

Non-Covered Services Statement

A majority of states allow dentists to charge you their usual and customary fees when a service is not covered by your dental insurance plan. This is called a non-covered service. Most dentists are happy to discuss the treatment plan and anticipated costs with you before starting any work. Generally, your dentist should give you a detailed plan with estimated costs if the service is non-covered. Dentegra is here to help. If you would like more information about your dental coverage options, we recommend you review your benefit plan on a computer or smartphone at **dentegra.com**. If preferred, you may call our Customer Service department. For complete details about your coverage, you may wish to carefully review your Evidence of Coverage document.

“Covered Services” are commonly defined as dental care services for which a reimbursement is available under an enrollee’s plan contract. This includes services that would be reimbursed, except for contractual limitations such as deductibles, co-payments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.



