

BEST Life and Health Insurance Company  
 17701 Mitchell North  
 Irvine, California 92614

**DENTAL POLICY – FORM: GID-CPP-1019OR  
 OUTLINE OF COVERAGE**

- A. **READ YOUR POLICY CAREFULLY!** This outline of coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**
- B. Dental coverage is designed to provide you with benefits described in the benefits section below. The benefits described may be limited as outlined in the **LIMITATIONS** and **EXCLUSIONS** section.
- C. **BENEFITS**

**SCHEDULE OF BENEFITS**

In-network covered services are reimbursed on a contracted fee schedule. Out-of-network covered services are reimbursed at a maximum allowable charge amount. All covered services are subject to cost sharing, as shown on the schedule of benefits.

**NOTICE:** Your actual expenses for covered services may exceed the stated coinsurance percentage because actual provider charges may not be used to determine BEST Life’s and your payment obligations.

**SCHEDULE OF BENEFITS**

Benefits Description	BESTChoice Dental Plan	
	Contracted Services	Non-Contracted Services
Annual Maximum	\$5,000	
Copayment	\$25 per visit per person	
Basic Services Coinsurance	100%	
Intermediate Services Coinsurance	50% the first policy year 80% the second policy year and thereafter	
Major Services Coinsurance	10% the first policy year 60% the second policy year and thereafter	

**D. BENEFITS**

**COVERED SERVICES**

Covered services are described below. Covered services may be limited or excluded elsewhere in

the policy. You should read your policy in full. This policy limits certain covered services in number and/or scope. If you received a service prior to your effective date, it will count toward any policy limit for covered services.

**Preventive and Diagnostic Services:** Any combination of eight or more x-rays (including but not limited to bitewings or periapicals/intraorals) will be combined into a full mouth x-ray series.

*Diagnostic and Treatment Services:*

- D0120 Periodic oral evaluation – established patient – One every six months.
- D0150 Comprehensive oral evaluation – new or established patient– One every six months.
- D0160 Detailed and extensive oral evaluation - problem focused, by report
- D0180 Comprehensive periodontal evaluation - new or established patient – One every six months.
- D0270 Bitewing - single radiographic image – One set every twelve months
- D0272 Bitewings - two radiographic images – One set every twelve months
- D0274 Bitewings – four radiographic images – One set every twelve months
- D0277 Vertical bitewings – seven to eight radiographic images – One set every twelve months.

*Preventive Services:*

- D1110 Prophylaxis – adult – One every six months
- D1120 Prophylaxis – child, age 19 or older – One every six months
- D1206 Topical fluoride varnish – Once every 6 months (twice a year)
- D1208 Topical application of fluoride (prophylaxis not included) – Once every 6 months (twice a year)

**Basic Services:**

*Diagnostic and Treatment Services:*

- D0210 Intraoral - complete series of radiographic images (including bitewings) – One every sixty months
- D0220 Intraoral - periapical - first radiographic image
- D0230 Intraoral - periapical each additional radiographic image
- D0240 Intraoral - occlusal radiographic image
- D0330 Panoramic radiographic image – One every sixty months
- D0472 Accession of tissue, gross examination, preparation and transmission of written report
- D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report
- D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
- D0475 Decalcification procedure
- D0476 Special stains for microorganisms
- D0477 Special stains not for microorganisms
- D0478 Immunohistochemical stains
- D0479 Tissue in-situ hybridization
- D0480 Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
- D0481 Electron microscopy

D0482 Direct immunofluorescence  
D0483 Indirect immunofluorescence  
D0484 Consultation on slides prepared elsewhere  
D0485 Consultation including preparation of slides  
D0502 Other oral pathology procedures, by report  
D1351 Sealant (first and second permanent molars only) – Once every sixty (60) months (5 years)  
D1510 Space maintainer - fixed - unilateral  
D1515 Space maintainer - fixed – bilateral  
D9110 Palliative (emergency) treatment of dental pain – minor procedure  
D0140 Limited oral evaluation – problem focused – Limited to two every twelve months  
D0170 Re-evaluation – limited, problem (established patient; not post-operative visit)

