

**INSURED FREE-STANDING DENTAL PLANS  
 2022 RENEWALS**

**Summary of Contract Changes**

**Washington Large Group Dental Plans**

Premera Blue Cross has made changes to Washington large group free-standing dental plans that will take effect at your upcoming renewal. This summary lists the major changes. **Not all the changes listed may apply to your plan or plans. Please take note of the bold subheadings that show when the change applies. Check your benefit booklet if you need more details about your current coverage.**

**EMPLOYER AGREEMENT**

<b>Sections Affected</b>	<b>Description of Change</b>	<b>Reason for Change</b>
<i>Compliance With Law</i>	Language updated to include:  <i>The No Surprise Act enacted as part of the Consolidated Appropriations Act, 2021.</i>	Legal

**DENTAL BOOKLETS**

<b>Booklet Sections Affected</b>	<b>Plan Affected</b>	<b>Description of Change</b>	<b>Reason for Change</b>
<i>Dental Benefit Maximum</i>	Optima (N/A to Preferred Choice)	Optional Language added for Shared Maximum Option  <i>The maximum amount of dental benefits available to any one member [or more] in a calendar year</i>	Premera Policy
<i>Dental Benefit Maximum</i>	ALL	Language updated to indicate the change from administering dental benefits from Preparation date to Seat date.  <i>Covered dental services requiring multiple treatment dates are considered incurred on the date the services are completed. This is known as the seat date. Amounts paid for such procedures will be applied to the dental benefit maximum based on the incurred date.</i>	Premera Policy

<p><i>Network Providers</i></p>	<p>Optima</p>	<p>We added language about the network used.</p> <p><i>This dental plan utilizes the Dental Choice network providers.</i></p>	<p>OIC Clarification</p>
<p><i>What Do I need to Know Before I Get Care?</i></p> <p>AND</p> <p><i>Definitions</i></p>	<p>ALL</p>	<p>Added to the booklet section:</p> <p><i>Contracted Health Care Benefit Managers</i></p> <p><i>The list of Premera’s contracted Health Care Benefit Managers (HCBM) and the services they manage are available at <a href="https://www.premera.com/visitor/companies-we-work-with">https://www.premera.com/visitor/companies-we-work-with</a> and changes to these contracts or services are reflected on the web site within 30 business days</i></p> <p>Added to the Definitions section:</p> <p><i>Health Care Benefit Managers</i></p> <p><i>Health Care Benefit Managers (HCBM): A person or entity that specializes in managing certain services for a health carrier or employee benefits programs. An HCBM may also make determinations for utilization of benefits and prior authorization for health care services, drugs, and supplies. These include pharmacy, radiology, laboratory, and mental health benefit managers.</i></p>	<p>OIC Clarification</p>

Booklet Sections Affected	Plan Affected	Description of Change	Reason for Change
<i>Description Of Covered Services</i>	ALL	In general, standardized contract language to be more consistent between products and updated frequency limits language from “calendar years” to “consecutive months” unless otherwise stated	Premera Policy & Clarification
<i>Class I - Diagnostic and Preventive Services</i>  <i>Non-Routine / Problem Focused Exams</i>	Optima, Optima (Voluntary)	Language updated for additional guidance regarding problem focused/emergency vs. routine exams  <i>Routine, comprehensive, periodic oral evaluations are limited to two <b>per calendar year</b>. Professional consultations, periodontal evaluations and other office visits apply to this limit.</i>  <i>Problem focused (including emergency) oral evaluations and re-evaluations. Please see the “Definitions” section for the definition of a Dental Emergency</i>	Clarification
<i>Class I - Diagnostic and Preventive Services</i>  <i>Routine Exams</i>     <i>Class II - Basic Services</i>  <i>Non-Routine / Problem Focused Exams</i>	Essentials, Preference Flex Plus, Preference Flex Plus (Voluntary)	Language updated for additional guidance regarding problem focused/emergency vs. routine exams  <i>Routine, comprehensive, periodic oral evaluations are limited to two <b>per calendar year</b>. Professional consultations, periodontal evaluations and other office visits apply to this limit.</i>  <i>Problem focused (including emergency) oral evaluations and re-evaluations. Please see the “Definitions” section for the definition of a Dental Emergency</i>	Clarification

