

## Dental Benefits

Metropolitan Life Insurance Company

Overview of Benefits for: **CITY OF CARLYLE**

Date Prepared: 03-30-2020

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs.

You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type	In-Network: % of Negotiated Fee	Out-of-Network: % of Negotiated Fee
Type A	100%	100%
Type B	80%	80%
Type C	50%	50%
Orthodontia	50%	50%
<b>Deductible:</b> Individual/Family*	\$100 (Type B & C)	\$100 (Type B & C)
<b>Annual Maximum Benefit:</b> Per Individual	\$2000	\$2000
<b>Orthodontia Lifetime Maximum:</b> Per Individual	\$1500	\$1500
	Ortho applies to Child Only (up to age 19)	

### Understanding Your Dental Benefits Plan

With the MetLife Preferred Dentist Program you can visit the dentist of your choice – an “in-network” dentist (a participating MetLife dentist) or an “out-of-network” dentist.

- Your plan benefits are based on the percentage of the negotiated fee – the fee that the participating dentists have agreed to accept as payment in full for covered services.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife’s Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and follow the easy registration instructions.

Certain plan benefits are based on a percentage of the negotiated fee. This is the amount that participating dentists have agreed to accept as payment in full. If your plan benefits are based on a percentage of the Reasonable and Customary (R&C) charges, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

\* If you are enrolled for dependent coverage, a maximum family deductible may apply.

Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.

### Selected Covered Services and Frequency Limitations\*

Type A	
• Oral Examinations	1 in 6 months.
• Cleanings	1 in 6 months.
• Fluoride	Children to age 14 / 1 in 12 months.
• Bitewing X-rays	Adult - 1 in 1 period / Children - 2 in 1 period separated by six months.
• Full Mouth X-rays	1 in 60 months.
• Space Maintainers	
Type B	
• Periodontal Maintenance	4 in 1 year less the number of teeth cleanings.
• Emergency Palliative Treatment	
• Amalgam & Composite Fillings	No Limit. Composites covered on anterior teeth Only.
Type C	
• Crowns	1 in 10 years.
• Dentures	1 in 10 years.
• Bridges	1 in 10 years.
• Periodontal Root Planing & Scaling	1 per quadrant in any 24 months period.
• Periodontal Surgery	1 in 36 months.
• Simple Extractions	
• Root Canal	
• Surgical Extractions	
• Repairs (Crowns)	
Orthodontia	
<ul style="list-style-type: none"> <li>• Dependent children are covered up to their 19th birthday.</li> <li>• All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.</li> <li>• Payments are on a repetitive basis.</li> <li>• 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary.</li> <li>• Orthodontic benefits end at cancellation of coverage.</li> </ul>	

The service categories and plan limitations shown in this document represent an overview of your plan benefits, but are not a complete description of the plan. Before making any purchase or enrollment decision you should review the certificate of insurance which is available through MetLife or your employer. In the event of a conflict between this overview and your certificate of insurance, your certificate of insurance governs. Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. The certificate of insurance sets forth all plan terms and provisions, including all exclusions and limitations.

**\*Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

## 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 (For residents of Texas, see notice page section in your certificate).
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.
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;
  - for which the employer of the person receiving such services is not required to pay; or
  - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
14. Services covered under other coverage provided by the Employer.
15. Temporary or provisional restorations.
16. Temporary or provisional appliances.
17. Prescription drugs.
18. Services for which the submitted documentation indicates a poor prognosis.
19. 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.
20. 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.
21. Caries susceptibility tests.
22. Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth.
23. Other fixed Denture prosthetic services not described elsewhere in this certificate.
24. Precision attachments.
25. Adjustment of a Denture
26. Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota.<sup>1</sup>
27. Repair or replacement of an orthodontic device.<sup>1</sup>
28. Duplicate prosthetic devices or appliances.
29. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
30. Intra and extraoral photographic images.

<sup>1</sup> Some of these exclusions may not apply. Please see your plan design and certificate for details.

