

HPN SPECIALIST CO-PAYMENT SCHEDULE

<i>Products</i>	<i>¹ Oral Surgery</i>	<i>Endodontics</i>	<i>² Pediatric</i>	<i>³ Periodontics</i>	<i>⁴ Orthodontics</i>
00505 (Risk Gold Plus Dental) <i>\$2000 Calendar Year Maximum</i>	No Co-pay	No Co-pay	No Co-pay	20% Co-pay	20% Co-pay
00502 (Expanded Dental Care Services) <i>\$1500 Calendar Year Maximum</i>	50% Co-pay	50% Co-pay	50% Co-pay	50% Co-pay	50% Co-pay
00503 <i>\$1500 Calendar Year Maximum</i>	50% Co-pay	50% Co-pay	50% Co-pay	50% Co-pay	No benefit
00517 (Gold Plus Dental) <i>\$2000 Calendar Year Maximum</i>	No Co-pay	No Co-pay	No Co-pay Please refer to Plan for Major Services	20% Co-pay	20% Co-pay
00507 (Federal Employees' Supplemental Dental Plan) <i>No Calendar Year Maximum</i>	Health Plan of Nevada, Inc. Dental Specialist's will allow the limited benefits for the co-payments indicated in the product. All other procedures will be allowed at the contracted discount rates. (see plan breakdown in provider book under DLV 507)				No benefit

1. Oral Surgery - No coverage for nitrous, IV sedation, general anesthesia or the cost of hospital care for any dental procedures.
2. Pediatric Dentistry - No coverage for pre-medication, nitrous, IV sedation, general anesthesia, cosmetic services, sealants, or the cost of hospital care for any dental procedures.
3. Periodontics - When periodontal condition is controlled, patient should be referred back to their general dentist for periodontal maintenance.
4. Orthodontics - Plans with orthodontic coverage: eligible dependents age 8 and up to their 19th birthday who meet either an overbite of at least 4 millimeters, a crossbite, or a protrusive or retrusive relationship of at least one cusp.