

## **HEALTH PLAN OF NEVADA, INC. (HPN – HMO)**

*Calendar Year Maximums, Orthodontia Maximums, Frequencies, Limitations & Exclusions*

<i>PRODUCT</i>	<i>CALENDAR YEAR MAXIMUM</i>	<i>EXAM</i>	<i>FULL MOUTH X-RAYS / PANOREX</i>	<i>BITEWING X-RAYS</i>	<i>PROPHY</i>	<i>FLUORIDE</i>	<i>SEALANTS</i>	<i>WAIT TIMES</i>
<b>DLV 503</b>	\$1500	Two per calendar year	One of either per calendar year.	Two sets per calendar year	Two per calendar year	Two per calendar year. – No age limitation	Not Covered	No wait on any Dental Services No calendar year Deductible
<b>DLV 507</b>	None	No frequency limitation	No frequency limitation	No frequency limitation	Two per calendar year	Two per calendar year. – Under age 18	No frequency, age or tooth limitation	No wait on any Dental Services No calendar year Deductible

## **HEALTH PLAN OF NEVADA, INC.**

*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. Periodontal Root Planing is limited to once per quadrant in a calendar year.
  3. Periodontal Maintenance Prophylaxis is covered once every three (3) months after completion of Periodontal Therapy.
  4. Teeth missing prior to the effective date of coverage under Health Plan of Nevada, Inc. are not covered for replacement.
  5. Existing inlays, onlays, crowns, permanent bridges, removable partials, and dentures are not covered for replacement if less than five (5) years old.
  6. Lost or stolen dentures, partials, other appliances, crowns, or bridgework are not covered for replacement.
  7. veneers are not a covered benefit.
  8. Relines are covered once in a six (6) month period.
  9. Occlusal guard appliances are not covered.
  10. Implants and implant related services are not a covered benefit.
  11. Pre-medication, Nitrous Oxide, IV Sedation, and General Anesthesia are not covered, nor the costs of hospital care for any dental procedure.
  12. Products with Orthodontia benefits provide coverage with contracted specialists, for dependents from age eight (8) and up to their 19<sup>th</sup> birthday, who meet either an overbite of at least 4 millimeters, a cross bite, or a protrusive or retrusive relationship of at least one cusp.

