



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

SHL Dental PPO Plan 29 - SB Adult Only Coverage

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 and the CYD for Type II/ Type III Services is combined. The CYD for Plan Dentist Type II/Type III Services is \$50 of EDE per Insured and \$150 of EDE per Family. The CYD for Non Plan Dentist Type II/Type III Services is \$50 of EDE per Insured and \$150 of EDE per Family. Further, the stated CYD maximum amounts are separate for each tier of benefits and do not accumulate to one another. The Calendar Year plan maximum benefit for Tier II/Tier III Plan and Non-Plan Services is a combined limit of \$2,000 per Insured.

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 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 Section 4 of 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			
Type I	Routine Evaluation (exams limited to twice (2) per Calendar Year)	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Type I	Periodic Oral Examination Limited to Oral Evaluation – problem-focused/emergency	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Type I	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.
Type I	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.
Type I	Intraoral or Extraoral Radiographs	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Type I	Bitewing Radiographs – (limited to twice (2) per Calendar Year)	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Type I	Oral/facial images, Pulp Vitality Tests and Diagnostic Casts	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Type I	Prophylaxis, Adult (limited to twice (2) per Calendar Year)	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Type I	Recementation of Space Maintainer	Insured pays 0% of EDE.	Insured pays 20% of EDE.
Type II Services: Restorative (Includes local anesthesia and routine postoperative care)			
Type II	Restoration/Amalgam – per tooth (anterior & posterior teeth)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Restoration/Composite – per tooth (anterior & posterior teeth)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Recementation of Inlay, Crown or Bridge	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Sedative Filling	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Pin Retention – per tooth, in addition to restoration	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Post Removal (not in conjunction with endodontic 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: Endodontics			
Type II	Pulp Cap - excluding final restoration	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Therapeutic Pulpotomy, excluding final restoration	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Pulpal Therapy, per primary tooth	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Root Canal Therapy - initial or re-treatment, per tooth - <i>Note: Root Canals include intra-operative radiographs; excludes final restoration.</i>	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Retrograde Filling – per root	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Root Amputation – per root	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Hemisection (including root removal) not including root canal therapy	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II Services: Periodontics			
Type II	Gingivectomy or Gingivoplasty – per quadrant	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Gingivectomy or Gingivoplasty – per tooth	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Gingival Curettage, surgical – per quadrant	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Gingival Flap Procedure (including Root Planing) – per quadrant	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Clinical Crown Lengthening	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Osseous Surgery – (including flap entry and closure)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Free Soft Tissue Graft Procedure (including donor site surgery)	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	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.
Type II	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.
Type II	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.

Benefit Schedule

Covered Services and Limitations		Plan Dentist Benefits	Non-Plan Dentist Benefits
Type II Services: Oral Surgery (includes local anesthesia and routine postoperative care)			
Type II	Simple Extraction – per tooth	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Surgical Extraction – per tooth	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Alveoloplasty – per quadrant	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Removal of Exostosis – per site	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Incision and Drainage of Abscess	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Frenulectomy	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II Services: Adjunctive General Services			
Type II	Excision of hyperplastic tissue – per arch	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	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.
Type II	Adjustment to Denture of Partial, per appliance, per visit	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Repair to Denture of Partial Denture, per repair, per appliance	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Palliative (Emergency) treatment of dental pain – minor procedures	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	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.
Type II	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.
Type II	Office Visit after Regularly Scheduled Office Hours	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Therapeutic Drug Injection	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Other Drugs and/or Medicaments, by report	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Application of Desensitizing Medicaments	After CYD, Insured pays 20% of EDE.	After CYD, Insured pays 40% of EDE.
Type II	Treatment of Complication (post-surgical), unusual circumstances	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 III Services: Prosthodontics – Removable (includes local anesthesia and routine postoperative care)			
(Subject to 12 month waiting period)			
Type III	Denture or Partial Denture, per appliance	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Type III	Rebase Denture or 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.
Type III	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.
Type III	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.
Type III	Interim Partial Denture, replacing anterior teeth (temporary stayplate/flipper)	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Type III	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.
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.			
Type III Services: Restorative and Prosthodontics – Fixed (includes local anesthesia and routine postoperative care)			
(Subject to 12 month waiting period)			
Type III	Inlay or Onlay each	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Type III	Crown – per tooth	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Type III	Core Buildup, including pins	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Type III	Post and Core, in addition to crown	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Type III	Temporary Crown, fractured tooth	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Type III	Crown or Bridge Repair (by report)	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Type III	Pontic – per tooth	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Type III	Retainer (inlay/onlay) – per tooth	After CYD, Insured pays 50% of EDE.	After CYD, Insured pays 50% of EDE.
Type III	Retainer (crown/abutment) – per tooth	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.

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