

HEALTH PLAN OF NEVADA, INC. (HPN – HMO)

Calendar Year Maximums, Orthodontia Maximums, Frequencies, Limitations & Exclusions

<i>PRODUCT</i>	<i>CALENDAR YEAR MAXIMUM</i>	<i>EXAM</i>	<i>FULL MOUTH X-RAYS / PANOREX</i>	<i>BITEWING X-RAYS</i>	<i>PROPHY</i>	<i>FLUORIDE</i>	<i>SEALANTS</i>	<i>WAIT TIMES</i>
DLV 502	\$1500 <i>includes Orthodontia</i>	Two per calendar year	One of either per calendar year.	Two sets per calendar year.	Two per calendar year	Two per calendar year. – No age limitation	Not Covered	No wait on any Dental Services No calendar year Deductible
DLV 503	\$1500	Two per calendar year	One of either per calendar year.	Two sets per calendar year	Two per calendar year	Two per calendar year. – No age limitation	Not Covered	No wait on any Dental Services No calendar year Deductible
DLV 505 **	\$2000 <i>includes Orthodontia</i>	Two per calendar year	One of either per calendar year.	Two sets per calendar year.	Two per calendar year	Two per calendar year. – No age limitation	Not Covered	See ** below for explanation
DLV 507	None	No frequency limitation	No frequency limitation	No frequency limitation	Two per calendar year	Two per calendar year. – Under age 18	No frequency, age or tooth limitation	No wait on any Dental Services No calendar year Deductible
DLV 517 **	\$2000 <i>includes Orthodontia</i>	Two per calendar year	One of either per calendar year.	Two sets per calendar year	Two per calendar year	Two per calendar year. – No age limitation	Not Covered	See ** below for explanation
**	DLV 505 & DLV 517 Products have a 12 month wait on <i>REPLACEMENT</i> Prosthodontics removable and fixed. The wait time does not apply to initial placement crowns or crowns that are over 5 years old. The 12 month wait time also applies to repair to dentures, denture adjustments, denture relining-chair-side, denture relining-laboratory, stress breaker, precision attachment.							

Additional Frequencies, Limitations & Exclusions are on the following Page

HEALTH PLAN OF NEVADA, INC.
Additional Frequencies, Limitations & Exclusions

1. Composite fillings are covered on posterior teeth.
2. Full Mouth Debridement is covered once in a thirty -six (36) month period. Periodontal Root Planing is limited to once per quadrant in a calendar year.
3. Periodontal Maintenance Prophylaxis is covered once every three (3) months after completion of Periodontal Therapy.
4. Teeth missing prior to the effective date of coverage under Health Plan of Nevada, Inc. are not covered for replacement.
5. Existing inlays, onlays, crowns, permanent bridges, removable partials, and dentures are not covered for replacement if less than five (5) years old.
6. Lost or stolen dentures, partials, other appliances, crowns or bridgework are not covered for replacement.
7. veneers are not a covered benefit.
8. Relines are covered once in a six (6) month period.
9. Occlusal guard appliances are not covered.
10. Implants and implant related services are not a covered benefit.
11. Pre-medication, Nitrous Oxide, IV Sedation, and General Anesthesia are not covered, nor the costs of hospital care for any dental procedure.
12. Products with Orthodontia benefits provide coverage with contracted specialists, for dependents from age eight (8) and up to their 19th birthday who meet either an overbite of at least 4 millimeters, a cross bite, or a protrusive or retrusive relationship of at least one cusp.