Guardian Dental General Treatment Exclusions from Coverage

➢ purely cosmetic treatment
➢ more than one prophylactic visit every 4 months
➢ temporomandibular joint (TMJ) dysfunction
➢ replacement of stolen or lost appliances
➢ services that do not meet commonly acceptable dental standards
➢ services covered under Basic Health Insurance
➢ Any service or supply not included on Guardians List of Covered Services
➢ Procedures related to or performed in conjunction with non-covered work
➢ Educational, instructional or counseling services
➢ Precision attachments, magnetic retention or overdenture attachments
➢ Replacement of a part of above
➢ Services related to overdentures e.g., root canal therapy on supporting teeth
➢ General anesthesia or sedation, except inhalation sedation related to periodontal surgery, surgical extractions, apicoectomies, root amputations or certain other oral surgical procedures
➢ Local anesthetic, except as part of procedure
➢ Restoration, procedure, appliance or device used solely to alter vertical dimension, restore or maintain occlusion, treat a condition resulting from attrition or abrasion or splint or stabilize teeth for periodontal reasons
➢ Cephalometric radiographs or oral/facial imaging
➢ Fabrication of spare appliances
➢ Prescription medication
➢ Desensitizing medicaments or resins
➢ Pulp viability or caries susceptibility testing
➢ Bite registration or analysis
➢ Gingival curettage
➢ Localized delivery of chemotherapeutic agents
➢ Maxillofacial prosthetics
➢ Temporary dental prosthesis or appliances except interim partials to replace anterior teeth extracted while covered
➢ Replacing an existing appliance, except when it is over 10 years old and deemed unusable or it is damaged by injury while covered and not reparable.
➢ A fixed bridge replacing the extracted portion of a hemisected tooth
➢ Replacement of one or more unit of crown and/or bridge per tooth
➢ Replacement of extracted / missing third molars
➢ Treatment of congenital or developmental malformations
➢ Endodontic, periodontal, crown or bridge abutment procedure or appliance related to tooth with guarded or worse prognosis
➢ Treatment for work-related injury
➢ Treatment for which no charge is made
➢ Detailed or extensive oral evaluations
➢ Evaluations and consultations for non-covered services