<p><i>Class I - Diagnostic And Preventive Services, Cont.</i></p> <p><i>Dental x-rays and Bitewing Limit</i></p>	<p>Optima, Optima (Voluntary), Preference Flex Plus, Preference Flex Plus (Voluntary)</p>	<p>Language added for additional guidance and clarification of frequency limit</p> <p><i>Dental x-rays include:</i></p> <ul style="list-style-type: none"> <li>• <i>Bitewing x-rays limited to one set (up to 4 images) <b>per calendar year</b></i></li> <li>• <i>Either a panoramic x-ray or comparable cone beam or a complete full mouth series of x-rays, once every 36 consecutive months</i></li> <li>• <i>Periapical x-rays</i></li> <li>• <i>Occlusal x-rays</i></li> </ul>	<p>Clarification</p>
<p><i>Class I - Diagnostic And Preventive Services, Cont.</i></p> <p><i>Dental x-rays and Bitewing Limit</i></p>	<p>Essentials</p>	<p>Language added for additional guidance and clarification of frequency limit</p> <p><i>Dental x-rays include:</i></p> <ul style="list-style-type: none"> <li>• <i>Bitewing x-rays limited to one set (up to 4 images) <b>per calendar year</b></i></li> <li>• <i>Complete series once every 60 consecutive months</i></li> <li>• <i>Periapical x-rays</i></li> <li>• <i>Occlusal x-rays</i></li> </ul>	<p>Clarification</p>
<p><i>Class I - Diagnostic And Preventive Services, Cont.</i></p> <p><i>Sealant limit</i></p>	<p>ALL</p>	<p>Removed language regarding first and second molars and added language for new frequency limit.</p> <p><i>Under age 19 limited to permanent molars only. Replacements limited to once every 24 consecutive months.</i></p>	<p>Premera Policy</p>
<p><i>Class I - Diagnostic and Preventive Services</i></p> <p><i>Oral pathology laboratory service</i></p>	<p>Optima, Optima (Voluntary), Preference Flex Plus, Preference Flex Plus (Voluntary)</p>	<p>Language added for Oral pathology laboratory services:</p> <p><i>Oral pathology laboratory services, not including the removal of tissue sample, are covered when directly related to teeth and gums.</i></p>	<p>New Premera Policy</p>

Class II - Basic Services <i>Therapeutic drug injections</i>	ALL	Removed reference to “Dentally Necessary” language and added to Essentials Dental Plan  <i>Therapeutic drug injections administered in a dental office</i>	Premera Policy & Clarification
Class II - Basic Services <i>Stainless steel crowns</i>	ALL	Benefit moved from Major to Basic Services and frequency limit added  <i>Prefabricated stainless steel, porcelain, ceramic, resin or other esthetic coated stainless-steel crowns are limited to once per tooth every 24 consecutive months</i>	Premera Policy
Class II - Basic Services <i>Repair or Recement of Crowns</i>	Optima, Optima (Voluntary)	Combined into one benefit and moved from Major to Basic Services. Frequency limit also added  <i>Repair or recement of inlays, crowns, onlays, bridgework and dentures are covered when services are done 6 or more months after initial placement.</i>	New Premera Policy
Class II - Basic Services <i>Repair or Recement of Crowns</i>	Essentials	Combined into one benefit and moved from Major to Basic Services. Frequency limit also added  <i>Repair or recement of crowns, once per tooth every 24 consecutive months, are covered when services are performed done 6 or more months after initial placement</i>	New Premera Policy
Class II - Basic Services <i>Occlusal (Night) Guards</i>	Optima, Optima (Voluntary)	Language added for new frequency limits  <i>Occlusal guard (nightguard) is limited to once every 36 consecutive months. Occlusal guard repair, reline and adjustments are limited to once every 12 consecutive months when services are performed done 6 or more months after initial placement of occlusal guard</i>	Premera Policy
Class II - Basic Services <i>Occlusal Adjustments</i>	Essentials, Preference Flex Plus, Preference Flex Plus (Voluntary)	Language added for new frequency limits  <i>Limited occlusal adjustments are covered limited to once every 12 consecutive months as dentally necessary</i>	Premera Policy

