



## Feel good about choosing a Employers Dental Services Prepaid plan

The EDS Prepaid dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with Humana Dental.

- No waiting periods
- No claims to file
- No annual maximums

## Good health starts with a healthy mouth

### Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. The EDS prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

### Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush and floss daily
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings.

Specialty Benefits Regulatory and Technical Information Guide available at [Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure](https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure).



## Using your Humana Dental benefits



You must select an in-network primary care dentist to access care on this plan. Simply visit [Humana.com/findadentist](https://www.humana.com/findadentist) to find a dentist.



Register or sign in to **MyHumana** at [Humana.com](https://www.humana.com) to view your coverage details, ID cards, find a dentist and more!



### Life without claims forms!

Your primary dentist will provide all of your routine dental care and you will pay any copayments to your dentist at the time of service.

## Questions?

Visit [Humana.com](https://www.humana.com) or call **800-722-9772** Monday – Thursday, 8 a.m. – 5 p.m., and Friday, 8 a.m. – 3 p.m.

Find a dentist at [employersdental.com](https://www.employersdental.com).



# EDS 700N Prepaid Plan

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The EDS Prepaid plan focuses on maintaining oral health, prevention and cost-containment. There are no yearly maximums, no deductibles to meet and no waiting periods. Plan copayments for listed procedures are applicable only at a participating general dentist. Procedures not listed on this document are not covered under the plan.

**Specialty care:** Member costs listed here are for services provided by your chosen EDS participating Primary Care Dentist (PCD) only. As your dental professional, your EDS PCD may decide that you need to see an EDS contracted dental specialist. No referral is necessary to see a network specialist. Specialists include: Endodontists, Oral Surgeons, Periodontists, Pediatric Dentists, Prosthodontists, and TMD dentists. EDS specialists may offer up to 25 percent off of their normal fees for services specifically described in this schedule of benefits. Plus, there are no deductibles, no annual maximums, no waiting periods and no balance billing. Visit [HumanaDental.com](http://HumanaDental.com) to find a participating specialist who offers the discount on specialty services.

## Summary of services

Services marked with a single asterisk (\*) below also require separate payment of laboratory charges, Lab Fee: Fees charged by the dental office to fabricate certain dental products such as crowns, dentures, or bridges. This fee varies depending on the dental laboratory and materials used.

Diagnostic	Member pays
D9431 Office visit-per patient/per visit	\$5.00
D0120 Periodic oral evaluation - est patient	No charge
D0140 Limited oral evaluation-problem focused	\$25.00
D0145 Oral evaluation -new or established patient under age 3/counseling with primary caregiver	No charge
D0150 Comprehensive oral evaluation - new or established patient	No charge
D0160 Detailed and extensive oral evaluation-problem focused, by report	\$55.00
D0170 Reevaluation-limited, problem focused(established patient; not post-op visit)	\$17.00
D0180 Comprehensive periodontal evaluation new or established patient	No charge
D0190 Screening of a patient	No charge
D0191 Assessment of a patient	No charge
D0210 Intraoral-comprehensive series (including bitewings)	\$25.00
D0220 Intraoral-periapical first film	No charge
D0230 Intraoral-periapical each additional film	No charge
D0240 Intraoral-occlusal film	No charge
D0270 Bitewing-single film	No charge
D0272 Bitewings-two films	No charge
D0273 Bitewings-three films	No charge
D0274 Bitewings-four films	No charge
D0277 Vertical bitewings - 7 to 8 films	\$50.00
D0330 Panoramic film	\$25.00
D0431 Adjunctive prediagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$40.00
D0460 Pulp vitality tests	No charge
D0470 Diagnostic casts	\$11.00

