



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

SHL Dental PPO Plan 1 with Ortho

Attachment A Benefit Schedule

Please read the definition of Eligible Dental Expenses (“EDE”) and SHL Reimbursement Schedule in the Certificate. When accessing a Non-Plan Dentist, you are responsible for any charges over EDE. There is no Calendar Year Deductible (CYD) for Type I Services. Your CYD for Type II/Type III Services is a combined total of \$50 of EDE per Individual and \$150 of EDE per Family for Plan and Non-Plan Dentists.

The Calendar Year plan maximum benefit for Plan and Non-Plan Services is a combined limit of \$1,500 per Insured. The Calendar Year plan maximum benefit for Type III Orthodontic Plan and Non-Plan Services is a combined limit of \$500 per Insured with a lifetime maximum benefit of \$1,500 per Insured (under age 19 only).

Type III Covered Services Waiting Period: You will not be eligible to receive any benefits for Type III Covered Services until you have been covered under this Certificate for twelve (12) consecutive months. For Group’s who meet the following two requirements, Waiting Period Credit will be allowed for the amount of time an Insured had continuous coverage under the Group’s previous dental plan. First, the previous plan had been in force at least twelve (12) consecutive months immediately prior to the Effective Date of this plan. And, second, this certificate was issued within sixty (60) days after the date the previous dental plan was discontinued. Credit will be applied only for those Insureds covered under the Group’s prior dental plan as of the Effective Date of this Certificate.

Predetermination: Predetermination is recommended for all Type III services. Please see your Dental Certificate for additional information about Predetermination.

Deductible Credit: Dental Expenses incurred by an individual on or after January 1st of the Calendar Year in which this Certificate becomes effective, will apply to the current Calendar Year Deductible for this plan if: 1) proof is furnished to SHL that such dental expenses were covered under the Group’s dental insurance policy in force immediately prior to the Effective Date of this Certificate; and 2) such expense would have been considered Covered Services under this Certificate had this Certificate been in force at the time expenses were incurred.

Benefit Schedule

Covered Services and Limitations	Plan Dentist Benefits	Non-Plan Dentist Benefits
Type I Services: Diagnostic and Preventive		
Routine Evaluation (exams limited to twice (2) per Calendar Year)	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Periodic Oral Examination Limited to Oral Evaluation – problem-focused/emergency	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Detailed and Extensive Oral Evaluation – problem-focused (exam limited to specialist only, i.e. periodontal Exam)	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Intraoral Radiograph – Complete Series or Panoramic Survey – Film (limited to one or the other, once every three (3) Calendar Year	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Intraoral or Extraoral Radiographs	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Bitewing Radiographs – (limited to twice (2) per Calendar Year)	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Oral/facial images, Pulp Vitality Tests and Diagnostic Casts	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Prophylaxis, Adult or Child (limited to twice (2) per Calendar Year)	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Recementation of Space Maintainer	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Topical Application of Fluoride (Limited to once per Calendar Year, under the age of 19 only)	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Sealant – per tooth, limited to molars (Allowed once in any three Calendar Years, under the age of 19 only)	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Space Maintenance Appliance Note: Coverage for Space Maintainers is limited to Insureds under the age of 19 and includes all adjustments within six (6) months after installation. Allowed for the purposes of maintaining spaces created by extraction of primary teeth or unerupted teeth.	Insured pays 0% of EDE.	Insured pays 20% of EDE.

Benefit Schedule

Covered Services and Limitations	Plan Dentist Benefits	Non-Plan Dentist Benefits
Type II Services: Restorative (Includes local anesthesia and routine postoperative care)		
Restoration/Amalgam – per tooth (anterior & posterior teeth)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Restoration/Composite – per tooth (anterior & posterior teeth)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Recementation of Inlay, Crown or Bridge	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Sedative Filling	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Pin Retention – per tooth, in addition to restoration	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Post Removal (not in conjunction with endodontic therapy)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II Services: Endodontics		
Pulp Cap - excluding final restoration	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Therapeutic Pulpotomy, excluding final restoration	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Pulpal Therapy, per primary tooth	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Root Canal Therapy - initial or re-treatment, per tooth Note: Root Canals include intra-operative radiographs; excludes final restoration.	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Retrograde Filling – per root	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Root Amputation – per root	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Hemisection (including root removal) not including root canal therapy	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.

