

**CITY OF HENDERSON**  
**SIERRA HEALTHCARE OPTIONS (SHO) DENTAL PPO**  
*Effective 01/01/2024*

	Plan Dentist	Out of Plan Dentist*
<b>Calendar Year Deductible</b> Individual Family	\$50 \$150	
<b>Calendar Year Benefit</b> Individual <b>Orthodontia</b> Lifetime	\$2500.00 annual maximum benefit \$2500.00 lifetime benefit	
COVERED SERVICES	PLAN PAYS:	CO-INSURANCE:
<b>Preventive and Diagnostic Services</b> Examination (covers two per calendar year) Cleaning (covers two per calendar year) X-Ray Procedures Bitewings (covers two sets per calendar year) Full Mouth X-Rays or Panorex (covers one in a 36 month period) Flouridic Treatment (under age 16, covers one per calendar year)	100% of PPO Charge 100% of PPO Charge 100% of PPO Charge 100% of PPO Charge 100% of PPO Charge	Non-Network benefit is based the lesser of 50% of billed charges or the 25th percentile of Usual and Customary rate
<b>Basic Services</b>  Fillings/Restorations Periodontic Procedures Root Canal Therapy Tooth Extraction (includes local anesthesia)	After deductible is satisfied Plan pays:  80% of PPO Charge 80% of PPO Charge 80% of PPO Charge 80% of PPO Charge	After deductible is satisfied, Plan pays:  Non-Network benefit is based on the the lesser of 50% of billed charges or the 25th percentile of Usual and Customary rate
<b>Major Services</b>  Crowns (When necessitated by decay or trauma) Complete Denture (Complete upper and lower) Partial Denture (Partial upper or lower)	After deductible is satisfied, Plan pays:  60% of PPO charge 60% of PPO Charge 60% of PPO Charge	After deductible is satisfied, Plan pays:  Non-Network benefit is based on the lesser of 50% of billed charges or the 25th percentile of Usual and Customary rate
<b>Orthodontia</b> (up to age 19 only)	After deductible is satisfied, Plan pays: 60% of PPO	

**This is a summary of benefits and coverage. For a complete list of eligible expenses, please refer to the Summary Plan Description for details. \*All services performed with an Out of Network provider may be subject balance billing (i.e., the difference in the billed amount and the allowable amount.)**

**To view a listing of dental providers, please visit <https://www.sierrahealthcareoptions.com/>.**