Preventive	Member pays
D1110 Prophylaxis (cleaning) adult	\$7.00
D1120 Prophylaxis (cleaning) child	\$7.00
D1206 Topical fluoride varnish-therapeutic application for moderate to high caries risk patients	\$17.00
D1208 Topical application of fluoride - excluding varnish	No charge
D1310 Nutritional counseling for control of dental disease	No charge
D1320 Tobacco counseling for the control and prevention of oral disease	No charge
D1330 Oral hygiene instructions	No charge
D1351 Sealant-per tooth	\$15.00
D1510 Space maintainer-fixed-unilateral	\$150.00
D1516 Space maintainer-fixed-bilateral, upper	\$175.00
D1517 Space maintainer-fixed-bilateral, lower	\$175.00
D1520 Space maintainer-removable-unilateral	\$150.00
D1526 Space maintainer-removable-bilateral, upper	\$175.00
D1527 Space maintainer-removable-bilateral, lower	\$175.00
D1551 Recementation of space maintainer - maxillary	\$25.00
D1552 Recementation of space maintainer - mandibular	\$25.00

  

Restorative	Member pays
D2140 Amalgam filling-one surface, primary or permanent	\$15.00
D2150 Amalgam filling-two surfaces, primary or permanent	\$19.00
D2160 Amalgam filling-three surfaces, primary or permanent	\$25.00
D2161 Amalgam filling-four or more surfaces, primary or permanent	\$30.00
D2330 Resin-based composite-one surface, anterior	\$35.00
D2331 Resin-based composite-two surfaces, anterior	\$45.00
D2332 Resin-based composite-three surfaces, anterior	\$55.00
D2335 Resin-based composite-four or more surfaces(anterior)	\$65.00
D2390 Resin-based composite crown, anterior	\$75.00
D2391 Resin-based composite-one surface, posterior	\$40.00



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D2392	Resin-based composite-two surfaces, posterior	\$47.00
D2393	Resin-based composite-three surfaces, posterior	\$57.00
D2394	Resin-based composite-four or more surfaces, posterior	\$60.00
D2510	Inlay-metallic-one surface	\$250.00
D2520	Inlay-metallic-two surfaces	\$265.00
D2530	Inlay-metallic-three or more surfaces	\$285.00
D2542	Onlay-metallic two surfaces	\$847.00
D2543	Onlay-metallic three surfaces	\$895.00
D2544	Onlay-metallic four or more surfaces	\$832.00
D2721	Crown-resin with predominantly base metal	\$485.00
D2722*	Crown-resin with noble metal	\$305.00
D2740	Crown-porcelain/ceramic substrate	\$485.00
D2750*	Crown-porcelain fused to high noble metal	\$305.00
D2751	Crown-porcelain fused to predominantly base metal	\$485.00
D2752*	Crown-porcelain fused to noble metal	\$305.00
D2780*	Crown-3/4 cast high noble metal	\$305.00
D2781	Crown-3/4 cast predominantly base metal	\$485.00
D2782*	Crown-3/4 cast noble metal	\$305.00
D2783	Crown-3/4 porcelain/ceramic	\$485.00
D2790*	Crown-full cast high noble metal	\$305.00
D2791	Crown-full cast predominantly base metal	\$485.00
D2792*	Crown-full cast noble metal	\$305.00
D2794	Crown-titanium	\$485.00
D2799	Provisional crown-temporary restoration of at least six months	\$42.00
D2910	Re-cement inlay, onlay, or partial coverage restoration	\$23.00
D2920	Re-cement crown	\$23.00
D2930	Prefabricated stainless steel crown-primary tooth	\$65.00
D2931	Prefabricated stainless steel crown-permanent tooth	\$65.00
D2932	Prefabricated resin crown	\$85.00
D2933	Prefabricated stainless steel crown with resin window	\$90.00
D2940	Sedative filling temporary filling to relieve pain	\$27.00
D2950	Core buildup including any pins	\$42.00
D2951	Pin retention-per tooth, in addition to restoration	\$42.00
D2952	Post and core in addition to crown, indirectly fabricated	\$180.00
D2953	Each additional indirectly fabricated post-same tooth	\$150.00
D2954	Prefabricated post and core in addition to crown	\$75.00
D2957	Each additional prefabricated post-same tooth	\$60.00
D2960	Labial veneer (resin laminate)-chairside	\$325.00
D2961	Labial veneer (resin laminate)-laboratory	\$575.00
D2962	Labial veneer (porcelain laminate)-laboratory	\$650.00
D2980	Crown repair, by report	\$150.00
<b>Endodontics</b>		<b>Member pays</b>
D3110	Pulp cap-direct (excluding final restoration)	\$9.00