<p><i>Class II - Basic Services</i></p> <p><i>Oral surgery</i></p> <p><i>Class III - Major Services</i></p>	<p>Optima, Optima (Voluntary)</p> <p>Preference Flex Plus, Preference Flex Plus (Voluntary)</p>	<p>Updated language for clarification and additional guidance on benefit</p> <p><i>Oral surgery related to the tooth and gum includes:</i></p> <ul style="list-style-type: none"> <li>• <i>Surgical extractions of erupted or impacted teeth and removal of residual tooth roots</i></li> <li>• <i>Oral excision of soft tissue or bone</i></li> <li>• <i>Oral excision of intra-osseous lesions</i></li> <li>• <i>Oral Surgical Incision</i></li> <li>• <i>Alveoplasty or vestibuloplasty</i></li> </ul>	<p>Clarification</p>
<p><i>Class II - Basic Services</i></p> <p><i>Non-surgical periodontal services</i></p>	<p>Optima</p> <p>Optima (Voluntary), Preference Flex Plus, Preference Flex Plus (Voluntary)</p>	<p>Updated language for clarification and additional guidance on benefit</p> <p><i>Non-surgical periodontal services of the gums and supporting structures include:</i></p> <ul style="list-style-type: none"> <li>• <i>Periodontal scaling and root planing and sub-gingival curettage is limited to once per quadrant every 24 consecutive months</i></li> <li>• <i>Periodontal maintenance, as a follow-up to active periodontal treatment, is limited to 4 visits per calendar year.</i></li> <li>• <i>Full mouth debridement is limited to once every 36 consecutive months</i></li> <li>• <i>Localized delivery of antimicrobial agents, subject to review</i></li> </ul>	<p>Clarification</p>
<p><i>Class II - Basic Services</i></p> <p><i>Non-surgical periodontal services</i></p>	<p>Essentials</p>	<p>Updated language for clarification and additional guidance on benefit</p> <p><i>Non-surgical periodontal services of the gums and supporting structures include:</i></p> <ul style="list-style-type: none"> <li>• <i>Periodontal scaling and root planing are limited to once per quadrant every 24 consecutive months</i></li> <li>• <i>Periodontal maintenance, as a follow-up to active periodontal treatment, is limited to 4 visits per calendar year</i></li> <li>• <i>Full mouth debridement is limited to once per lifetime</i></li> </ul>	<p>Clarification</p>

<p><i>Class II - Basic Services</i></p> <p><i>Endodontic services</i></p>	<p>Essentials</p>	<p>Updated language for clarification and additional guidance on benefit</p> <p><i>Endodontic services of teeth with diseased or damaged nerves include:</i></p> <ul style="list-style-type: none"> <li>• <i>Endodontic (root canal) treatment is limited to once per tooth.</i></li> <li>• <i>Open and drain (open and broach) (open and medicate) procedures may be limited to a combined allowance based on our review of the services rendered</i></li> </ul>	<p>Clarification</p>
<p><i>Class II - Basic Services</i></p> <p><i>Endodontic services</i></p>	<p>Optima, Preference Flex Plus</p>	<p>Updated language for clarification and additional guidance on benefit</p> <p><i>Endodontic services of teeth with diseased or damaged nerves include:</i></p> <ul style="list-style-type: none"> <li>• <i>Direct pulp cap</i></li> <li>• <i>Pulpotomy</i></li> <li>• <i>Endodontic (root canal) treatment is limited to once per lifetime.</i></li> <li>• <i>Retreatment of a root canal when services are performed done at least 12 months after the original procedure when performed by a different dental office</i></li> <li>• <i>Open and drain (open and broach) (open and medicate) procedures may be limited to a combined allowance based on our review of the services rendered</i></li> <li>• <i>Apexification, apicoectomy, periradicular surgery, and retrograde filling</i></li> </ul>	<p>Clarification</p>

<p><i>Class III - Major Services</i></p> <p><i>Endodontic services</i></p>	<p>Optima (Voluntary), Preference Flex Plus (Voluntary)</p>	<p>Updated language for clarification and additional guidance on benefit</p> <p><i>Endodontic services of teeth with diseased or damaged nerves include:</i></p> <ul style="list-style-type: none"> <li>• <i>Endodontic (root canal) treatment is limited to once per lifetime.</i></li> <li>• <i>Retreatment of a root canal when services are performed done at least 12 months after the original procedure when performed by a different dental office</i></li> <li>• <i>Open and drain (open and broach) (open and medicate) procedures may be limited to a combined allowance based on our review of the services rendered</i></li> <li>• <i>Apexification, apicoectomy, periradicular surgery, and retrograde filling</i></li> </ul>	<p>Clarification</p>
<p><i>Class II - Basic Services</i></p> <p><i>Periodontal Surgery</i></p> <p> </p> <p><i>Class III - Major Services</i></p>	<p>Optima, Preference Flex Plus</p> <p> </p> <p>Optima (Voluntary), Preference Flex Plus (Voluntary)</p>	<p>Updated language regarding <i>Osseous surgery (surgical periodontal treatment)</i> for additional clarification and frequency limit language from “calendar years” to “consecutive months”.</p> <ul style="list-style-type: none"> <li>• <i>Periodontal surgery is covered in the same quadrant once every 36 consecutive months</i></li> </ul>	<p>Premera Policy</p>