Benefit Schedule

Covered Services and Limitations	Plan Dentist Benefits	Non-Plan Dentist Benefits
Type II Services: Periodontics		
Gingivectomy or Gingivoplasty – per quadrant	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Gingivectomy or Gingivoplasty – per tooth	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Gingival Curettage, surgical – per quadrant	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Gingival Flap Procedure (including Root Planing) – per quadrant	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Clinical Crown Lengthening	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Osseous Surgery – (including flap entry and closure)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Free Soft Tissue Graft Procedure (including donor site surgery)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Periodontal Scaling/Root Planing – per quadrant (Limited to once (1) per quadrant per Calendar Year)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Full Mouth Debridement (Limited to once in three (3) Calendar Years)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Periodontal Maintenance Procedure – following Active Therapy (Limited to once in any three (3) month period)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II Services: Oral Surgery (includes local anesthesia and routine postoperative care)		
Simple Extraction – per tooth	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Surgical Extraction – per tooth	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Alveoloplasty – per quadrant	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Removal of Exostosis – per site	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Incision and Drainage of Abscess	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Frenulectomy	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.

Benefit Schedule

Covered Services and Limitations	Plan Dentist Benefits	Non-Plan Dentist Benefits
Type II Services: Adjunctive General Services		
Excision of hyperplastic tissue – per arch	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Sectioning of a bridge, to enable extraction of an abutment tooth	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Adjustment to Denture of Partial, per appliance, per visit	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Repair to Denture of Partial Denture, per repair, per appliance	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Palliative (Emergency) treatment of dental pain – minor procedures	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
General Anesthesia or Intravenous Sedation when administered by the dentist in the office (when in connection with a surgical extraction or surgical procedure, or when Medically Necessary)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Professional Consultation (diagnostic service provided by dentist other than dentist providing treatment)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Office Visit after Regularly Scheduled Office Hours	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Therapeutic Drug Injection	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Other Drugs and/or Medicaments, by report	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Application of Desensitizing Medicaments	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Treatment of Complication (post-surgical), unusual circumstances	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type III Services: Prosthodontics – Removable (includes local anesthesia and routine postoperative care) (Subject to 12 month waiting period)		
Note: Adjustments are included in the cost of full and immediate dentures, partial dentures, relines and tissues conditionings within the first six (6) months after installation. Relines are allowed twice in a Calendar Year. Precision attachments, overdentures, specialized techniques and characterizations are considered optional and the additional expense shall be borne by the insured. All partials included conventional clasps and rests.		
Denture or Partial Denture, per appliance	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Rebase Denture of Partial Denture (limited to once (1) per three (3) Calendar years, per appliance)	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Reline Denture or Partial Denture, chairside process (limited to twice (2) per Calendar Year, per appliance)	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Reline Denture or Partial Denture, laboratory process (limited to twice (2) per Calendar Year, per appliance)	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Interim Partial Denture, replacing anterior teeth (temporary stayplate/flipper)	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Tissue Conditioning (limited to twice (2) per Calendar Year per appliance)	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.

Benefit Schedule

Covered Services and Limitations	Plan Dentist Benefits	Non-Plan Dentist Benefits
Type III Services: Restorative and Prosthodontics – Fixed (includes local anesthesia and routine postoperative care) (Subject to 12 month waiting period)		
Inlay or Onlay each	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Crown – per tooth	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Core Buildup, including pins	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Post and Core, in addition to crown	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Temporary Crown, fractured tooth	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Crown or Bridge Repair (by report)	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Pontic – per tooth	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Retainer (inlay/onlay) – per tooth	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Retainer (crown/abutment) – per tooth	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Type III Orthodontic Services: (Subject to 12 month waiting period)		
Note: 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 and if required by an overbite of at least four millimeters, crossbite, or protrusive or retrusive relationship of at least one cusp.		
Orthodontic Treatment Comprehensive	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Orthodontic Treatment Minor Treatment to control Harmful Habits Pre-orthodontic Treatment Visit	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Periodic Orthodontic Treatment Visits	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Repair of Orthodontic appliance or replacement of broken retainer	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.

Note: Refer to the Certificate of Coverage for limitations, exclusions, Managed Care requirements and additional information about the covered services.