Covered Dental Expenses

Type "A" Expenses

1. Oral exams but not more than once in any six (6) month period.

2. X-Rays:
    a. Full mouth x-rays but not more than one set in any 36 consecutive month period.
    b. Bitewing x-rays but not more than one set, twice per calendar year.
    c. Any other dental x-rays required for diagnostic purposes
    d. Panoramic film, maxilla and mandible, limited to once in any 36 consecutive month period.

3. Preventative Treatment:
    a. Cleaning and scaling of teeth (oral prophylaxis) but not more than once in any six month period
    b. Topical fluoride treatment for covered dependent children under age 18 – not more than once in any six (6) month period
    c. Space Maintainers for dependent children under 16 years of age and limited to the initial appliance only.
    d. Fixed and removable appliances to inhibit thumb sucking and other harmful habits for dependent children under 16 years of age and limited to the initial appliance only.
    e. Emergency palliative treatment.

Type "B" Expenses

1. Fillings – amalgam, silicate, acrylic, synthetic porcelain or composite fillings, including pin retention if necessary
2. Extractions, except extractions for orthodontics.
3. Root canal treatment or other endodontic services
4. Apicoectomy surgery
5. Oral surgery except procedures covered under any medical plan.
6. Administration of general anesthesia, when medically necessary in connection with oral surgery.
7. Diagnostic casts
8. Treatment of periodontal and other diseases of the gums and other tissues of the mouth.
9. Injections of antibiotic drugs
10. Diagnostic consultation with a dentist other than the one providing treatment. This benefit will be limited to once in any 12 month period.
11. Acrylic or plastic (without metal) crowns or stainless steel crown.
12. Adjustments and repairs made to dentures, bridges, crowns more than six (6) months after their initial installation. Allowance will be based on the extent and nature of damage of the other type of materials involved.

Type “C” Expenses

1. Inlays, onlays and crowns
2. Those services needed to replace one or more natural teeth which are lost while dental expense benefits for the covered person are in effect for:
   - **a.** Installations of fixed bridgework done for the first time
   - **b.** Installation for the first time of a partial removable denture or a full removable denture
   - **c.** Replacing an existing removable denture or fixed bridgework if:
     - **i** It is needed because of the loss of one or more natural teeth after the existing denture or bridgework was installed
     - **ii** It is needed because the existing denture or bridgework can no longer be used and was installed at least five years prior to its replacement.
   - **d.** Replacing an existing immediate temporary full denture by a new permanent full denture when:
     - **i** The existing denture cannot be made permanent.
     - **ii** The permanent denture is installed within twelve months after the existing denture was installed.
   - **e.** Adding teeth to an existing partial, removable denture or to bridgework when needed to replace one or more nature teeth removed after the existing denture or bridgework was installed.
   - **f.** Replacing an existing immediate temporary full denture by a new permanent full denture when:
     - **i** The existing denture cannot be made permanent.
     - **ii** The permanent denture is installed within twelve months after the existing denture was installed.
   - **g.** Adding teeth to an existing partial, removable denture or to bridgework when needed to replace one or more natural teeth removed after the existing denture or bridgework was installed

Type “D” Expense – Orthodontic Services

Coverage for dependent children under age 19 for the prevention and correction of malocclusion of the teeth. Covered services include:

1. Orthodontic diagnostic procedures (including cephalometric x-rays).
2. Appliance Therapy (braces) including related oral exams, surgery and extractions.