<p><i>Class II - Basic Services</i>  <i>Periodontal soft tissue grafts</i></p> <p><i>Class III - Major Services</i></p>	<p>Optima, Preference Flex Plus</p> <p>Optima (Voluntary), Preference Flex Plus (Voluntary)</p>	<p>Separated periodontal soft tissue grafts from periodontal surgery limit.</p> <p><i>Periodontal soft tissue grafts are covered in the same quadrant once every 36 consecutive month</i></p>	<p>Premera Policy</p>
<p><i>Class III - Major Services</i>  <i>Inlays, onlays, crowns and labial veneers</i></p>	<p>Optima, Optima (Voluntary), Preference Flex Plus, Preference Flex Plus (Voluntary)</p>	<p>Updated language for change to Seat date, removed reference to “Dentally Necessary” and for additional guidance on benefit</p> <p><i>Inlays, onlays, crowns and labial veneers for a tooth that is decayed or fractured or where there is significant loss of clinical crown and no other dentally appropriate restoration will restore the tooth are limited to once every 5 <b>calendar years</b> from the original seat date.</i></p> <p><i>Labial veneers are limited to anterior teeth and subject to review for dental necessity. Labial veneers are often considered cosmetic and not covered by this dental plan. For this reason, an estimate of your dental benefits is strongly recommended.</i></p>	<p>New Premera Policy</p>
<p><i>Class III - Major Services</i>  <i>Crowns</i></p>	<p>Essentials</p>	<p>Updated language for change to Seat date and additional guidance on benefit</p> <p><i>Crowns for a tooth that is decayed, fractured or where there is significant loss of clinical crown and no other dentally appropriate restoration will restore the tooth are limited to once every 5 <b>calendar years</b> from the original seat date.</i></p>	<p>New Premera Policy, Clarification</p>

<p><i>Class III - Major Services</i></p> <p><i>Fixed bridge or Denture</i></p>	<p>Optima, Optima (Voluntary), Preference Flex Plus, Preference Flex Plus (Voluntary)</p>	<p>Updated language for change to Seat date and additional guidance on benefit</p> <p><i>Initial placement of a fixed bridge or denture. Replacement is limited to:</i></p> <ul style="list-style-type: none"> <li>• <i>Once every 5 calendar years from the original seat date and only if it is unserviceable and cannot be made serviceable.</i></li> <li>• <i>The replacement or addition of teeth is required to replace 1 or more additional teeth extracted after initial placement</i></li> </ul>	<p>New Premera Policy, Clarification</p>
<p><i>Class III - Major Services</i></p> <p><i>Reline, rebase and adjustments of dentures</i></p>	<p>Optima, Optima (Voluntary), Preference Flex Plus, Preference Flex Plus (Voluntary)</p>	<p>Updated language for additional guidance on benefit</p> <p><i>Reline, rebase and adjustments of dentures are covered when services are done 6 or more months after denture installation.</i></p>	<p>Clarification</p>
<p><i>Class III - Major Services</i></p> <p><i>Implants and implant-related services</i></p>	<p>Optima), Preference Flex Plus</p>	<p>Updated language for change to Seat date and additional guidance on benefit</p> <p><i>Implants and implant-related services supported crowns subject to review for dental necessity. Replacement implant/abutment supported crowns, dentures, and bridges are limited to once every 5 <b>calendar years</b> from the original seat date.</i></p>	<p>New Premera Policy, Clarification</p>
<p><i>Class III - Major Services</i></p> <p><i>Crown Buildups</i></p>	<p>ALL</p>	<p>Language added for new frequency limit</p> <p><i>Crown build-ups or post and cores for covered crowns are limited to once every 5 calendar years</i></p>	<p>Premera Policy</p>
<p><i>Orthodontia</i></p>	<p>Optional Rider</p>	<p>Optional Language added for age limit and new Orthodontia 50 percent coinsurance option</p> <p><i>For members up to age 19, Benefits are provided at 50% of the allowable charge</i></p>	<p>Premera Policy</p>

