

Sierra Health and Life - Dental Plan Summary

Dental Plan	CYD - Type II/III Services - Insured		CYD - Type II/III Services - Family		CY Max	Ortho Insured CY Max	Ortho Lifetime Max	In-Plan Benefit*	Non-Plan Benefit*
EXISTING PLANS									
Dental PPO 1 w/ Ortho	\$50 In-Plan	\$50 Non-Plan	\$150 In-Plan	\$150 Non-Plan	\$1,500	\$500	\$1,500	100/80/50	80/60/50
Dental PPO 2 w/ Ortho	\$50 In-Plan	\$50 Non-Plan	\$150 In-Plan	\$150 Non-Plan	\$1,500	\$500	\$1,500	80/80/50	60/60/50
Dental PPO 3	\$50 In-Plan	\$50 Non-Plan	\$150 In-Plan	\$150 Non-Plan	\$1,500	N/A	N/A	100/80/50	80/60/50
Dental PPO 4	\$50 In-Plan	\$50 Non-Plan	\$150 In-Plan	\$150 Non-Plan	\$1,500	N/A	N/A	80/80/50	60/60/50
Dental PPO 5 w/ Ortho	\$100 In-Plan	\$100 Non-Plan	\$300 In-Plan	\$300 Non-Plan	\$1,500	\$500	\$1,500	60/60/50	50/50/50
Dental PPO 6	\$100 In-Plan	\$100 Non-Plan	\$300 In-Plan	\$300 Non-Plan	\$1,500	N/A	N/A	60/60/50	50/50/50
NEW PLANS 2008									
Dental PPO 7 w/ Ortho	\$25		\$75		\$1,500	\$500	\$1,500	100/80/50	80/60/50
Dental PPO 8 w/ Ortho	\$25		\$75		\$2,000	\$500	\$1,500	100/80/50	80/60/50
Dental PPO 9	\$25		\$75		\$1,000	N/A	N/A	100/80/50	80/60/50
Dental PPO 10	\$25		\$75		\$1,500	N/A	N/A	100/80/50	80/60/50
Dental PPO 11	\$25		\$75		\$2,000	N/A	N/A	100/80/50	80/60/50
Dental PPO 12 w/ Ortho	\$50		\$150		\$1,500	\$500	\$1,500	100/80/50	80/60/50
Dental PPO 13 w/ Ortho	\$50		\$150		\$2,000	\$500	\$1,500	100/80/50	80/60/50
Dental PPO 14	\$50		\$150		\$1,000	N/A	N/A	100/80/50	80/60/50
Dental PPO 15	\$50		\$150		\$2,000	N/A	N/A	100/80/50	80/60/50
Dental PPO 16	\$50		\$150		\$1,500	N/A	N/A	100/80/50	80/60/50
Dental PPO 17 w/ Ortho	\$100		\$300		\$2,000	\$500	\$1,500	100/80/50	80/60/50
Dental PPO 18	\$100		\$300		\$2,000	N/A	N/A	100/80/50	80/60/50
Dental PPO 19 w/ Ortho	\$50		\$150		\$1,500	\$500	\$1,500	100/90/60	90/80/50
Dental PPO 20 w/ Ortho	\$50		\$150		\$1,500	\$500	\$1,500	100/80/50	100/80/50
Dental PPO 21 w/ Ortho	\$50		\$150		\$2,000	\$667	\$2,000	100/90/60	90/80/50
Dental PPO 22 w/ Ortho	\$50		\$150		\$2,000	\$667	\$2,000	100/80/50	100/80/50
Dental PPO 23 w/ Ortho	\$100		\$300		\$1,500	\$500	\$1,500	100/90/60	90/80/50
Dental PPO 24 w/ Ortho	\$100		\$300		\$2,000	\$667	\$2,000	100/90/60	90/80/50
Dental PPO 25	\$50		\$150		\$1,500	N/A	N/A	100/80/50	100/80/50
Dental PPO 26	\$50		\$150		\$2,000	N/A	N/A	100/80/50	100/80/50

*Payment is based on EDE (Eligible Dental Expenses) which means the maximum allowable amount eligible for payment for a particular Covered Service as determined by 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 Workers' 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).



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company