maintainer - fixed - bilateral .....	118	91
Recementation of space maintainer .....	26	15
Local anesthesia .....	0	18
<b>II. BASIC SERVICES</b>		
Amalgam - one surface, primary or permanent .....	15	32
Amalgam - two surfaces, primary or permanent .....	18	42
Amalgam - three surfaces, primary or permanent .....	22	51
Resin - one surface, anterior .....	39	38
Resin - two surfaces, anterior .....	46	48
Resin - three surfaces, anterior .....	53	59
Sedative filling .....	26	22
<b>III. MAJOR SERVICES</b>		
<b>CROWN AND BRIDGE (Caps - Fixed Tooth Replacement)</b>		
Inlay -metallic - two surfaces .....	252	216
Inlay -metallic - three or more surfaces .....	252	249
Onlay -metallic - two surfaces .....	294	244
Onlay -metallic - three surfaces .....	330	255
Inlay -porcelain/ceramic - two surfaces .....	256	236
Inlay -porcelain/ceramic - three or more surfaces .....	273	252
Onlay -porcelain/ceramic - two surfaces .....	284	244
Onlay -porcelain/ceramic - three surfaces .....	295	264
Inlay -composite/resin - two surfaces (lab processed) .....	224	175
Inlay -composite/resin - three or more surfaces (lab proc) .....	224	184
Crown -porcelain fused to high noble metal .....	314	283
Crown -full cast high noble metal .....	302	273
Pontic -cast high noble metal .....	302	261
Pontic -porcelain fused to high noble metal .....	314	258
Pontic -resin with predominantly base metal .....	269	234
Recement crown .....	27	22
Prefab. stainless steel crown (not in conj. w/ perm. crown) .....	86	66
Core buildup, including any pins .....	74	56
<b>ENDODONTICS (Root Canal Therapy)</b>		
Anterior (excluding final restoration) .....	196	165
Bicuspid (excluding final restoration) .....	252	202
Molar (excluding final restoration) .....	314	260
Apicoectomy/periradicular surgery -anterior .....	179	189
Apicoectomy/periradicular surgery -bicuspid (first root) .....	202	206
Apicoectomy/periradicular surgery -molar (first root) .....	213	233
Retrograde filling -per root .....	67	57
<b>PERIODONTICS (Gum Treatment)</b>		
Gingivectomy or gingivoplasty -per tooth .....	56	46
Gingival curettage, surgical, per quad., by report .....	84	62
Gingival flap procedure, includ. root planing -per quad. ....	241	203
Osseous surgery - one to three teeth per quad. ....	225	210
Period scaling and root planing - per quad. ....	73	56
Periodontal maint procedures (following active therapy) .....	56	34
<b>PROSTHODONTICS (Dentures)</b>		
Complete denture -upper or lower .....	448	289
Immediate denture -upper or lower .....	469	315
<b>Denture Repairs:</b>		
Repair broken complete denture base .....	56	32
Replace missing or broken teeth -(ea. tooth) .....	56	26
Repair or replace broken clasp .....	73	45
<b>ORAL SURGERY</b>		
Single tooth .....	21	44
Root removal - exposed roots .....	67	50
Surgical removal of erupted tooth .....	78	60
<b>Impaction:</b>		
Soft tissue .....	95	75
Partially bony .....	112	100
Completely bony .....	140	117

**\*This is only a summary of the 321 procedures covered. Call DOMINION's Member Services Department for a complete list.**

# SCHEDULE SUMMARY

## Plan Limitations

1. Two routine examinations of mouth and teeth per calendar year.
2. Two prophylaxis (cleaning, scaling and polishing teeth) per calendar year.
3. One topical fluoride per calendar year.
4. Bitewing x-rays, 2 per calendar year.
5. One diagnostic x-ray, full or panoramic (per 36 months).
6. One study model in 3-year period.
7. One repair of dentures or bridges in any 2-year period, limited to 20% of cost of replacement.
8. Replacement of existing inlay, onlay, or crown, after 5 years of the restoration initially placed or last replaced; This limitation will not apply if replacement is necessary due to the extraction of functioning natural teeth while covered.
9. Initial placement of dentures or fixed bridgework (including acid etch metal bridges), when denture or bridgework includes replacement of a natural tooth extracted or lost while covered under the Policy (limitation ends after covered under the Policy for 36 months).
10. Replacement of dentures or fixed bridgework that cannot be repaired after 5 years from the date of placed or last replaced.
11. Addition of teeth to existing partial denture, only if to replace natural teeth extracted or lost while covered under the Policy (limitation will not apply after covered under the Policy for 36 months).
12. Relining or rebasting of existing removable dentures, only after one year from date the denture was placed and only once in any 2-year period.
13. Root canal therapy not covered, if pulp chamber was opened before covered
14. Two prophylaxis following surgery per calendar year.
15. Root scaling and planing, once per quadrant of mouth in any 6 month period
16. One appliance (night guards) in 5-year period.
17. Space maintainers to preserve space between teeth for premature loss of a primary baby tooth; This does not include use for orthodontic treatment.

## Expenses not covered. No benefits will be paid for expenses incurred:

1. For overdentures and associated procedures.
2. For charges in excess of those considered reasonable and customary.
3. For cosmetic procedures.
4. For the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
5. For implants; replacement of lost or stolen appliances; replacement of retainers; athletic mouthguards; precision or semi-precision attachments; denture duplication; sealants; or splinting.
6. For plaque control; completion of a claim form; Acid etch; Broken appointments; Prescription or take-home fluoride; or Diagnostic photographs.
7. For services not completed by the end of the month in which coverage ends, unless continuation of coverage has been requested and accepted by Us.
8. For procedures that are begun, but not completed.
9. For services and treatment provided without charge or for which there would be no charge in the absence of insurance.
10. For services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.
11. For a condition covered under any Worker's Compensation Act or similar law.
12. That are applied toward satisfaction of a Deductible, if any.
13. That are generally considered by the dental profession as experimental or investigational.
14. For the treatment of cleft palate and anodontia.
15. For services or supplies payable under any medical expense plan.
16. For orthodontia.
17. Prior to the date the Insured is covered under the Policy.
18. For the diagnosis or treatment of Temporal Mandibular Joint Dysfunction (TMJD).
19. For hospital services.
20. For any unmarried child 19 years of age and over unless he/she is dependent upon You for support, while a full-time student. A full-time student is one who is enrolled for 12 semester hours for credit in an accredited junior college, college, or university. Any exception for a full-time student will end at age 23.
21. When you voluntarily end your insurance and re-enroll at a later date, your new waiting period is then 2 years and begins on the date your coverage first ended.

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**District of Columbia** - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Virginia** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.