<p><i>Temporomandibular Joint Disorders (TMJ)</i></p>	<p>ALL</p>	<p>This is now a standard benefit. Language updated to remove all specific limits.</p> <p><b>TEMPOROMANDIBULAR JOINT (TMJ) DISORDERS</b></p> <p><i>Services and supplies for treatment of temporomandibular joint (TMJ) disorders are covered on the same basis as any other condition</i></p>	<p>Premera Policy</p>
<p><i>Temporomandibular Joint Disorders (TMJ)</i></p>	<p>ALL</p>	<p>Removed discretionary language “as determined by us”.</p>	<p>OIC Clarification</p>
<p><i>Temporomandibular Joint Disorders (TMJ)</i></p>	<p>Essentials Dental, Optima Flex, Preference Flex Plus, Preference Flex Plus Voluntary</p>	<p>We added definitions for “Medical Services” and clarified the definition for “Dental Services” for purpose of TMJ.</p> <p><i>“Medical Services” for the purpose of this TMJ benefit are those that meet all of the following requirements:</i></p> <ul style="list-style-type: none"> <li>• <i>Reasonable and appropriate for the treatment of a disorder of the temporomandibular joint, under all the factual circumstances of the case</i></li> <li>• <i>Effective for the control or elimination of one or more of the following, caused by a disorder of the temporomandibular joint: pain, infection, disease, difficulty in speaking, or difficulty in chewing or swallowing food</i></li> <li>• <i>Recognized as effective, according to the professional standards of good medical practice</i></li> <li>• <i>Not experimental or investigational, according to the criteria stated under the “Definitions” section, or primarily for cosmetic purposes</i></li> </ul> <p><i>“Dental Services” for the purpose of this TMJ benefit are those that meet all of the following requirements:</i></p>	<p>OIC Clarification</p>