D3120	Pulp cap-indirect (excluding final restoration)	\$9.00
D3220	Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament	\$65.00
D3221	Pulpal debridement primary and permanent teeth	\$60.00
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	\$80.00
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	\$95.00
D3310	Anterior (excluding final restoration)	\$195.00
D3320	Bicuspid (excluding final restoration)	\$230.00
D3330	Molar (excluding final restoration)	\$315.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$95.00
D3346	Retreatment of previous root canal therapy-anterior	\$335.00
D3347	Retreatment of previous root canal therapy-bicuspid	\$365.00
D3348	Retreatment of previous root canal therapy-molar	\$461.00
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$95.00
D3352	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$95.00
D3353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	\$95.00
D3410	Apicoectomy/periradicular surgery-anterior	\$180.00
D3421	Apicoectomy/periradicular surgery-bicuspid (first root)	\$180.00
D3425	Apicoectomy/periradicular surgery-molar (first root)	\$180.00
D3426	Apicoectomy/periradicular surgery-(each additional root)	\$135.00
D3430	Retrograde filling-per root	\$105.00
D3450	Root amputation-per root	\$105.00
D3920	Hemisection (including any root removal) not including root canal therapy	\$95.00
<b>Periodontics</b>		<b>Member pays</b>
D4210	Gingivectomy or gingivoplasty- four or more contiguous teeth or bounded teeth spaces -per quadrant	\$235.00
D4211	Gingivectomy or gingivoplasty-one to three contiguous teeth or bounded teeth spaces -per quadrant	\$160.00
D4240	Gingival flap procedure, including root planing-four or more contiguous teeth or bounded teeth spaces -per quadrant	\$265.00
D4241	Gingival flap procedure, including root planing-one to three contiguous teeth or bounded teeth spaces -per quadrant	\$215.00
D4249	Clinical crown lengthening-hard tissue	\$265.00
D4260	Osseous surgery including flap entry & closure-four or more contiguous teeth or bounded teeth spaces -per quadrant	\$385.00



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D4261	Osseous surgery including flap entry & closure - one to three contiguous teeth or bounded teeth spaces -per quadrant	\$315.00
D4320	Provisional splinting-intracoronaral	\$85.00
D4321	Provisional splinting-extracoronaral	\$90.00
D4341	Periodontal scaling and root planing-four or more teeth per quadrant ( per quadrant, per two year, limited to four quadrants)	\$95.00
D4342	Periodontal scaling and root planing-one to three teeth per quadrant ( per quadrant per two years)	\$80.00
D4346	Scaling in presence of generalized gingival inflammation – full mouth, after oral evaluation	\$190.00
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$85.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$30.00
D4910	Periodontal maintenance	\$65.00