*Minor Restorative Services*

D2140 Amalgam – one surface, primary or permanent  
D2150 Amalgam – two surfaces, primary or permanent  
D2160 Amalgam – three surfaces, primary or permanent  
D2161 Amalgam – four or more surfaces, primary or permanent  
D2330 Resin-based composite – one surface, anterior – Limited to permanent teeth  
D2331 Resin-based composite – two surfaces, anterior – Limited to permanent teeth  
D2332 Resin-based composite – three surfaces, anterior – Limited to permanent teeth  
D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior) – Limited to permanent teeth  
D2391 Resin-based composite – one surface, posterior – Limited to permanent teeth. Benefit limited to amalgam. Insured responsible for excess.  
D2392 Resin-based composite – two surfaces, posterior – Limited to permanent teeth. Benefit limited to amalgam. Insured responsible for excess.  
D2393 Resin-based composite – three surfaces, posterior – Limited to permanent teeth. Benefit limited to amalgam. Insured responsible for excess.  
D2394 Resin-based composite – four or more surfaces, posterior – Limited to permanent teeth. Benefit limited to amalgam. Insured responsible for excess.

**Major Services:**

*Restorative Services*

D2510 Inlay – metallic – one surface  
D2520 Inlay – metallic – two surfaces  
D2530 Inlay – metallic – three or more surfaces  
D2542 Onlay – metallic – two surfaces  
D2543 Onlay – metallic – three surfaces  
D2544 Onlay – metallic – four or more surfaces  
D2610 Inlay – porcelain/ceramic – one surface. Benefit limited to amalgam (posterior teeth) and composite (anterior teeth). Patient is responsible for balance.  
D2620 Inlay – porcelain/ceramic – two surfaces. Benefit limited to amalgam (posterior teeth) and composite (anterior teeth). Patient is responsible for balance.  
D2630 Inlay – porcelain/ceramic – three or more surfaces. Benefit limited to amalgam (posterior teeth) and composite (anterior teeth). Patient is responsible for balance.  
D2642 Onlay – porcelain/ceramic – two surfaces. Benefit limited to metallic onlay. Patient is

responsible for balance.

D2643 Onlay – porcelain/ceramic – three surfaces. Benefit limited to metallic onlay. Patient is responsible for balance.

D2644 Onlay – porcelain/ceramic – four or more surfaces. Benefit limited to metallic onlay. Patient is responsible for balance.

D2650 Inlay resin-based composite – one surface. Benefit limited to amalgam (posterior teeth) and composite (anterior teeth). Patient is responsible for balance.

D2651 Inlay resin-based composite – two surfaces. Benefit limited to amalgam (posterior teeth) and composite (anterior teeth). Patient is responsible for balance.

D2652 Inlay resin-based composite – three or more surfaces. Benefit limited to amalgam (posterior teeth) and composite (anterior teeth). Patient is responsible for balance.

D2662 Onlay resin-based composite – two surfaces. Benefit limited to metallic onlay. Patient is responsible for balance.

D2663 Onlay resin-based composite – three surfaces. Benefit limited to metallic onlay. Patient is responsible for balance.

D2664 Onlay resin-based composite – four or more surfaces. Benefit limited to metallic onlay. Patient is responsible for balance.

### *Crowns*

Replacement of crown, bridge or prosthetic limited to one per tooth every seven years after installation date unless made necessary by the initial extraction of an adjoining functional natural tooth or when a prosthetic, while in the oral cavity, is damaged beyond repair as a result of a non-chewing injury. Work on fixed bridgework or addition of teeth to an existing denture must be done within twelve months after the extraction or oral surgical treatment, and while coverage is in force.

D2710 Crown – resin-based composite (indirect)

D2712 Crown – 3/4 resin-based composite (indirect)

D2720 Crown – resin with high noble metal

D2721 Crown – resin with predominately base metal

D2722 Crown – resin with noble metal

D2740 Crown - porcelain/ceramic substrate

D2750 Crown - porcelain fused to high noble metal

D2751 Crown - porcelain fused to predominantly base metal

D2752 Crown - porcelain fused to noble metal

D2780 Crown - 3/4 cast high noble metal

D2781 Crown - 3/4 cast with predominately base metal

D2783 Crown - 3/4 porcelain/ceramic

D2790 Crown - full cast high noble metal

D2791 Crown - full cast predominantly base metal

D2792 Crown - full cast noble metal

D2794 Crown – titanium

D2910 Recement inlay, onlay, or partial coverage restoration.

