

SUMMARY OF DENTAL PLAN COVERAGE NDB Nevada Kids Silver Dental Plan

This is only a summary of dental plan coverage. Please read your Evidence of Coverage that is issued after enrollment to determine contract provisions and for additional information on how to use your dental plan benefits.

Definitions

The following is a list of words that may be used in this summary document and their meanings and/or definition:

Copayment - A fee charged to a member by a participating provider, for services rendered as indicated in the plan or herein.

Dentist - An individual who is licensed to practice dentistry in the State of Nevada.

Participating Provider, Participating Dental Provider - A dentist that has executed a Participating Provider Agreement with NDB and has participated in the NDB credentialing process and been accepted into the NDB network of dentists.

Plan - The collective dental benefits covered for provision by a dentist or participating provider to a member.

Services - Those procedures that may be delivered to members under the PLAN.

Usual and Customary – The provider's normal charge or fee for a service.

You, Your, Your Child, Member, and Enrollee - The child or children enrolled in this dental plan and eligible for dental benefits.

Covered Services

Samples of dental procedures that are covered under this plan are listed on the following page. The member's out of pocket expense or copayment for each procedure listed is indicated. This plan is designed to provide the pediatric essential dental health benefits for individuals under age 19. Services are only benefited when received by a dentist that is a Nevada Dental Benefits', Ltd. Participating Provider.

Sample of Covered Services

Silver Plan Copayment

Diagnostic Procedures

Comprehensive Oral Exam	\$0
Periodic Oral Exam	\$0
Limited Oral Evaluation	\$0
Full Mouth X-rays	\$40
Single Tooth X-ray	\$5
Bitewing X-rays	\$0

Preventive Procedures

Cleaning	\$0
Fluoride	\$15

Restorative Procedures

Fillings	\$40 - \$70
Porcelain and Metal Crowns	\$250 - \$350
Prefabricated Stainless Steel Crowns	\$50 - \$75

Endodontics

Pulpotomy	\$50
Root Canal	\$200 - \$350

Oral Surgery

Simple Extraction	\$75
Surgical Extractions	\$90 - \$180

Specialty Benefits

If the member requires services from a dental specialist, the member must be referred by a Nevada Dental Benefits, Ltd. (NDB) Participating General Dentist Provider. The general dentist will submit the referral to NDB for review. The referral must be approved by NDB, prior to receiving specialty benefits. Member copayments are the same whether services are received by a NDB Participating General Dentist or Specialist Provider.

Exclusions and Limitations

The following are excluded from the NDB Nevada Kids Dental Plan benefits:

- a) More than one (1) oral examination every six (6) months.
- b) More than one (1) prophylaxis every six (6) months.
- c) Characterization or customization of dental prosthetics beyond community standards, including personalized, elaborate or precision attachment dentures or bridges or specialized techniques.
- d) Charges for implants, unless in the opinion of the Participant's Dentist and Nevada Dental Benefits, an implant would clearly benefit the stabilization of a full mandibular removable lower prosthesis (denture).
- e) Expenses incurred for replacement of a lost or stolen appliance.
- f) Replacement of an existing prosthesis which is or can be made satisfactory.
- g) Procedures used to change vertical dimension.
- h) Cast inlays or non-abutment cast crowns unless the tooth cannot be restored with amalgam or composite materials.
- i) Any injury resulting from gainful employment or a disease or injury for which the covered person is entitled to payment under any Worker's Compensation Law or similar law.
- j) Services that are covered under a medical plan(s) of benefits.
- k) Service for the treatment of Temporomandibular Joint (TMJ) disorders, craniofacial pain disorders and orthognathic surgery, with the exception of night guards which shall be covered in accordance with the Schedule of Dental Services.
- l) Dental procedures, surgeries, or treatments, which are undertaken primarily for cosmetic reasons.
- m) Care or treatment obtained from or for which payment is made by any federal, state, county, municipal or other governmental agency, including any foreign government.
- n) Treatment for congenital malformations except dental care which is medically necessary as determined by the Plan.
- o) Hospital costs other than dental treatments. In the event a hospitalized Eligible Person requires dental care or in the event an Eligible Person's dental care requires hospitalization, the provider shall make the necessary arrangement for the delivery of covered services. The provider shall not be responsible for any other Hospital costs such as Hospital room charges, operating and recovery room charges, anesthetist's fees, other physician fees or Hospital miscellaneous expenses.
- p) Dispensing of medications or prescription drugs.
- q) General anesthesia or intravenous or parenteral sedation or the services of an anesthesiologist or nurse anesthetist, except in conjunction with the surgical extraction of bony impacted third molars and only if provided in the dental office setting. No anesthesia correlated services coverage shall be a covered benefit in a hospital or ambulatory care center.
- r) If two or more covered procedures would appropriately correct a clinical situation, NDB shall provide coverage for the most appropriate procedure, at its discretion applying sound clinical reasoning.
- s) Dental procedures started prior to an Eligible Person's coverage under the Plan.
- t) Dental procedures started after the termination of coverage.

- u) Special oral surgery, speech therapy or any other procedure or service associated with a congenital malformation.
- v) Construction of duplicate dentures.
- w) Services which do not meet the definition of covered dental expense.
- x) More than one (1) course of fully banded orthodontic treatment.
- y) Replacement of a fixed prosthesis or removable prosthesis, if the replacement occurs within 60 months of the original placement, and crowns if the replacement occurs within 36 months of the original placement.
- z) Services that NDB's Peer Review Committee defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
- aa) Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.
- bb) Services for which the submitted documentation indicates a poor prognosis.
- cc) Preventive extractions (e.g. the removal of asymptomatic or non-pathologic teeth).
- dd) Services for which the member's financial obligation (copayment or coinsurance) has been discounted, waived or rebated.

To inquire about frequencies allowed for specific procedures, please contact Nevada Dental Benefits, Ltd. at (702) 478-2014.

The renewal of your dental plan is subject to the Eligibility and Enrollment provisions in your Evidence of Coverage.

Termination of coverage will occur if:

- The enrolled member is no longer eligible for coverage through the Exchange.
- The enrolled member's coverage is rescinded.
- Your plan is withdrawn by NDB and terminates, or your plan is decertified by Nevada Health Link.
- The enrolled member changes coverage during an annual open enrollment period, special enrollment period or obtains other minimum essential coverage.
- There is non-payment of premium. The termination policy will apply uniformly to enrollees in similar circumstances.
- The enrolled member is delinquent on premium payment.

Notice of payment delinquency will be sent to the attention of the enrolled member. A grace period of three consecutive months will be provided, if the enrolled member is receiving advance payments of the premium tax credit and has previously paid at least one month's premium.