## Prosthodontics Member pays

D5110	Complete denture-upper	\$595.00
D5120	Complete denture- lower	\$595.00
D5130	Immediate denture-upper	\$595.00
D5140	Immediate denture- lower	\$595.00
D5211	Upper partial denture-resin base (including any conventional clasps, rests and teeth)	\$510.00
D5212	Lower partial denture-resin base (including any conventional clasps, rests and teeth)	\$510.00
D5213	Upper partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$535.00
D5214	Lower partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$535.00
D5282	Removable unilateral partial denture-one piece cast metal (including clasps and teeth), upper	\$340.00
D5283	Removable unilateral partial denture-one piece cast metal (including clasps and teeth), lower	\$340.00
D5410	Adjust complete denture-upper	\$35.00
D5411	Adjust complete denture-lower	\$35.00
D5421	Adjust partial denture-upper	\$35.00
D5422	Adjust partial denture-lower	\$35.00
D5511	Repair broken complete denture base - lower	\$75.00
D5512	Repair broken complete denture base - upper	\$75.00
D5520	Replace missing or broken teeth-complete denture (each tooth)	\$75.00
D5611	Repair resin partial denture base - lower	\$75.00
D5612	Repair resin partial denture base - upper	\$75.00
D5621	Repair cast framework - lower	\$75.00
D5622	Repair cast framework - upper	\$75.00
D5630	Repair or replace partial denture broken clasp	\$75.00

D5640	Replace partial denture broken teeth-per tooth	\$75.00
D5650	Add tooth to existing partial denture	\$75.00
D5660	Add clasp to existing partial denture	\$75.00
D5670	Replace all teeth and acrylic on cast metal framework (upper)	\$389.00
D5671	Replace all teeth and acrylic on cast metal framework (lower)	\$389.00
D5710	Rebase complete upper denture	\$75.00
D5711	Rebase complete lower denture	\$75.00
D5720	Rebase upper partial denture	\$75.00
D5721	Rebase lower partial denture	\$75.00
D5730	Reline complete upper denture (chairside)	\$75.00
D5731	Reline complete lower denture (chairside)	\$75.00
D5740	Reline upper partial denture (chairside)	\$75.00
D5741	Reline lower partial denture (chairside)	\$75.00
D5750	Reline complete upper denture (laboratory)	\$150.00
D5751	Reline complete lower denture (laboratory)	\$150.00
D5760	Reline upper partial denture (laboratory)	\$150.00
D5761	Reline lower partial denture (laboratory)	\$150.00
D5820	Interim partial denture (upper)	\$350.00
D5821	Interim partial denture (lower)	\$350.00
D5850	Tissue conditioning, upper	\$30.00
D5851	Tissue conditioning, lower	\$30.00
D6055	Dental implant supported connecting bar	\$275.00
D6056	Prefabricated abutment - includes placement	\$475.00
D6057	Custom abutment - includes placement	\$450.00
D6058	Abutment supported porcelain/ceramic crown	\$785.00
D6059*	Abutment supported porcelain fused to metal crown-high noble metal	\$585.00
D6060*	Abutment supported porcelain fused to metal crown-predominantly base metal	\$785.00
D6061*	Abutment supported porcelain fused to metal crown -noble metal	\$585.00
D6062*	Abutment supported cast metal crown-high noble metal	\$585.00
D6063	Abutment supported cast metal crown-predominantly base metal	\$785.00
D6064*	Abutment supported cast metal crown-noble metal	\$585.00
D6065	Implant supported porcelain/ceramic crown	\$785.00
D6066	Implant supported porcelain fused to metal crown(titanium, titanium alloy, high noble metal)	\$785.00
D6067	Implant supported metal crown(titanium, titanium alloy, high noble metal)	\$785.00
D6068	Abutment supported retainer for porcelain/ceramic fpd	\$575.00
D6069	Abutment supported retainer for porcelain fused to metal	\$575.00
D6070	Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	\$575.00