D2915 Recement cast or prefabricated post and core

D2920 Recement crown

D2933 Prefabricated stainless steel crown with resin window – One every sixty months on primary anterior teeth.

D2950 Core buildup, including any pins - one per tooth in sixty months.

- D2951 Pin retention, per tooth, in addition to restoration
- D2952 Post and core in addition to crown, indirectly fabricated
- D2954 Prefabricated post and core, in addition to crown
- D2980 Crown repair necessitated by restorative material failure more than twenty-four months after installation or restoration.

*Endodontic Services*

- D3110 Pulp cap – direct (excluding final restoration) – not covered if in conjunction with installation of inlays, onlays or crowns and fillings
- D3120 Pulp cap – indirect (excluding final restoration) – not covered if in conjunction with installation of inlays, onlays or crowns and fillings
- D3220 Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament
- D3221 Pulpal debridement, primary and permanent teeth
- D3222 Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development
- D3310 Endodontic therapy, anterior tooth (excluding final restoration)
- D3320 Endodontic therapy, bicuspid tooth (excluding final restoration)
- D3330 Endodontic therapy, molar (excluding final restoration)
- D3346 Retreatment of previous root canal therapy – anterior – If performed twenty-four or more months after the original root canal therapy
- D3347 Retreatment of previous root canal therapy - bicuspid – If performed twenty-four or more months after the original root canal therapy
- D3348 Retreatment of previous root canal therapy - molar – If performed twenty-four or more months after the original root canal therapy
- D3351 Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)
- D3352 Apexification/recalcification/pulpal regeneration - interim medication replacement (includes any necessary radiographs)
- D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)
- D3410 Apicoectomy/periradicular surgery - anterior
- D3421 Apicoectomy/periradicular surgery - bicuspid (first root)
- D3425 Apicoectomy/periradicular surgery - molar (first root)
- D3426 Apicoectomy/periradicular surgery - each additional root
- D3430 Retrograde filling – per root
- D3450 Root amputation – per root
- D3460 Endodontic endosseous implant
- D3470 Intentional reimplantation (including necessary splinting)
- D3910 Surgical procedure for isolation of tooth with rubber dam
- D3920 Hemisection (including any root removal), not including root canal therapy
- D3950 Canal preparation and fitting of preformed dowel or post

*Periodontal Services*

- D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4211 Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant

- D4240 Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4241 Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant
- D4245 Apically positioned flap
- D4249 Clinical crown lengthening – hard tissue
- D4260 Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant
- D4261 Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant
- D4266 Guided tissue regeneration – resorbable barrier, per site
- D4267 Guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)
- D4268 Surgical revision procedure, per tooth
- D4270 Pedicle soft tissue graft procedure
- D4273 Subepithelial connective tissue graft procedures, per tooth
- D4274 Distal or proximal wedge procedure (not performed in conjunction with surgical procedures in the same anatomical area)
- D4275 Soft tissue allograft
- D4276 Combined connective tissue and double pedicle graft, per tooth
- D4277 Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft
- D4278 Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site
- D4341 Periodontal scaling and root planing – four or more teeth per quadrant – One every thirty-six months and one to two quadrants per visit, and not in addition to a routine prophylaxis
- D4342 Periodontal scaling and root planing – One to three teeth per quadrant – One every thirty-six months and one to two quadrants per visit, and not in addition to a routine prophylaxis
- D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis
- D4910 Periodontal maintenance – One every six months per individual following active periodontal treatment, and not on the same visit as a routine prophylaxis

*Prosthetic Services*

Replacement of crown, bridge or prosthetic limited to one per tooth every seven years after installation date unless made necessary by the initial extraction of an adjoining functional natural tooth or when a prosthetic, while in the oral cavity, is damaged beyond repair as a result of a non-chewing injury. Work on fixed bridgework or addition of teeth to an existing denture must be done within twelve months after the extraction or oral surgical treatment, and while coverage is in force.