## COMMON QUESTIONS... IMPORTANT ANSWERS

### Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in full for services provided to plan participants. Based on internal analysis by MetLife, negotiated fees typically range from 15-45% below the average fees charged for the same services by dentists in the same geographic area.

\*Negotiated Fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

### How do I find a participating dentist?

You can access a list of participating dentists with directions and mapping capabilities online at [www.metlife.com/dental](http://www.metlife.com/dental) or call 1-800-ASK-4-MET (800-275-4638) to have a list faxed or mailed to you based upon the requested ZIP code. **Please Note:** Be sure to verify provider participation when you make your appointment.

### May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife program, your out-of-pocket expenses may be greater, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service. If you receive services from a participating dentist, you are only responsible for the difference between the in-network fee for the service provided and your plan's payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

### Can my dentist apply for participation in network?

Yes. If your current dentist does not participate in the MetLife network and you would like to encourage him or her to apply, tell your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

### How are claims processed?

Dentists may submit your claims for you, which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, you can find one online at [www.metlife.com/dental](http://www.metlife.com/dental) or request one by calling 1-800-ASK-4-MET (800-275-4638).

### Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. With pre-treatment estimates, you never have to wonder what your out-of-pocket expense will be. MetLife recommends that you request a pre-treatment estimate for services in excess of \$300 (This often applies to services such as crowns, bridges, inlays, and periodontics). To receive a benefit estimate, simply have your dentist submit a request for a pre-treatment estimate online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9 (638-3379). You and your dentist will receive a benefit estimate online or by fax for most procedures while you are still in the office so you can discuss treatment and payment options and have the procedure scheduled on the spot. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### Do I need an ID card?

No, you do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you participate in MetLife's PDP. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

### Do my dependents have to visit the same dentist that I select?

No, you and your dependents each have the freedom to choose any dentist.

### If I do not enroll during my initial enrollment period can I still purchase Dental Insurance at a later date?

Yes, eligible employees who do not elect coverage during their 31-day application period may still elect coverage later. Dental coverage elected after the 31-day application period is subject to the following waiting periods:\*

- No waiting period for Preventive Services
- 6 months on Basic Restorative (Fillings)

- 12 months on all other Basic Services
- 24 months on Major Services
- 24 months on Orthodontia Services (if applicable)

\*If the policy holder participates in a section 125 plan and has an annual open enrollment period, the dental coverage will not be subject to any waiting periods. Please consult your Benefits Administrator or your certificate for this plan information.

### **Am I eligible for all benefits the first day of coverage?**

Your plan may include benefit waiting periods. Please refer to the certificate of insurance or your Benefits Administrator for details about the services that are subject to the waiting periods and the length of time they apply.

### **How can I learn about what dentists in my area charge for different procedures?**

If you have MyBenefits you can access the Dental Procedure Tool. You can use the tool to look up average in- and out-of-network fees for dental services in your area. \* You'll find fees for services such as exams, cleanings, fillings, crowns, and more. Just log in at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

\* The Dental Procedure Fee Tool application is provided by VerifPoint, an independent vendor. Network fee information is supplied to VerifPoint by MetLife and is not available for providers who participate with MetLife through a third-party. Out-of-network fee information is provided by VerifPoint. This tool does not provide the payment information used by MetLife when processing your claims. Prior to receiving services, pretreatment estimates through your dentist will provide the most accurate fee and payment information

### **Can MetLife help me find a dentist outside of the U.S. if I am traveling?**

Yes. Through MetLife's International Dental Travel Assistance program<sup>1</sup> you can obtain a referral to a local dentist by calling 1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network<sup>2</sup> benefits. Please remember to hold on to all receipts to submit a dental claim.

<sup>1</sup> International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Virginia Surety Company, Inc. AXA Assistance and Virginia Surety are not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

<sup>2</sup> Refer to your dental benefits plan summary your out-of-network dental coverage.