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D6071*	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	\$450.00
D6072*	Abutment supported retainer for cast metal fpd (high noble metal)	\$450.00
D6073	Abutment supported retainer for cast metal fpd (predominantly base metal)	\$575.00
D6074*	Abutment supported retainer for cast metal fpd (noble metal)	\$450.00
D6075	Implant supported retainer for ceramic fpd	\$575.00
D6076	Implant supported retainer for porcelain fused to metal fpd (titanium, titanium alloy, high noble metal)	\$575.00
D6077	Implant supported retainer for cast metal fpd (titanium, titanium alloy, high noble metal)	\$575.00
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$950.00
D6090	Repair implant supported prosthesis, by report	\$1,500.00
D6210*	Pontic-cast high noble metal	\$305.00
D6211	Pontic-cast predominantly base metal	\$480.00
D6212*	Pontic-cast noble metal	\$305.00
D6240*	Pontic-porcelain fused to high noble metal	\$305.00
D6241	Pontic-porcelain fused to predominantly base metal	\$480.00
D6242*	Pontic-porcelain fused to noble metal	\$305.00
D6245	Pontic-porcelain/ceramic	\$485.00
D6250*	Pontic-resin with high noble metal	\$305.00
D6251	Pontic-resin with predominantly base metal	\$485.00
D6252*	Pontic-resin with noble metal	\$305.00
D6545	Retainer-cast metal for resin bonded fixed prosthesis	\$290.00
D6720*	Crown-resin with high noble metal	\$305.00
D6721	Crown-resin with predominantly base metal	\$485.00
D6722*	Crown-resin with noble metal	\$305.00
D6740	Crown-porcelain/ceramic	\$485.00
D6750*	Crown-porcelain fused to high noble metal	\$305.00
D6751	Crown-porcelain fused to predominantly base metal	\$485.00
D6752*	Crown-porcelain fused to noble metal	\$310.00
D6780*	Crown-3/4 cast high noble metal	\$305.00
D6781	Crown-3/4 cast predominantly base metal	\$485.00
D6782*	Crown-3/4 cast noble metal	\$310.00
D6783	Crown-3/4 porcelain/ceramic	\$485.00
D6790*	Crown-full cast high noble metal	\$305.00
D6791	Crown-full cast predominantly base metal	\$485.00
D6792*	Crown-full cast noble metal	\$310.00
D6920	Connector bar fpd	\$70.00
D6930	Re-cement fixed partial denture	\$35.00
D6940	Stress breaker fpd	\$150.00
D6950	Precision attachment fpd	\$200.00
D6980	Fixed partial denture repair, by report	\$90.00

Oral Surgery		Member pays
D7111	Extraction, coronal remnants-deciduous tooth	\$35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$65.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$70.00
D7220	Removal of impacted tooth-soft tissue	\$95.00
D7230	Removal of impacted tooth-partially bony	\$110.00
D7240	Removal of impacted tooth-completely bony	\$130.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$80.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$160.00
D7280	Surgical access of an unerupted tooth	\$150.00
D7286	Biopsy of oral tissue soft	\$200.00
D7310	Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces,per quadrant	\$115.00
D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	\$105.00
D7320	Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant	\$115.00
D7321	Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	\$115.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$390.00
D7510	Incision and drainage of abscess-intraoral soft tissue	\$85.00
D7961	Frenulectomy - buccal/labial	\$95.00
D7962	Frenulectomy - lingual	\$95.00
D7971	Excision of pericoronal gingiva	\$95.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$25.00
Other Services		Member pays
D9110	Palliative treatment of dental pain-per visit	\$5.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$35.00
D9215	Local anesthesia	\$15.00
D9222	Deep sedation/general anesthesia-first 15 minutes	\$165.00
D9223	Deep sedation/general anesthesia-each subsequent 15 minutes increments	\$65.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$30.00
D9310	Consultation (diagnostic service provided by a dentist other than requesting dentist)	\$60.00
D9430	Office visit for observation (during regularly scheduled hours)-no other services performed	No charge
D9431	Office visit-per patient/per visit	\$5.00
D9440	Office visit-after regularly scheduled hours	\$45.00
D9450	Case presentation, subsequent to detailed and extensive treatment planning	No charge