- D5110 Complete denture – maxillary
- D5120 Complete denture – mandibular
- D5211 Maxillary partial denture- resin base (including any conventional clasps, rests and teeth)
- D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
- D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
- D5281 Removable unilateral partial denture, one piece cast metal (including clasps and teeth)

D5410 Adjust complete denture – maxillary  
 D5411 Adjust complete denture – mandibular  
 D5421 Adjust partial denture – maxillary  
 D5422 Adjust partial denture – mandibular  
 D5511 Repair broken complete denture base, mandibular  
 D5512 Repair broken complete denture base, maxillary  
 D5520 Replace missing/broken teeth - complete denture (each tooth) more than six months after initial placement  
 D5611 Repair resin denture base, partial denture mandibular  
 D5612 Repair resin denture base, partial denture maxillary  
 D5620 Repair cast partial framework, mandibular  
 D5622 Repair cast partial framework, maxillary  
 D5630 Repair or replace broken clasp, partial denture  
 D5640 Replace broken teeth - per tooth, partial denture  
 D5650 Add tooth to existing partial denture  
 D5660 Add clasp to existing partial denture  
 D5711 Rebase maxillary complete denture, maxillary  
 D5712 Rebase complete mandibular denture, mandibular  
 D5720 Rebase maxillary partial denture  
 D5721 Rebase mandibular partial denture  
 D5730 Reline maxillary complete denture (chairside)  
 D5731 Reline mandibular complete denture (chairside)  
 D5740 Reline maxillary partial denture (chairside)  
 D5741 Reline mandibular partial denture (chairside)  
 D5750 Reline maxillary complete denture (laboratory)  
 D5751 Reline mandibular complete denture (laboratory)  
 D5760 Reline maxillary partial denture (laboratory)  
 D5761 Reline mandibular partial denture (laboratory)

### *Implants*

Limited to one in a lifetime per site and covered as an alternative to a fixed prosthetic only. Cost of fixed prosthetic will be applied to the total value of the implant and implant-related procedures, not to exceed the cost of the fixed prosthetic.

D6010 Surgical placement of implant body: endosteal implant  
 D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant  
 D6040 Surgical placement: eposteal implant – covered at the cost of the endosteal implant  
 D6050 Surgical placement: transosteal implant, including hardware – covered at the cost of the endosteal implant  
 D6055 Dental implant supported connecting bar  
 D6056 Prefabricated abutment – includes modification and replacement  
 D6057 Custom fabricated abutment – includes replacement  
 D6058 Abutment supported porcelain/ceramic crown  
 D6059 Abutment supported porcelain fused to high noble metal crown  
 D6060 Abutment supported porcelain fused to predominantly base metal crown  
 D6061 Abutment supported porcelain fused to noble metal crown  
 D6062 Abutment supported cast high noble metal crown

- D6063 Abutment supported cast predominately base metal crown
- D6064 Abutment supported cast noble metal crown
- D6065 Implant supported porcelain/ceramic crown
- D6066 Implant supported metal crown (titanium, titanium alloy, high noble metal)
- D6067 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
- D6068 Abutment supported retainer for porcelain/ceramic fixed partial denture (high noble metal)
- D6069 Abutment supported retainer for porcelain fused to high noble metal fixed partial denture
- D6070 Abutment supported retainer for porcelain fused to predominately base metal fixed partial denture
- D6071 Abutment supported retainer for porcelain fused to noble metal fixed partial denture
- D6072 Abutment supported retainer for cast high noble metal fixed partial denture
- D6073 Abutment supported retainer for predominately base metal fixed partial denture
- D6074 Abutment supported retainer for cast noble metal fixed partial denture
- D6075 Implant supported retainer for ceramic fixed partial denture
- D6076 Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal)
- D6077 Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal)
- D6078 Implant/abutment supported fixed partial denture for completely edentulous arch
- D6079 Implant/abutment supported fixed partial denture for partially edentulous arch
- D6080 Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis
- D6090 Repair implant-supported prosthesis, by report
- D6091 Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment
- D6092 Recement implant/abutment supported crown
- D6093 Recement implant/abutment supported fixed partial denture
- D6094 Abutment supported crown - titanium
- D6100 Implant removal, by report
- D6102 Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure
- D6190 Radiographic/surgical implant index, by report
- D6194 Abutment supported retainer crown for fixed partial denture – titanium

*Crowns/Fixed Bridges*

Replacement of crown, bridge or prosthetic limited to one per tooth every seven years after installation date unless made necessary by the initial extraction of an adjoining functional natural tooth or when a prosthetic, while in the oral cavity, is damaged beyond repair as a result of a non-chewing injury. Work on fixed bridgework or addition of teeth to an existing denture must be done within twelve months after the extraction or oral surgical treatment, and while coverage is in force.

