

Clark County School District (CCSD) Support Staff & School Police Dental PPO Plan CC-1 with Ortho



Calendar Year Deductible (CYD) \$50 per Insured/\$150 per Family
(applies to Type II and Type III Services only)
Calendar Year Plan Maximum Benefit \$2,000 per Insured

Covered Services	Plan Dentist Coinsurance	Non-Plan Dentist Coinsurance
Preventive and Diagnostic - Type I Services		
Examination (covers two (2) per Calendar Year)	Not subject to CYD. Insured pays 0% of EDE.*	Not subject to CYD. Insured pays 20% of EDE up to the maximum benefit.
Cleaning (covers two (2) per Calendar Year)	↓	↓
Fluoride Treatment (covers one (1) per Calendar Year for children under age 19)		
X-ray Procedures (covers two (2) sets of bitewing films per Calendar Year and one (1) complete series or panorex every three (3) Calendar Years)		
Space Maintainers		
Basic - Type II Services		
Restorative - fillings	After CYD, Insured pays 20% of EDE up to the maximum benefit.	After CYD, Insured pays 40% of EDE up to the maximum benefit.
Oral Surgery - extractions	↓	↓
Periodontics		
Endodontics - root canals		
Major - Type III Services		
Fixed Bridges	↓	↓
Restorative - inlays and crowns		
Complete Denture - upper or lower		
Partial Denture - upper or lower		
Orthodontia (**12-month waiting period applies, see below) - maximum Orthodontia benefit per Insured (under age 19 only) is \$500 per Calendar Year and \$1500 per Lifetime.		

Utilizing a Plan Dentist reduces out-of-pocket costs through reduced charges, lower coinsurance and no balance billing. *EDE (Eligible Dental Expenses) means the maximum allowable amount eligible for payment for a particular Covered Service as determined by Sierra Health and Life Insurance Company, Inc. (SHL). Plan Dentists have agreed to accept this amount plus any required deductible and coinsurance as full payment, subject to the Plan's calendar year maximum benefit. Insureds who receive Covered Services from Non-Plan Dentists will be responsible for all charges in excess of EDE.

**The Insured must be enrolled under the Plan for twelve (12) consecutive months before benefits are eligible for payment by SHL. Certain groups may be eligible for waiting period credit as set forth in the SHL Dental Insurance PPO Certificate and Attachment A Benefit Schedule. Covered Services are subject to Plan limitations, exclusions and managed care guidelines.

Predetermination is recommended for all Major-Type III Services.

This is a summary of Covered Services. Please refer to your SHL Dental Insurance Certificate with Orthodontia, FORM NO. SHL.DENT.PPO-CERT-MAS(8/02), Attachment A Benefit Schedule, Form No. SHL-DENT-PPO-BS-MAS(8/02), and the Disclosure Summary for additional information regarding benefits, limitations and exclusions. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

Sierra Health and Life Insurance Company, Inc. (SHL)

Summary of Dental PPO Plan Exclusions and Limitations

The following services and associated expenses are excluded:

- Cosmetic treatments and procedures, or procedures to correct congenital or developmental malformations
- Replacement of restorations due to material allergies
- Any procedure begun before the Insured was covered under the Certificate
- Any procedure begun after the Insured's coverage under the Certificate terminates
- Lost or stolen dentures, crowns, bridgework or other appliances
- Appliances, restorations, or procedures to alter vertical dimension; restore or maintain occlusion; splint or replace tooth structure as a result of abrasion or attrition; or treat disturbances of temporomandibular joint (TMJ) or myofascial dysfunction (MPD)
- Implants or implant related procedures
- Any procedure not shown in the Covered Services set forth in the Attachment A Benefit Schedule
- Periodontal charting as a separate procedure (charting should be included with examination or cleaning)
- Education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene, decay control, periodontal disease treatment or dental plaque control
- Completion of claim forms, broken appointments or OSHA requirements and standards required for provider compliance
- Treatment (including excision and biopsy) of neoplasms, lesions, cysts, tumors or malignancies
- Oral surgery to set fractures or dislocations, to treat traumatic wounds or to augment bone
- General anesthesia or IV sedation, if administered in a setting other than a dentist's office or if rendered for a non-surgical procedure, unless determined Medically Necessary for a child under the age of eight (8)
- Behavioral management or nitrous oxide for Insured over the age of seven (7)
- Injury to sound natural teeth, when covered under a health/medical benefit plan
- Injury arising out of, or in the course of, work for profit; or benefits eligible under laws such as Worker's Compensation act; or treatment due to Occupational Injury or Illness
- Charges for which the Insured is not liable or which would not have been made had no insurance been in force
- Services not recommended by 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
- Services if payment is not legal where the Insured is living when expenses are incurred
- Orthodontic expenses, unless specifically provided for in Insured's Attachment A Benefit Schedule

The following limitations apply:

- Late Entrants are only covered for Preventive and Diagnostic Services in the first twelve (12) months
- Five year replacement requirement for appliance, crown, inlay or onlay, or fixed bridge, if determined Medically Necessary by the Managed Care Program, unless needed because of an accidental injury
- Initial placement of appliance or fixed bridge requires replacing the extraction of one or more natural teeth while Insured is covered, excluding extraction of wisdom teeth

Limitation will be waived for persons insured on the Effective Date of the Certificate, if Insured was under prior contract on date replaced by the Certificate; and tooth was extracted while insured under prior policy within six (6) months from the termination date of that policy; and appliance or fixed bridge is installed to replace the extraction while insured under the Certificate; extraction and installation must take place within six (6) months of the date on which all waiting periods have been satisfied; and appliance or fixed bridge must be an initial placement

- Sealants which are not applied to a permanent molar; applied after attaining age nineteen (19); or reapplied to a molar within three (3) calendar years from the date of a previous sealant application
- Subgingival curettage, scaling and root planing and periodontal surgery unless the presence of periodontal disease is confirmed by periodontal charting or x-rays

For a more comprehensive listing of exclusions and limitations, please refer to the Dental PPO Plan Certificate, Form No. SHL.DENT.PPO-CERT-MAS(8/02).