These criteria do not imply or guarantee coverage or benefits. Please check with your plan to ensure coverage. This information is valid for the month published. This information may have changed from the prior month and is subject to change in future months.
Exclusions and Limitations

- Services for accidental injury to natural teeth that are provided more than 12 months after the date of the accident.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Participating Provider.
- Services and related exams or consultations to the extent they are not Dentally Necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a dentist, denturist, hygienist, or dental assistant within the scope of his or her lawful authority.
- Services for the treatment of an occupational injury or disease, including an injury or disease arising out of self-employment or for which benefits are available under workers’ compensation or similar law.
- Services not listed as covered in the Certificate of Coverage.
- Services that Willamette Dental of Washington, Inc., determines are Experimental or Investigative.
- Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

Limitations

- When the initial root canal therapy was performed by a Participating Provider, the retreatment of such root canal therapy will be covered as part of the initial treatment for the first 24 months. After the first 24 months, the applicable Copayments will apply. When the initial root canal therapy was performed by a Non-Participating Provider, the retreatment of such root canal therapy by a Participating Provider will be subject to the applicable Copayments.
- General anesthesia is covered with the Copayments specified in the Certificate of Coverage only if it is performed in a dental office; provided in conjunction with a covered service; and the Participating Provider determines that it is Dentally Necessary because the Enrollee is under age 7, developmentally disabled, or physically handicapped.
- The services provided by a Dentist in a hospital setting are covered if a hospital or similar setting is Dentally Necessary; authorized in writing by a Participating Provider; the services provided are the same services that would be provided in a dental office; and the Hospital Call Copayment and applicable copayments are paid.
- The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance or restoration denture is covered if the appliance is more than 5 years old and replacement is Dentally Necessary due to one of the following conditions:
  o A tooth affecting an existing denture or bridge is extracted;
  o The existing denture, crown, inlay, onlay, or other prosthetic appliance or restoration cannot be made serviceable; or
  o The existing denture was an immediate denture to replace one or more natural teeth extracted while covered, and replacement by a permanent denture is necessary.

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