D9630	Other drugs and/or medicaments, by report	UCR
D9630	Other drugs and/or medicaments, peridex	\$15.00
D9910	Application of desensitizing medicament-treatment for root sensitivity "per visit"; not to be used for bases, liners or adhesives used under restorations.	\$30.00
D9911	Application of desensitizing resin for cervical and/or root surface-per tooth	\$30.00
D9920	Behavior management, by report	\$35.00
D9944*	Occlusal guard-hard appliance, full arch	\$90.00
D9945*	Occlusal guard-soft appliance, full arch	\$90.00
D9946*	Occlusal guard-hard appliance, partial arch	\$90.00
D9951	Occlusal adjustment limited	\$50.00
D9952	Occlusal adjustment complete	\$125.00
D9961	Records transfer-duplication fee	UCR
D9970	Enamel microabrasion (per treatment visit)	\$35.00
D9972	External bleaching-per arch	\$150.00
D9973	External bleaching-per tooth	\$60.00
D9974	Internal bleaching-per tooth	\$60.00
D9988	Missed appointment-first	\$25.00
D9988	Missed appointment-additional	\$20.00

**NOTE:**

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit.
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at [Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure](https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure).

**Emergency Care Benefit**

EDS provides coverage for dental emergencies.

Please contact your EDS general dentist first. If you are unable to reach your EDS general dentist, you may seek care immediately from any licensed dentist. The maximum allowable reimbursement for a dental emergency is \$200.00, minus any member costs listed in this schedule. EDS will provide coverage for the temporary relief of pain (palliative treatments to control pain), bleeding, and infection. Follow up or additional treatment must be done by your EDS general dentist. After emergency treatment, you may receive your reimbursement by submitting a copy of your paid itemized receipt to: EDS, 3430 E. Sunrise Drive, Suite 160, Tucson, AZ 85718. All receipts must be received by EDS within ninety (90) days of the emergency treatment.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided to you by your agent. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.



## Limitations and exclusions:

Although your EDS plan covers many dental services, there are some it doesn't cover. It's important you're aware of these before you get dental care.

1. Visits or services performed by a dentist, specialist or professional not contracted with Employers Dental Services except in connection with dental emergencies.
2. Any costs or expenses incurred in the event the member desires to be or is involuntarily hospitalized for any dental procedures or services, except in connection with dental emergencies.
3. Any dental services, other than emergency dental services, which are necessitated as a result of an intentionally self-inflicted condition.
4. If a member continually fails to follow prescribed course of treatment, the treating EDS dentist may refuse to continue that course of treatment at any time.
5. Programs or treatment, including prosthetics, which were in progress prior to the date any person became a member.
6. Any new services or procedures performed after the last day of the month during which any person ceased to be eligible for participation.
7. Any dental services which, in the judgment of the dentist, are not reasonable and necessary for the prevention, correction or improvement of a condition that is subject to treatment by the practice of dentistry.
8. Any dental services related to any sickness or injury arising out of, or in the course of any occupation or unemployment for remuneration or profit. Also, any dental services for which the member is reimbursed, entitled to reimbursement, or is in any way indemnified for such expenses by, or through any public, state, federal or local program, or any program of medical benefits sponsored and paid for by the federal, state, county or municipal government or any program of medical benefits sponsored and paid for by the federal government or any agency thereof.
9. Any dental service not specifically described in the covered services and costs.
10. Any dental services, other than emergency dental services, that are related to accidents or accidental injury.
11. Any dental services requiring, or pertaining to, cosmetic surgery for beautification, treatment of obesity and appliances or restoration necessary to increase vertical dimension, restore an occlusion or correct a congenital condition.
12. Dispensing of drugs or any prescription drug charges incurred for treatment of oral disease except as may be specifically provided for in the covered services and costs.
13. Oral surgery or extractions that are solely for orthodontic purposes or requiring the setting of fractures or dislocations.
14. Treatment of malignancies, cysts, neoplasm, or congenital defects.
15. Conditions affecting the temporomandibular joint (TMJ) including dysfunction and/or malocclusion, except as may be specifically provided for in the **covered services and costs**.
16. Any general anesthetic charges or services of an anesthetist or anesthesiologist.
17. Gold foil restoration.