## SCHEDULE OF BENEFITS

### ILLINOIS HEALTH BENEFITS (EHB) PLAN

This Schedule of Benefits lists the services available under the MetLife plan, as well as the co-insurance payments associated with each procedure. There are other factors that impact how the plan works and those are included here and in the Exclusions and Limitations sections below. This Schedule of Benefits describes services available only to a covered Child under the age of 19.

This Schedule of Benefits describes the benefit available under the Pediatric Dental Essential Health Benefits. However, if the covered Child receives a covered service, and is also covered for that Covered Service under another certificate under the same policy between the Group Policyholder and MetLife, We will pay the higher of the two benefits for that Covered Service.

The Covered Person has access to Dentists through the MetLife Preferred Dentist Program. Dentists participating in the MetLife Preferred Dentist Program have agreed to limit their charges for Covered Services to the Maximum Allowed Charge for such service. The Maximum Allowed Charge is the lesser of (1) the amount charged by the Dentist; or (2) the maximum amount which the In-Network Dentist has agreed with MetLife to accept as payment in full for the dental service. Under the MetLife Preferred Dentist Program, MetLife pays benefits for Covered Services performed by either In-Network Dentists or Out-of-Network Dentists. However, the Covered Person may be able to reduce out-of-pocket costs by using an In-Network Dentist because Out-of-Network Dentists have not entered into an agreement with MetLife to limit their charges.

The Covered Person's out-of-pocket annual maximum includes the Covered Person's costs for Covered Services provided by an In-Network Dentist. The out-of-pocket annual maximum does not include the Covered Person's costs for: (1) Covered Services in excess of the Maximum Allowed Charge, or (2) services that are not Covered Services.

This summary provides an overview of the plan's benefits. These benefits are subject to the terms and conditions of the MetLife policy. **Like most dental insurance policies, MetLife policies contain exclusions, limitations, terms and conditions for keeping them in force. If there are additional questions regarding the Dental Insurance program underwritten by MetLife, please contact the benefits administrator or MetLife.**

Deductible and Annual Maximums	
In-Network Annual Maximum	None
In-Network Out-of-Pocket Annual Maximum	\$350 for one Child
Family In-Network Out-of-Pocket Annual Maximum	\$700 for two or more Children
In-Network Individual Deductible (applies to Diagnostic and Preventive Care Services, Basic Services, Major Services and Orthodontia)	\$100
Out-of-Network Annual Maximum	\$400
Out-of-Network Out-of-Pocket Annual Maximum	None
Family Out-of-Network Out-of-Pocket Annual Maximum	None
Out-of-Network Individual Deductible (applies to Diagnostic and Preventive Care Services, Basic Services, Major Services and Orthodontia)	\$200



Service	Covered Percentage	Limitations
<b>Diagnostic and Preventive Care Services (Subject to applicable Deductible and Maximums)</b>		
Oral Examinations	100%	Once every 6 months per Dentist in an office setting, once every 12 months in a school setting
Limited oral evaluation - problem focused	100%	Once every 6 months per Dentist in an office setting, once every 12 months in a school setting; combined with Oral Examinations limitation
Periapical X-Rays	100%	
Full-mouth X-Rays	100%	Once every 60 months
Bitewing X-Rays	100%	2 sets in 12 months
Other X-rays	100%	
Prophylaxis – Cleanings (including full mouth scaling in presence of generalized moderate or severe gingival inflammation after oral evaluation)	100%	2 times per 12 months including periodontal cleanings and full mouth debridement
Fluoride	100%	2 times in 12 months
Sealants	100%	One per tooth per 36 months (per permanent 1 <sup>st</sup> and 2 <sup>nd</sup> non-restored molar)
Space Maintainers	100%	
Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	100%	One per tooth per 36 months (for permanent 1 <sup>st</sup> and 2 <sup>nd</sup> non-restored molars)
Palliative (Emergency) Treatment of dental pain – minor procedure	100%	
<b>Basic Services (Subject to applicable Deductible and Maximums)</b>		
Sedative Fillings	50%	
Amalgam Fillings	50%	1 per tooth surface per 24 months
Resin Composite Fillings	50%	1 per tooth surface per 24 months
Labs and Other Tests	50%	
<b>Major Services (Subject to applicable Deductible and Maximums)</b>		
Inlays/Onlays/Crowns (Cast Restorations)	50%	1 replacement per tooth per 60 months
Crown Buildups/Post & Core	50%	
Prefabricated Crowns	50%	1 replacement per tooth per 60 months
Dentures – Complete/Partial/Overdenture (upper and lower)	50%	1 replacement per 60 months
Adding teeth to Dentures	50%	
Fixed Partial Dentures	50%	1 replacement per 60 months