<p><i>Temporomandibular Joint Disorders (TMJ)</i></p>	<p>Optima, Optima Voluntary,</p>	<p>We added definitions for “Dental Services” and clarified the definition for “Medical Services” for purpose of TMJ.</p> <p><i>“Medical Services” for the purpose of this TMJ benefit are those that meet all of the following requirements:</i></p> <ul style="list-style-type: none"> <li>• <i>Reasonable and appropriate for the treatment of a disorder of the temporomandibular joint, under all the factual circumstances of the case</i></li> <li>• <i>Effective for the control or elimination of one or more of the following, caused by a disorder of the temporomandibular joint: pain, infection, disease, difficulty in speaking, or difficulty in chewing or swallowing food</i></li> <li>• <i>Recognized as effective, according to the professional standards of good medical practice</i></li> <li>• <i>Not experimental or investigational, according to the criteria stated under the “Definitions” section, or primarily for cosmetic purposes</i></li> </ul> <p><i>“Dental Services” for the purpose of this TMJ benefit are those that meet all of the following requirements:</i></p> <ul style="list-style-type: none"> <li>• <i>Reasonable and appropriate for the treatment of a disorder of the temporomandibular joint, under all the factual circumstances of the case</i></li> <li>• <i>Effective for the control or elimination of one or more of the following, caused by a disorder of the temporomandibular joint: pain, infection, disease, difficulty in speaking, or difficulty in chewing or swallowing food</i></li> <li>• <i>Recognized as effective, according to the professional standards of good dental practice</i></li> <li>• <i>Not experimental or investigational, according to the criteria stated under the “Definitions” section, or primarily for cosmetic purposes</i></li> </ul>	<p>OIC Clarification</p>
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<p><i>Temporomandibular Joint Disorders (TMJ)</i></p>	<p>Willamette</p>	<p>We added definitions for “Dental Services” and clarified the definition for “Medical Services” for purpose of TMJ.</p> <p><i>“Medical Services” for the purpose of this benefit, to be covered, must be:</i></p> <ul style="list-style-type: none"> <li>• <i>Reasonable and appropriate for the treatment of a disorder of the temporomandibular joint, under all the factual circumstances of the case;</i></li> <li>• <i>Effective for the control or elimination of one or more of the following, caused by a disorder of the temporomandibular joint: pain, infection, disease, difficulty in speaking, or difficulty in chewing or swallowing food;</i></li> <li>• <i>Recognized as effective, according to the professional standards of good medical practice;</i></li> <li>• <i>Not experimental or investigational; or primarily for cosmetic purposes.</i></li> </ul> <p><i>“Dental Services” for the purpose of this benefit, to be covered, must be:</i></p> <ul style="list-style-type: none"> <li>• <i>Reasonable and appropriate for the treatment of a disorder of the temporomandibular joint, under all the factual circumstances of the case;</i></li> <li>• <i>Effective for the control or elimination of one or more of the following, caused by a disorder of the temporomandibular joint: pain, infection, disease, difficulty in speaking, or difficulty in chewing or swallowing food;</i></li> <li>• <i>Recognized as effective, according to the professional standards of good dental practice;</i></li> <li>• <i>Not deemed experimental or investigational; or primarily for cosmetic purposes</i></li> </ul>	<p>OIC Clarification</p>
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<i>COB's Effect on Benefits</i>	ALL	<p>We added clarifying language about the amount paid when member has dual coverage.</p> <p><i>When paying a claim, the total amount paid by the secondary plan in combination with what is paid by the primary plan is never required to be more than one hundred percent of the highest total allowable expense of either plan plus any savings accrued from prior claims incurred in the same calendar year.</i></p>	OIC Clarification
<i>Dependent Eligibility</i>	ALL	<p>We updated this statement and removed reference the "Affidavit of Domestic Partnership" form.</p> <p><i>The Subscriber's state-registered domestic partner (as required by Washington state law) or if specifically included as eligible by the Group, the Subscriber's non-state registered domestic partner. State-registered domestic partners will be extended the same rights as spouses.</i></p>	OIC Clarification
<i>How Do I Continue Coverage?</i>	ALL	<p>We have replaced the word "handicap" and "handicapped" with "disability" and "disabled."</p>	OIC Clarification
<i>How To Submit an Appeal</i>	Preference Flex Plus, Preference Flex Plus Voluntary, Willamette	<p>We have added a new section into the Appeals section when we need more time to review the appeal and clarified when to expect a response for "All other appeals" from 14-30 days to 14 days.</p> <p><i>If We Need More Time</i></p> <p><i>For appeals other than urgent appeals, we can extend the time limits above to a maximum of 30 days by telling you how much more time we will need and why we need it. If we ever need more than 30 days, we will tell you and ask for your written agreement to a new response date.</i></p>	OIC Clarification
<i>Exclusions</i>	ALL	<p>We have updated the definition of Exclusion to help describe the services limited or not covered by the plan.</p> <p>We have revised some general exclusions to be consistent with our other lines of business and to better describe the exclusion.</p>	Clarification

<i>Exclusions</i> <i>Amounts over the Allowed Amount</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Benefits from Other Sources</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Charges or Records or Reports</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Comfort or Convenience</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Complications</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Counseling, Education or Training</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Court-Ordered Services</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Experimental and Investigative Services</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Family Members or Volunteers</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification

<i>Exclusions</i> <i>Government Facilities</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Illegal Acts and Terrorism</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Military Service and Ware</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Non-Treatment Charges</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Non-Treatment Facilities, Institutions, or Programs</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Orthognathic Surgery</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>Provider’s Licensing or Certification</i>	ALL	We have updated the language to be consistent with our other lines of business and to better describe the exclusion.	Clarification
<i>Exclusions</i> <i>No Charge or You Don’t Legally Have to Pay</i>	ALL	We have updated the language to be consistent with our other lines of business and moved into two different exclusions, <b>Serious Adverse Events and Never Events</b> ; and <b>Services or Supplies for which You Do Not Legally Have to Pay</b> .	Clarification
<i>Exclusions</i> <i>Not Dentally Necessary</i>	ALL	Moved under a new exclusion called, Services or Supplies Not Dentally Necessary to be consistent with not medically necessary services  <b>Services or Supplies Not Dentally Necessary</b>  Services that are not dentally necessary.	Clarification



<p><i>Exclusions</i></p> <p><i>Not Medically Necessary</i></p>	<p>ALL</p>	<p>We have updated the language to help describe the exclusions for Not Medically Necessary and moved it under a new exclusion:</p> <p><b>Services or Supplies Not Medically Necessary</b></p> <p>Services or supplies that are not medically necessary even if they're court ordered. This also includes places of service, such as inpatient hospital care.</p>	<p>Clarification</p>
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