

# Exclusions and Limitations

## DENTAL INSURANCE: EXCLUSIONS

We will not pay Dental Insurance benefits for charges incurred for:

1. Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which We deem experimental in nature;
2. Services for which You would not be required to pay in the absence of Dental Insurance;
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. Services which are primarily cosmetic.
5. Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - scaling and polishing of teeth; or
  - fluoride treatments.
6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services:
  - covered under any workers' compensation or occupational disease law;
  - covered under any employer liability law;
14. Temporary or provisional restorations.
15. Temporary or provisional appliances.
16. Prescription drugs.
17. Services for which the submitted documentation indicates a poor prognosis.

18. The following when charged by the Dentist on a separate basis:
  - claim form completion;
  - infection control such as gloves, masks, and sterilization of supplies; or
  - local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
19. Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food.
20. Caries susceptibility tests.
21. Precision attachments, except when the precision attachment is related to implant prosthetics.
22. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.
23. Fixed and removable appliances for correction of harmful habits.
24. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
25. Diagnosis and treatment of temporomandibular joint (TMJ) disorders and cone beam imaging. This exclusion does not apply to residents of Minnesota.
26. Orthodontic services or appliances.
27. Repair or replacement of an orthodontic device.
28. Duplicate prosthetic devices or appliances.
29. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
30. Intra and extraoral photographic images.

Policy form number: TS 05339301-G

Coverage may not be available in all states.

Like most insurance policies, MetLife policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact your plan administrator for costs and complete details.

**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166

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