<b>Service</b>	<b>Covered Percentage</b>	<b>Limitations</b>
Maxillofacial Prosthetics	50%	
Tissue Conditioning	50%	1 per 36 months
Denture Adjustments	50%	
Dentures – Rebases/Relines	50%	Office or laboratory relines or rebases are limited to one per arch in any 36 months
Simple Repairs of Cast Restorations	50%	
Repair of Dentures	50%	
Pulp Therapy	50%	
Pulp Capping	50%	
Pulpotomy	50%	
Debridement	50%	Combined with Prophylaxis – Cleanings limitation
Oral Surgery – Simple Extractions	50%	
Oral Surgery – Surgical Extractions	50%	
Other Oral Surgery	50%	
Alveoloplasty	50%	
General Anesthesia – Intravenous Sedation, Non-Intravenous Conscious Sedation and Nitrous Oxide	50%	
Endodontics- Root Canal (initial treatment)	50%	
Periodontal Maintenance	50%	4 treatments in 12 months in combination with 2 cleanings
Scaling and Root Planing	50%	1 per quadrant in any 24 month period
Periodontics - Non-Surgical	50%	
Periodontal Surgery	50%	1 per quadrant in any 36 month period
Periodontal Surgery- Soft and Connective Tissue Grafts	50%	1 per unique site per 36 months
Recementations	50%	
Adjunctive General Services	50%	
Local Chemotherapeutic Agents	50%	
Therapeutic Drug Injections	50%	
Biopsies	50%	
Apexification & Recalcification	50%	
Consultations	50%	2 per 12 months

**Orthodontia (Subject to applicable Deductible and annual out-of-pocket maximum when medically necessary and administered by an In-Network Dentist)**

Service	Limitation
In-Network Orthodontia Lifetime Maximum	None
Out-of-Network Orthodontia Lifetime Maximum	\$1,000
Child Orthodontia Age Limit	Up to age 19

Service	Covered Percentage	Limitations
In-Network and Out-of-Network Coinsurance – Orthodontia	50%	<p><b>Orthodontia services are limited to Child(ren) meeting or exceeding a score of 42 from the Modified Salzmann Index or meeting the criteria for medically necessary Orthodontia. Orthodontia treatment must begin while this insurance is in force. If the insurance ends during the course of the treatment, the monthly payments will end. Dental procedures performed in connection with Orthodontia treatment are considered under the orthodontia benefit and are Covered Services only if medically necessary.</b></p> <p>Orthodontic treatment generally consists of initial placement of an appliance and periodic follow-up visits. The benefit payable for the initial placement will not exceed 20% of the covered expense when the course of treatment begins. The balance of the treatment fee will be paid proportionately during the remaining course of treatment.</p>

For orthodontia services, We strongly recommend that you get a pretreatment estimate of proposed orthodontic services and then discuss that estimate with the Dentist before the services are delivered. Even though pretreatment estimates are not guarantees of benefits, obtaining a pretreatment estimate is an important part of making a well-informed decision about orthodontic services, including what your plan may or may not cover under the Essential Health Benefit requirements. Please see the Pretreatment Estimate of Benefits section of the certificate for more details.

**DEDUCTIBLE**

The Individual Deductible is the amount that a Covered Person must pay for Covered Services to which such Deductible applies each Benefit Year before We will pay benefits for such Covered Services.

