

**SPECIAL NOTICE REGARDING
REFERENCES TO DENTAL ANESTHESIA.**

Effective January 1, 2017, your Schedule of Benefits is amended by the following changes.

The information under Limitations, Dental services – medical coverage is deleted in its entirety and is replaced with the following:

Benefit	Limitation Description
Dental services – medical coverage	<ul style="list-style-type: none"> • Dentistry or dental processes to the teeth and surrounding tissue limited to: <ul style="list-style-type: none"> ○ Emergency room services to treat accidental injury to the jaw, sound natural teeth, mouth, or face. ○ Improvement of the physiological functioning of a malformed part of the body resulting from a congenital defect. • General anesthesia/IV sedation for dental services limited to a Member who: <ul style="list-style-type: none"> ○ Has a medical or emotional condition that requires Hospitalization or general anesthesia for dental care; ○ Is severely disabled; ○ In the judgment of the treating Practitioner, is not of sufficient emotional development to undergo a Medically Necessary dental procedure without the use of anesthesia; and ○ Requires Inpatient or Outpatient services because of an underlying medical condition and clinical status or because of the severity of the dental procedure.

Except as amended, your Schedule of Benefits remains unchanged.

PLEASE KEEP THIS NOTICE WITH YOUR SCHEDULE OF BENEFITS FOR FUTURE REFERENCE.