

Frequency and Limitation Grid

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

There is a twelve (12) month wait on major dental services, including orthodontia, for all dental products

PRODUCT CODE	CALENDAR YEAR MAXIMUM	ORTHODONTIA LIFETIME MAXIMUM Under Age 19	CALENDAR YEAR DEDUCTIBLES Waived For Type I Services	EXAM	FULL MOUTH X-RAY / PANOREX	BITEWING X-RAYS	PROPHY	FLOURIDE Under Age 19	SEALANTS Permanent Under Age 19
DLV P0900	\$1000	No Ortho	In-Plan / Non-Plan \$25 per Insured / \$75 Per Family	Two per calendar year	One of either every three (3) calendar years	Two (2) sets per calendar year	Two (2) per calendar year	Once per calendar year	Once in 36 months
DLV P1300	\$2000	\$1500 Lifetime \$500 Per Calendar Year	In-Plan / Non-Plan \$50 per Insured / \$150 Per Family	Two per calendar year	One of either every three (3) calendar years	Two (2) sets per calendar year	Two (2) per calendar year	Once per calendar year	Once in 36 months
DLV P130L	\$2000	\$1500 Lifetime \$500 Per Calendar Year	In-Plan / Non-Plan \$50 per Insured / \$150 Per Family	Two per calendar year	One of either every three (3) calendar years	Two (2) sets per calendar year	Two (2) per calendar year	Once per calendar year	Once in 36 months
DLV P1400	\$1000	No Ortho	In-Plan / Non-Plan \$50 per Insured / \$150 Per Family	Two per calendar year	One of either every three (3) calendar years	Two (2) sets per calendar year	Two (2) per calendar year	Once per calendar year	Once in 36 months
DLV P2200	\$2000	\$2000 Lifetime \$667 Per Calendar Year	In-Plan / Non-Plan \$50 per Insured / \$150 Per Family	Two per calendar year	One of either every three (3) calendar years	Two (2) sets per calendar year	Two (2) per calendar year	Once per calendar year	Once in 36 months

DLV PP100	\$1500	\$1500 Lifetime \$500 Per Calendar Year	In-Plan / Non-Plan \$50 per Insured / \$150 Per Family	Two per calendar year	One of either every three (3) calendar years	Two (2) sets per calendar year	Two (2) per calendar year	Once per calendar year	Once in 36 months
DLV PP301 DLV PP303	\$1500	No Ortho	In-Plan / Non-Plan \$50 per Insured / \$150 Per Family	Two per calendar year	One of either every three (3) calendar years	Two (2) sets per calendar year	Two (2) per calendar year	Once per calendar year	Once in 36 months
DLV PP400	\$1500	No Ortho	In-Plan / Non-Plan \$50 per Insured / \$150 Per Family	Two per calendar year	One of either every three (3) calendar years	Two (2) sets per calendar year	Two (2) per calendar year	Once per calendar year	Once in 36 months
DLV PP500	\$1500	\$1500 Lifetime \$500 Per Calendar Year	In-Plan \$1000 Deductible / Non- Plan \$100 Per Insured / \$300 Per Family	Two per calendar year	One of either every three (3) calendar years	Two (2) sets per calendar year	Two (2) per calendar year	Once per calendar year	Once in 36 months
D5INSADO DLVPP270 DLVPP280 DLVPP290	\$1500	No Ortho	In-Plan / Non-Plan \$50 per Insured / Maximum 3 per Family	Two per calendar year	One of either every three (3) calendar years	Two (2) sets per calendar year	Two (2) per calendar year	Not covered	Not covered

Additional Frequencies, Limitations & Exclusions on following page

Additional Frequencies, Limitations & Exclusions

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1. Composite fillings are covered on posterior teeth.
2. Full Mouth Debridement is covered once in a thirty-six (36) month period.
3. Periodontal Root Planing is limited to once per quadrant in a calendar year.
4. Periodontal Maintenance Prophylaxis is covered once every three (3) months after completion of Periodontal Therapy.
5. Teeth missing prior to the effective date of coverage under Sierra Health & Life Insurance Company, Inc. are not covered for replacement.
6. Existing inlays, onlays, crowns, permanent bridges, removable partials, and dentures are not covered for replacement if less than five (5) years old.
7. Lost or stolen dentures, partials, other appliances, crowns or bridgework are not covered for replacement.
8. Veneers are not a covered benefit.
9. Relines are covered once in a six (6) month period.
10. Occlusal guard appliances are not covered.
11. Implants or implant related services are not a covered benefit.