

The following is a list of common exclusions in EMI Health dental plans, this list does not include all potential exclusions and is not specific to any group or individual plan. For specific exclusions for your plan please visit the member portal www.emihealth.com.

EMI Health Dental Plan does not pay for any of the following:

1. Services received by an Insured before coverage under the Plan became effective or after coverage under the Plan has terminated.
2. Expenses for preparing dental reports, itemized bills, or claim forms.
3. Illness or injury caused by the negligent or wrongful act of another, or for which the Insured is covered by any workers' compensation or similar law; except that EMI Health may advance benefits to or on behalf of the Insured in such situations, subject to EMI Health's right of Subrogation and reimbursement set forth herein.
4. Illness or injury that an Insured incurred either (1) while in the service of an employer that was obligated by law to provide workers' compensation insurance that would have covered such illness or injury, or, (2) while in the service of an employer that had elected to exclude workers' compensation coverage for such Insured, except that EMI Health may elect to advance benefits to or on behalf of the Insured in either situation, subject to EMI Health's rights of Subrogation and reimbursement set forth herein.
5. Illness or injury for which the Insured is covered by other responsible insurance including, but not limited to, coverage under a government sponsored health plan, underinsured motorist coverage, or uninsured motorist coverage, except as otherwise provided herein, or as otherwise provided by law.
6. Charges for Cosmetic Treatments related to birth defects or cosmetic surgery or dentistry for solely cosmetic reasons including, but not limited to, bonding and veneers. This Exclusion does not apply to reconstructive surgery when the service is incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part, or to reconstructive surgery because of congenital disease or anomaly of a covered Dependent child that has resulted in a functional defect.
7. Any procedure started prior to the date the patient became covered for such services under this policy. This Exclusion does not apply to covered orthodontic benefits for a case in progress.
8. Medical care, confinement, treatment, services, use of facilities, or supplies for which charges are made by a facility, including freestanding nursing home, rest home, or similar establishment.
9. Plaque control programs, oral hygiene instruction, and dietary instruction.

10. Myofunctional therapy.
11. Lab costs for an oral tissue biopsy.
12. Treatment to correct problems with the way teeth meet or to adjust bite (alter vertical dimensions or restore or equilibrate occlusion) except as covered under orthodontia.
13. Care, treatment, operations, supplies, appliances, aids, devices, or drugs that are not FDA approved.
14. Care, supplies, treatment, and/or services for any Injury or illness which is incurred while voluntarily taking part or attempting to take part in an illegal activity, including but not limited to misdemeanors and felonies. It is not necessary that an arrest occur, criminal charges be filed, or if filed, that a conviction result. Proof beyond a reasonable doubt is not required to be deemed an illegal act. This Exclusion does not apply (a) if the Injury resulted from being the victim of an act of domestic violence, or (b) resulted from a medical condition (including both physical and mental health conditions).
15. Care, treatment, operations, or supplies that are illegal, Experimental, Investigative, or for research purposes by the United States medical profession that are not recognized or proven to be effective for treatment of illness or injury in accordance with generally accepted dental/medical practices.
16. Expenses in connection with transportation or mileage reimbursement.
17. Expenses including, but not limited to, air fare, meals, accommodations, and car rental.
18. Medications labeled "Caution, Limited by Federal Law to Investigational Use" or experimental drugs.
19. Services that are not Medically Necessary or Cosmetic Treatment including veneers, special techniques, precious metals used for removable appliances other than orthodontics, precision attachments for partial dentures or bridges, and personal characterization.
20. Any procedure or appliance to correct or treat temporomandibular joint dysfunction (TMJ).
21. Dental implants, transplants, reimplantations, and associated appliances or services rendered in conjunction with implants. This Exclusion does not apply to otherwise covered crowns.
22. Hospital services.
23. Habit-breaking devices or appliances to correct thumb sucking, tongue thrusting, etc.

24. Temporary restorations, appliances, or procedures of any nature, except that temporary restorations are covered when included in the charge for the restoration process.
25. Replacement of lost, stolen, or damaged dentures, except once every five years.
26. Procedures, appliances, or restorations, other than those for replacement of structure loss from caries, that are necessary to alter, restore, or maintain occlusion by any of the following: realignment of teeth, periodontal splinting, gnathological recordings, equilibration, treatment of disturbances of the temporomandibular joint (TMJ), orthognathic procedures.
27. Hypnosis and related analgesia.
28. Restorative dental services in connection with an overdenture.
29. Expenses for services required due to complications associated with, or due to, non-covered services, and where applicable, reversal of non-covered services.
30. Services rendered by anyone other than a licensed Dentist and when necessary and customary, as determined by the standards of generally accepted dental practice.
31. Services for injury resulting from war or any act of war, whether declared or undeclared.
32. Care, treatment, or services the Insured is not, in the absence of this policy, legally obligated to pay, except as otherwise provided by law.
33. Care, treatment, or services rendered by any Provider who ordinarily resides in the same household (e.g. Spouse, parent).
34. Benefits for services or treatments covered under any medical plan.
35. Expenses for appointments scheduled but not kept, telephone consultations or services delivered remotely via email or other telecommunication technologies..
36. Expenses for shipping, handling, postage, sales tax, interest, or finance charges.
37. Charges for completion or submission of insurance forms.
38. Prescription drugs and over-the-counter medication.
39. Charges for care, treatment, or surgical procedures that are unnecessary or in excess of the Outline of Coverage or the Table of Allowance.
40. The application of a dental sealant on any tooth that has been previously treated with a temporary or permanent restoration.

41. The application of dental sealants on all Anterior teeth whether Deciduous or permanent teeth.
42. Chemotherapeutic injections.
43. Orthodontic expenses.
44. All other services not specified as covered benefits or not specifically included in the contract with the Employer, including but not limited to, procedures not listed on the current dental fee schedule. If you have questions about your coverage, contact EMI Health customer service.
45. Care, supplies, or services received outside of the United States or from a non U.S. Provider.

Charges for dental or orthodontic appliances, supplies, medication, or lab tests that are purchased via the internet from Non-participating Providers or vendors, or for which a prescription or physician order is not required.