

Dental Care Gold Plus 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:

FIRST - Definitions

For the purpose of this Benefit Amendment, the following definitions shall apply:

Section 1.1

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

Benefit	Copayment
1. Diagnostic and Preventive	
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 band and loop on distal shoe appliance.	No Charge

Legal Documents

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2. Restorative

- a) Restorations - amalgam or composite. No Charge
- b) Restorations - amalgam or composite with reinforcing pin(s). No Charge
- c) Crowns, inlays and fixed prosthodontics. \$25 per tooth or unit
- d) Other restorative services
 - 1) Cast-post and core No Charge
 - 2) Recement inlays and crowns No Charge
 - 3) Sedative fillings No Charge
 - 4) Remove crown and decay No Charge

3. Endodontics

- a) Pulp capping No Charge
- b) Pulpotomy No Charge
- c) Root Canal Therapy (including x- rays)
 - 1) One canal No Charge
 - 2) Two canals No Charge
 - 3) Three canals No Charge

4. Periodontics

- a) Subgingival curettage and root planing when performed by a general dentist No Charge
- b) All other periodontal procedures 20% of charges

5. Prosthodontics

- a) Complete and partial dentures \$25.00 per tooth or unit
- b) Repair to dentures No Charge

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- c) Denture adjustments No Charge
- d) Denture relining, chairside No Charge
- e) Denture relining, laboratory No Charge
- f) Stress breaker No Charge
- g) Precision attachment No Charge

6. Oral Surgery

- a) Extractions, when performed by a general dentist No Charge
- b) All other oral surgical procedures No Charge

7. Orthodontia

- 1. If for a qualified dependent child who is age 8 or more but less than age 19 on the date the treatment commences, and who is covered for Dental Expense Coverage with Clark County, and 20% of Charges
- 2. If required by an overbite of at least four millimeters, crossbite, or protrusive or retrusive relationship of at least one cusp.

Section 1.2

“Participating dentist” means those dentists who have agreed under contract to participate in HPN’s Dental Program and provide Dental Care Services to members.

SECOND - Dental Care Services

Section 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.

Section 2.2

The maximum amount of benefits which HPN will provide under this Benefit Amendment is as follows: Two thousand dollars (\$2,000.00) 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:

- 1. Prosthodontics, removable or fixed, used for the purpose replacing existing prosthodontics, removable or fixed, if the member has not been enrolled in Health Plan for twelve (12) consecutive month period or if the existing prosthodontics is less than five (5) years old. If the existing prosthodontics is at least 5 years old, replacement prosthodontics will be provided only if the existing prosthodontics cannot be made satisfactory.
- 2. 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 any Clark County sponsored dental program.
- 3. Services rendered by an employer’s dental or medical department maintained by or on behalf of such employer.

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4. Services provided by non-participating dentists.
5. Services for which coverage is available under Workmen's Compensation or Employer's Liability laws.
6. 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.
7. Services performed for cosmetic purposes or to correct congenital malformations.
8. Charges for courses of treatment, including prosthetics, which were undertaken prior to the effective date of coverage.
9. Charges for services related to temporomandibular joint dysfunctions.
10. Loss or theft of a denture.
11. Charges for any treatment or any other services after termination of coverage, even if such treatment was initiated while any individual was covered hereunder.
12. Services, including general anesthesia, not considered medically necessary by the dentist.
13. Restorations using gold foil and any precious metal restoration when the tooth can be restored using other filling materials.
14. Bonding for cosmetic purposes.
15. Any charges for services not specifically provided herein (including hospital services associated with any benefit in this amendment).

FOURTH - General Provisions

Section 4.1

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

Section 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.

Section 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.