

# Health Plan of Nevada, Inc.



## Individual Plan Dental Summary

Calendar Year Plan Maximum Benefit \$1,000

Covered Services	Member Copayment
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### Preventive and Diagnostic - Type I Services

Examination (covers two (2) per Calendar Year)	No charge
Cleaning (covers two (2) per Calendar Year)	No charge
Fluoride Treatment (covers one (1) per Calendar Year)	No charge
X-ray Procedures - Bitewing (covers two (2) per Calendar Year)	No charge
X-ray Procedures - Complete Series or Panorex (covers (1) per Calendar Year)	\$15
Space Maintainer	\$25 per appliance

### Basic - Type II Services\* (6-month wait, see below)

Restorative - fillings	\$10 per tooth
Oral Surgery - extractions	\$10-\$25 per tooth (depending on tooth)
Periodontics	\$10-\$200 per procedure
Endodontics - root canals	\$75 per tooth

### Major - Type III Services\* (12-month wait, see below)

Restorative - inlays and crowns	\$100-\$191 per restoration (depending on number of surfaces and materials used)
Complete Denture - upper or lower	\$210-\$235 each
Partial Denture - upper or lower	\$202-\$240 each (depending on materials used)

\*The Insured must be enrolled under the Plan for six (6) consecutive months before Basic, Type II benefits are payable by HPN, and enrolled under the Plan for twelve (12) consecutive months before Major, Type III benefits are payable by HPN.

This is a summary of Covered Services. Please refer to the Health Plan of Nevada Individual Plan Dental Rider, Form No. HPN-IND-DENT(Revised 98), for additional information, limitations and exclusions. Copies of these documents are available upon request. This Plan does not include orthodontia services. Plan documents govern in resolving any benefit questions or payments.

# Health Plan of Nevada, Inc. (HPN)

## *Dental Exclusions and Limitations*

The following services and resulting complications are excluded from coverage:

- Any treatment which is for cosmetic purposes, or to correct congenital malformations.
- Replacement of a removable or fixed prosthetic appliance, crown, or inlay/onlay restoration within five (5) years of the original placement date. However, if managed care review determines replacement is necessary due to accidental injury, benefits will be administered accordingly if the Member is covered under this Rider at the time of the accident. An accidental injury does not include injury caused by chewing.
- Initial placement of a removable or fixed prosthetic appliance unless such placement is needed due to extraction of one (1) or more natural teeth while the Member is covered under this Rider. The extraction of a third molar (wisdom tooth) will not qualify as an exception to the above limitation. Appliance must include the replacement of the extracted tooth or teeth.
- Implants, crowns related to implants and/or any other implant related services.
- Any procedure begun prior to the Member's coverage under this Rider.
- Any procedure begun after the Member's coverage under this Rider terminates; or for any prosthetic dental appliance installed or delivered more than 90 days after the Member's coverage under this Rider terminates.
- Replacement of lost or stolen dentures, partials, bridges or other appliances.
- Appliances, restorations or procedures to:
  1. alter vertical dimension.
  2. restore or maintain occlusion.
  3. splint or replace tooth structure lost as a result of abrasion or attrition.
  4. treat disturbances of the temporomandibular joint (TMJ) or myofascial pain dysfunction (MPD).
- Any procedure not specifically provided herein or in the Covered Services set forth in this Rider.
- Education or training in and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
- Completion of claim forms.
- Application of sealants.
- Subgingival curettage, root planning (ADA Procedure codes 4220, and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
- Periodontal charting is not covered as a separate procedure.
- Treatment of malignancies, cysts or neoplasms.
- Oral surgery requiring the setting of fractures or dislocations.
- General anesthesia and the cost of hospital care for any dental procedure.
- Services required because of an injury arising out of or in the course of, work for profit.
- Services required because of an illness for which the Member is eligible for benefits under any workers' compensation act or similar laws or due to occupational injury or illness.
- Charges for which the Member is not liable or which would not have been made had no insurance been in force.
- Occupational Safety and Health Administration (OSHA) related fees, including but not limited to sterilization.
- Services which are not recommended by a Dentist or which are not required for necessary dental care and treatment.
- Services required because of war or any act of war, declared or not.
- Payment that is not legal where the Member is living when expenses are incurred.
- Orthodontic treatment or expenses.

Benefits are available only through an independently contracted dentist ("Plan Dentist") who has agreed to provide services to members enrolled in the Individual Plan from Health Plan of Nevada, Inc.