

EXCLUSIONS

Momentum Insurance Plans, Inc. individual plans do not provide coverage for the following:

1. Dental Services for injuries or conditions that can be compensated under Worker's Compensation or Employer Liability Laws.
2. Services or appliances, including prosthetics (crowns, bridges and dentures), started prior to the date the patient became eligible for Benefits under this Policy.
3. Prescription drugs, pre-medications or charges for anesthesia.
4. Oral surgical procedures, including surgical extractions of impacted teeth.
5. Preventive control programs.
6. Charges for completion of forms and charges for consultations.
7. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a Dentist for treatment in any such facility.
8. Charges for treatment of, or services related to, temporomandibular joint dysfunction.
9. Services that are determined to be partially or wholly cosmetic in nature.
10. Cast restorations placed on Covered Dependents under the age of 12.
11. Prosthetics placed on Covered Dependents under the age of 16.
12. Appliances, restorations or procedures for: increasing vertical dimension; restoring occlusion; correcting harmful habits; replacing tooth structure lost by attrition; correcting congenital or developmental malformations, unless restoration is needed to restore normal bodily function (except in newly born children); temporary Dental Procedures; splints, unless necessary as a result of accidental injury; implants and implant-related procedures.
13. Treatment by other than a Momentum Dentist or his or her employees, other than Emergency Treatment Outside the Service Area.
14. Dental Procedures to treat injuries or diseases caused by riots or any form of civil disobedience.
15. Dental Procedures to treat injuries sustained while committing a criminal act.
16. Dental Procedures to treat intentionally self-inflicted injuries.
17. Replacement of lost or stolen dentures and charges for duplicate dentures.
18. Dental Procedures in cases where, in the professional judgment of the attending Dentist, a satisfactory result cannot be obtained.
19. Orthodontic services, including repair and replacement of orthodontic appliances.
20. Dental Procedures and services not specifically covered under this Policy or excluded by Momentum rules and regulations, including claim processing rules, which may change periodically, and which are printed on the Explanation of Benefits (EOB) form and dental provider's Explanation of Payment form.

LIMITATIONS

Coverage for some services under Momentum Insurance Plans, Inc. individual plans are subject to frequency and age limitations. These limitations and restrictions are described in the policy. A copy of the policy is available by calling Momentum Insurance Plans, Inc. at 866-421-6649