

**WASHOE COUNTY  
SELF-FUNDED DENTAL PLAN**

Dental benefits are provided to all covered employees and their covered dependents regardless of their selection of Medical Plans. Both employees enrolled in the County's Self-funded Group Health Medical Plan and the contracted HMO (Health Maintenance Organization) are enrolled in this Plan.

Dental benefits are not available through the Retiree Health Insurance Program, but retirees have the option to continue with the dental benefits when they join the Retiree Health Insurance Program with the entire premium payment made by the retiree.

**CHOICE OF PPO OR NON-PPO PROVIDERS**

The Plan Sponsor has contracted with a Dental Preferred Provider Organization (DPPO) called Nevada Health Partners (NHP). You can obtain a list of the dental providers by going to NHP's website at [www.nevadahealthpartners.org](http://www.nevadahealthpartners.org).

When obtaining dental care services, a Covered Person has a choice of using a dental provider who is participating in the DPPO network or any other Covered Provider of his/her choice. Because DPPO providers have agreed to provide dental services at negotiated rates, when a Covered Person uses a DPPO provider his/her out-of-pocket costs may be reduced because he/she will not be billed for expenses in excess of "Usual, Customary and Reasonable" or in excess of the negotiated rates.

**SCHEDULE OF DENTAL BENEFITS**

<b>MAXIMUM BENEFIT</b>	
<b>Dental Calendar Year Maximum, per person</b>	\$2,500
<b>Orthodontia Lifetime Maximum, per person</b>	\$1,000
<b>CALENDAR YEAR DEDUCTIBLE</b>	
Individual Deductible	\$50
There is no deductible on Preventive services. The above dental deductible is applied to Basic, Major or Orthodontic services only and must be met by each covered person in each calendar year before benefits are payable for covered expenses each calendar year.	
<b>ELIGIBLE DENTAL EXPENSES</b>	<b>Benefit</b>
<b>Preventive Services</b> (Deductible waived)	100%
<ul style="list-style-type: none"> <li>- routine oral examinations and cleanings are limited to 4 exams/cleanings per Calendar Year;</li> <li>- fluoride is limited to 2 applications per Calendar Year, for children under age 18;</li> <li>- routine bitewings are limited to 2 sets per Calendar Year;</li> <li>- Panoramic (full-mouth) X-rays are limited to once per 3-year period;</li> <li>- Dentures series, limited to once per 3-year period.</li> </ul>	
<b>Basic Services</b>	80%
<b>Major Services</b>	50%
<b>Orthodontic Services</b>	50%

## PREVENTIVE SERVICES

**Exams & Cleanings, Routine** - Routine oral examinations and routine cleaning and polishing of the teeth.

**Fluoride** - Topical application of stannous or sodium fluoride.

**Prophylaxis** - see "Exams & Cleanings, Routine"

**X-rays, Routine** - Routine full mouth X-rays, routine bitewing X-rays and supplementary periapical X-rays as necessary. "Full mouth X-rays" means a panorex plus bitewings or fourteen (14) periapical films plus bitewings.

## BASIC SERVICES

**Anesthesia** - General anesthesia when administered in connection with oral Surgery.

NOTE: Hypnosis and relative analgesia are not covered unless the patient is completely anesthetized to a state of unconsciousness as with a general anesthetic.

**Endodontia** - Endodontic services including but not limited to: root canal therapy (but not on a primary tooth), pulpotomy, apicoectomy and retrograde filling.

**Extraction** - See "Oral Surgery"

**Fillings, Non-Precious** - Amalgam, silicate, composite and plastic restorations, including pins to retain a filling restoration when necessary.

Replacement of a filling if the existing restoration is at least twenty-four (24) months old.

**Injections** - Injection of antibiotic drugs.

**Non-Routine Exams/Visits** - Office visits other than those covered as "Preventive Services."

**Oral Surgery** - Extraction of teeth, including simple extractions and surgical extraction of bone or tissue-impacted teeth. Biopsy of oral tissue (but not including laboratory costs), and other surgical and adjunctive treatment of disease, injury and defects of the oral cavity and associated structures.

**Palliatives** - Emergency treatment for the relief of dental pain.

**Periodontia** - Periodontal scaling and root planing and surgical procedures (i.e., gingivectomy, osseous surgery and mucogingival surgery). Any allowance for periodontal surgery includes postoperative care for six (6) months following the surgery.

**Repairs & Adjustments** - Repair of bridgework or dentures, the relining of dentures (see NOTE) and prosthetic adjustments.

NOTE: Relines are limited to laboratory relines. Office relines are considered to be temporary and are not covered.

Effective July 1, 2013

**Sealants** - Application of sealants to the pits and fissures of the teeth, with the intent to seal the teeth and reduce the incidence of decay. Coverage is limited to application on the occlusal (biting) surface of permanent molars which are free of decay or prior restoration.

Any allowance made for sealants includes any necessary repair or replacement within thirty-six (36) months from time of application.

**Space Maintainers** - Fixed and removable appliances to maintain (not change) the space left by a prematurely lost primary or "baby" tooth and to prevent abnormal movement of the surrounding teeth.

**X-Rays, Non-Routine** - X-rays other than those covered as "Preventive Services."

## MAJOR SERVICES

**Crowns** - A crown restoration when a tooth cannot be satisfactorily restored with a filling restoration. Coverage for a crown includes a post and core when necessary. The maximum allowance for a crown on a primary tooth will be the allowance for a stainless steel crown.

Replacement of a crown, if the existing crown is at least five (5) years old.

**Implants** - Placement of an implant to replace a missing tooth.

**Inlays, Onlays & Gold Restorations** - An inlay, onlay or gold restoration when a tooth cannot be satisfactorily restored with a less costly filling (amalgam, etc.) restoration.

Replacement of an inlay, onlay or gold restoration, if the existing restoration is at least five (5) years old.

**Prosthetics** - Initial placement of a full or partial denture or bridge.

Addition of teeth to a partial denture or bridge.

Replacement of an existing full or partial denture or bridgework, but only if the existing denture or bridgework cannot be made serviceable and is at least five (5) years old.

NOTE: Fixed bridges are not covered for a child under sixteen (16) years of age. An allowance will be made for a partial denture.