



**HEALTH PLAN OF NEVADA**  
A UnitedHealthcare Company

***Expanded Dental Care Services***  
**Benefit Amendment**

The Member Handbook and Evidence of Coverage ("EOC") between the Group and Health Plan of Nevada, Inc. ("HPN"), to which this Benefit Amendment is attached and incorporated therein, is hereby amended as follows:

Notwithstanding anything to the contrary in the EOC, a member shall be entitled to the Dental Care Services specified below:

<b>FIRST: Definitions</b>
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For the purpose of this Benefit Amendment, the following definitions shall apply:

1.1 Dental Care Services Provided under this agreement and member copayments are as follows:

<b>Benefit</b>	<b>Copayment</b>
<b>1. Diagnostic and Preventive</b>	
a) Routine periodic examinations, to include bitewing x-rays, twice in any calendar year.	No Charge
b) Full-mouth x-rays if required but no more often than once in any calendar year	No Charge
c) Dental prophylaxis including cleaning, scaling, polishing, and topical fluoride application, if required, twice in any calendar year.	No Charge
d) Space management therapy. To maintain space so that permanent dentition may erupt in that area so that dental arches do not shift. This management may be done by hand and loop on distal shoe appliance	No Charge

Legal Documents

# Dental Care

- 2. **Restorative**
  - a) Restorations - amalgam or composite surfaces (depending on number of surfaces) \$5.00 - \$25.00
  - b) Restorations - amalgam or composite with reinforcing pin(s). \$10.00 per pin
  - c) Crowns, inlays and fixed prosthodontics. \$100.00 per tooth or unit
  - d) Other restorative services
    - 1) Cast-post and core \$30.00 per tooth
    - 2) Recement inlays and crowns \$5.00 per unit
    - 3) Sedative fillings \$5.00 per tooth
    - 4) Remove crown and decay \$5.00 per tooth
- 3. **Endodontics**
  - a) Pulp capping \$5.00 per tooth
  - b) Pulpotomy \$5.00 per tooth
  - c) Root Canal Therapy (excluding x-rays)
    - 1) One canal \$50.00 per tooth
    - 2) Two canals \$75.00 per tooth
    - 3) Three canals \$100.00 per tooth
- 4. **Periodontics**
  - a) Subgingival curettage and root planing when performed by a general dentist \$25.00 per quadrant
  - b) All other periodontal procedures 50% of charges
- 5. **Prosthodontics**
  - a) Complete and partial dentures \$150.00 per unit
  - b) Repair to dentures \$25.00 per unit

# Dental Care

- c) Denture adjustments \$5.00 per visit
- d) Denture relining, chairside \$10.00 per unit
- e) Denture relining, laboratory \$50.00 per unit
- f) Stress breaker \$25.00 per unit
- g) Precision attachment \$25.00 per unit
- 6. **Oral Surgery**
  - a) Extractions, when performed by a general dentist \$5.00 per tooth
  - b) All other oral surgical procedures 50% of charges
- 7. **Orthodontia**

For eligible dependents, age 8 and up to the 19th birthday, if required, due to an overbite of at least four millimeters, crossbite or protrusive or retrusive relationship of at least one cusp. 50% of charges
- 8. **Dental Specialists**
  - a) Any services performed by a dental specialist 50% of charges
- 9. **Emergency Services**
  - a) Emergency visit \$5.00 per visit

1.2 "Participating Dentist" means a dentist who has agreed under contract to participate in HPN's dental care program and provide dental care services to Members.

## SECOND: Dental Care Services

2.1 Subject to all definitions, terms and conditions in the EOC, a Member is entitled to receive the dental care services set forth in this Benefit Amendment. The Member shall be entitled to dental care services only if such services are performed by a Participating Dentist.

2.2 The maximum amount of benefits which HPN will provide under this Benefit Amendment is as follows: One thousand five hundred dollars (\$1,500.00) per Member per Calendar Year.

## THIRD: Exclusions

In addition to any other applicable exclusions and/or limitations in the EOC, benefits shall not be provided for:

- a) Prosthetic appliances used for the purpose of replacing an existing prosthetic appliance, if the member has not been enrolled in HPN for a twelve (12) consecutive month period or if the existing prosthetic appliance is less than five (5) years old. If the existing prosthetic appliance is at least five (5) years old, a replacement prosthetic appliance will be provided only if the existing appliance cannot be made satisfactory.
- b) Charges for the first installation of dentures and bridgework when the charges are for the replacement of natural teeth lost before the member was covered under HPN's dental program.

# Dental Care

- c) Services rendered by an employer's dental or medical department maintained by or on behalf of such employer.
- d) Services provided by non-Participating Dentists.
- e) Services for which coverage is available under Workmen's Compensation or employer's liability laws.
- f) Services provided or paid for by governmental agency or under any governmental program or law, except charges which the Member is legally obligated to pay.
- g) Services performed for cosmetic purposes or to correct congenital malformations.
- h) Charges for courses of treatment, including prosthetics and orthodontia, which were undertaken prior to the effective date of coverage.
- i) Charges for services related to temporomandibular joint dysfunctions.
- j) Loss or theft of a denture.
- k) Charges for any treatment, installation of dentures, or any other services after termination of coverage, even if such treatment was initiated while any individual was covered hereunder.
- l) Services, including general anesthesia, not considered Medically Necessary by the dentist.
- m) Restorations using gold foil and any precious metal restoration when the tooth can be restored using other filling materials.
- n) Bonding for cosmetic purposes.
- o) Orthodontic services for Members under 8 years of age and Members who are 19 years of age or older and/or replacement of lost, stolen or broken appliances.
- p) Any charges for services not specifically provided herein (including hospital services associated with any benefit in this amendment).

## **FOURTH: General Provisions**

4.1 The date upon which this Benefit Amendment shall be effective is the date set forth in the EOC.

4.2 This Benefit Amendment shall terminate upon termination of the EOC and under the same terms and conditions specified in the EOC. Upon such termination, Member under the Benefit Amendment shall cease to be entitled to any benefits provided herein.

4.3 Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the attached EOC, other than as above stated in the Benefit Amendment.