- D6210 Pontic - cast high noble metal
- D6211 Pontic - cast predominantly base metal
- D6212 Pontic - cast noble metal
- D6214 Pontic - titanium



- D6240 Pontic - porcelain fused to high noble metal
- D6241 Pontic - porcelain fused to predominantly base metal
- D6242 Pontic - porcelain fused to noble metal
- D6245 Pontic - porcelain/ceramic
- D6250 Pontic - resin with high noble metal
- D6251 Pontic - resin with predominantly base metal
- D6252 Pontic - resin with noble metal
- D6720 Crown - resin with high noble metal
- D6721 Crown - resin with predominantly base metal
- D6722 Crown - resin with noble metal
- D6740 Crown - porcelain/ceramic
- D6750 Crown - porcelain fused to high noble metal
- D6751 Crown - porcelain fused to predominantly base metal
- D6752 Crown - porcelain fused to noble metal
- D6780 Crown - 3/4 cast high noble metal
- D6781 Crown - 3/4 cast predominantly base metal
- D6782 Crown - 3/4 cast noble metal
- D6783 Crown - 3/4 porcelain/ceramic
- D6790 Crown - full cast high noble metal
- D6791 Crown - full cast predominantly base metal
- D6792 Crown - full cast noble metal
- D6930 Recement fixed partial denture
- D6940 Stress breaker
- D6950 Precision attachment
- D6980 Fixed partial denture repair necessitated by restorative material failure
- D6999 Unspecified fixed prosthodontic procedure, by report

### *Oral Surgery*

Oral extractions exclude orthodontic extractions.

- D7111 Extraction, coronal remnants - deciduous tooth
- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
- D7220 Removal of impacted tooth - soft tissue
- D7230 Removal of impacted tooth - partially bony
- D7240 Removal of impacted tooth - completely bony
- D7241 Removal of impacted tooth, completely bony, with unusual surgical complications
- D7250 Surgical removal of residual tooth roots (cutting procedure)
- D7260 Oroantral fistula closure
- D7510 Incision and drainage of abscess - intraoral soft tissue
- D7511 Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple facial spaces)
- D7520 Incision and drainage of abscess - extraoral soft tissue
- D7521 Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple facial spaces)
- D7960 Frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another

procedure

D7963 Frenuloplasty

D7970 Excision of hyperplastic tissue, per arch

D7971 Excision of pericoronal gingiva

D7972 Surgical reduction of fibrous tuberosity

D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar

D7998 Intraoral placement of a fixation device not in conjunction with a fracture

*Adjunctive General Services*

D9222 Deep sedation/general anesthesia - first fifteen minutes – In conjunction with partial or complete bony extractions only

D9223 Deep sedation/general anesthesia - each additional fifteen minutes – In conjunction with partial or complete bony extractions only

D9239 Intravenous conscious sedation/analgesia - first fifteen minutes – In conjunction with partial or complete bony extractions only

D9243 Intravenous conscious sedation/analgesia - each additional fifteen minutes – In conjunction with partial or complete bony extractions only

D9930 Treatment of complications (postsurgical) - unusual circumstances, by report

**D. EXCLUSIONS**

This policy excludes and will not reimburse for the following services or charges.