The amount We apply toward satisfaction of a Deductible for a Covered Service is the amount We use to determine benefits for such service. The Deductible Amount will be applied based on when Dental Insurance claims for Covered Services are processed by Us. The Deductible Amount will be applied to Covered Services in the order that Dental Insurance claims for Covered Services are processed by Us regardless of when a Covered Service is "incurred". When several Covered Services are incurred on the same date and Dental Insurance benefits are claimed as part of the same claim, the Deductible Amount is applied based on



the Covered Percentage applicable to each Covered Service. The Deductible Amount will be applied in the order of highest Covered Percentage to lowest Covered Percentage.

## **TIME PERIODS**

The expense periods are based on a Benefit Year.

## **BENEFITS WE WILL PAY AFTER INSURANCE ENDS**

We will pay benefits for a 60 day period after your insurance ends for the completion of installation of a prosthetic device if:

- the Dentist prepared the abutment teeth or made impressions before your insurance ends; and
- the device is installed within 60 days after the date the insurance ends.

We will pay benefits for a 60 day period after your insurance ends for the completion of installation of a Cast Restoration if:

- the Dentist prepared the tooth for the Cast Restoration before your insurance ends; and
- the Cast Restoration is installed within 60 days after the date the insurance ends.

We will pay benefits for a 60 day period after your insurance ends for completion of root canal therapy if:

- the Dentist opened into the pulp chamber before your insurance ends; and
- the treatment is finished within 60 days after the date the insurance ends.



## **DENTAL INSURANCE: EXCLUSIONS**

1. Any procedures not specifically listed as a Covered Service in this SCHEDULE OF BENEFITS are not covered.
2. Services which are not Dentally Necessary and/or medically necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which We deem experimental in nature.
3. Any services, or appliances, which are determined to be not necessary for maintaining or improving the Covered Person's dental health, based on generally accepted dental standards of care.
4. Services for which you would not be required to pay in the absence of Dental Insurance.
5. Services or supplies received by a Covered Person before the Dental Insurance starts for that person.
6. Services which are primarily cosmetic.
7. 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;
8. Services or appliances which restore or alter occlusion or vertical dimension.
9. Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease.
10. Restorations or appliances used for the purpose of periodontal splinting.
11. The prophylactic removal of third molars is not a Covered Service. Asymptomatic third molar removal or removal due to malocclusion or for orthodontic reasons is not covered. Third molar removal when there is no pathology present is not covered.
12. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
13. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
14. Decoration or inscription of any tooth, device, appliance, crown or other dental work.
15. Charges for missed appointments.
16. Services:
  - covered under any workers' compensation or occupational disease law;
  - covered under any employer liability law;
  - for which the employer of the person receiving such services is required to pay; or
  - received at a facility maintained by your employer, labor union, mutual benefit association, or VA hospital.
17. Services covered under other coverage provided by your employer.
18. Temporary or provisional restorations.



19. Temporary or provisional appliances.
20. Prescription drugs.
21. Services for which the submitted documentation indicates a poor prognosis.
22. Fixed and removable appliances for correction of harmful habits.
23. Replacement of an orthodontic device.
24. 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.
25. Caries susceptibility tests.
26. Precision attachments associated with fixed and removable prostheses.
27. Relines or rebases of a Denture made within 6 months after installation by the same Dentist who installed it.
28. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.
29. Duplicate prosthetic devices or appliances.
30. Intra and extraoral photographic images.
31. Cone beam imaging.
32. Implants including, but not limited to, any related surgery, placement, maintenance and removal.
33. Implant supported prosthetics.
34. Repair of implants.
35. Appliances or treatment for bruxism (grinding teeth).
36. Occlusal adjustments.
37. Application of desensitizing agents.
38. Diagnosis and treatment of temporomandibular joint disorders and cone beam imaging associated with the treatment of temporomandibular joint disorders.
39. Labial veneers.
40. The following services are not Covered Services:
  - a connector bar;
  - a stress breaker; and
  - coping.