- (1) Services provided by anyone other than a doctor of medical dentistry or a doctor of dental surgery, unless a licensed hygienist performs the services under the direction of a doctor of medical dentistry or a doctor of dental surgery, or a denturist.
- (2) Services received while on active duty with a military service of any country or international organization.
- (3) Services needed because of participation in a riot or insurrection or the commission of a felony.
- (4) Services received in a correctional facility.
- (5) Services needed as a result of a work-related injury or illness, whether or not covered under Worker's Compensation;
- (6) Services provided by an employer.
- (7) Services started before your effective date. Examples of excluded services under this paragraph include but are not limited to the following: obtaining an impression for an appliance, or a modification of one, before your effective date; preparing a tooth for a crown, bridge or other lab fabricated restorations before your effective date; opening a pulp chamber for root canal therapy before your effective date.
- (8) Services not completed before your termination date.
- (9) Services required because you failed to comply with professionally prescribed treatment.
- (10) Telephone consultation services.
- (11) Charges for your failure to keep a scheduled appointment.
- (12) Services that are primarily for cosmetic reasons. Examples include alteration or extraction of functional natural teeth for the purpose of changing appearance and replacement of restorations previously performed for cosmetic reasons.
- (13) Services for or relate to the initial installation of a prosthetic device that replaces a tooth that

- was missing before you were covered under the policy unless such installation starts after you have been covered continuously for at least three years immediately before the date of the installation;
- (14) Services for orthodontic treatment and orthodontia type procedures unless this policy defines those services as covered services.
  - (15) Services received for or related to temporomandibular joint dysfunction (TMJ).
  - (16) Charges in excess of the agreed to coverage amounts, as shown on the schedule of benefits.
  - (17) Services for correction or alteration of occlusion, or any occlusal adjustments. Expenses incurred for night guards or any other appliances for the correction of harmful habits, except as defined as a Covered Dental Expense.
  - (18) Charges for "safe fees" (e.g., gloves, masks, surgical scrubs and sterilization).
  - (19) Charges for copies of records, charts, x-rays and any other costs associated with the forwarding or mailing of these copies, or for completing dental forms.
  - (20) Charges for state or territorial taxes associated with dental services.
  - (21) Charges for services received from two or more providers for a single procedure or course of care, if those charges would have been less if received from one provider and you made the decision to transfer your care during the procedure or course of care.
  - (22) Services that are experimental or investigational.
  - (23) Services that are not within the scope of the treating provider's practice.
  - (24) Services that are not medically necessary or that would not meet generally accepted standards of practice.
  - (25) Charges that you would not legally have to pay if you did not have insurance unless mandated by law.
  - (26) Services for specialized procedures and techniques, including precision attachments, personalization, and precious metal bases.
  - (27) Charges for duplicate or provisional services or supplies.
  - (28) Charges for plaque control programs, oral hygiene instruction, and dietary instructions.
  - (29) Charges for gold foil restorations.
  - (30) Charges for treatment at the hospital.
  - (31) Service to adjust a denture or bridgework within six (6) months after it is installed or adjusted, by the same provider who installed or adjusted it.
  - (32) Charges for home health aides, including but not limited to toothpaste, fluoride gels, dental floss and teeth whiteners.
  - (33) Services to seal teeth, other than permanent molars.
  - (34) Charges to replace lost, stolen, or misplaced dentures.
  - (35) Charges to repair or replace damaged, lost, or missing appliances.
  - (36) Services to fabricate an athletic mouth guard;
  - (37) Charges for internal bleaching, nitrous oxide, oral sedation, and/or topical medicament centers.
  - (38) Charges for bone grafts in connection with extractions, apicoectomies, or non-covered or non-eligible implants.
  - (39) Services received from a family member. "Family member" includes, but is not limited to, a lawful spouse, domestic partner, child, child of a domestic partner, parent, step-parent, grandparent, brother, sister, cousin of the first degree, or in-law.
  - (40) Charges for a deductible, coinsurance, copayment or other cost-sharing amounts for which you are responsible.
  - (41) Temporary services that are considered an integral part of a final services rather than a

separate service.

- (42) Charges for veneers and related procedures.
- (43) Services not listed as a covered service.
- (44) Services received outside of the United States of America.

#### E. RENEWABILITY

You may keep this policy in force for the policy year unless it is canceled or terminated according to its terms. You may renew the policy as long as it is offered in you state. The policy premium charge is subject to change yearly.

#### F. PREMIUMS

We may change the amount of the required premium by giving the policyholder at least sixty (60) days advance written notice. The policy has a ten (10) day grace period. That means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following ten (10) days. During the grace period, the policy will remain in force. If the required premium is not paid by the end of this grace period, the policy will lapse as of the end of the grace period.

Total Initial Premium due with Application: \$ \_\_\_\_\_

Underwritten by BEST Life and Health Insurance Company