

**SIERRA
HEALTHCARE OPTIONS, INC.**

**PPO SELF FUNDED
DENTAL PRODUCTS**

THIRD PARTY ADMINISTRATORS

CITY OF HENDERSON

The Loomis Company
P.O. Box 7011
Wyomissing, PA 19610-6011
Telephone (800) 498-6237

WebMD EDI#23223

STATION CASINOS

Boon-Chapman
P.O. Box 9201
Austin, TX 78766
Telephone: (800) 936-7670

**SIERRA HEALTHCARE OPTIONS, INC.
SHO - PPO**

Calendar Year Maximums, Orthodontia Maximums, Deductibles, & Frequencies

<i>PRODUCT</i>	<i>CALENDAR YEAR MAXIMUM</i>	<i>ORTHODONTIA LIFETIME MAXIMUM</i>	<i>EXAM</i>	<i>FULL MOUTH X-RAYS / PANOREX</i>	<i>BWX</i>	<i>PROPHY</i>	<i>FLUORIDE</i>	<i>SEALANTS</i>
CITY OF HENDERSON	\$2500	\$2500 per lifetime <i>(Covered benefit up to age 19)</i>	Two per calendar year	One of either every three (3) calendar years	Two sets per calendar year.	Two per calendar year	One per calendar. year – Under age 16	Once in 36 months.- Permanent molars only - Under age 16 <i>(Basic Service)</i>
\$50 DEDUCTIBLE PER PERSON (\$150 PER FAMILY) PER CALENDAR YEAR APPLIED TO BASIC & MAJOR DENTAL SERVICES								

Please see Product Document for Limitation & Exclusions.

SIERRA HEALTHCARE OPTIONS, INC.
Calendar Year Maximums, Orthodontia Maximums, Deductibles, & Frequencies

<i>PRODUCT</i>	<i>CALENDAR YEAR MAXIMUM</i>	<i>ORTHODONTIA LIFETIME MAXIMUM</i>	<i>EXAM</i>	<i>FULL MOUTH X-RAYS / PANOREX</i>	<i>BWX</i>	<i>PROPHY</i>	<i>FLUORIDE</i>	<i>SEALANTS</i>
STATION CASINOS	\$1500	Lifetime Max \$1500 Calendar Year Max \$750 <i>(Covered benefit after age 6 up to age 19)</i>	Two per cal. yr.	One of either every three (3) calendar years	One sets per cal. yr.	Two per cal. yr.	Two per cal. yr. – Under age 18	Under age 16 Lifetime maximum payable \$150
\$50 DEDUCTIBLE PER PERSON \$150 PER FAMILY PER CALENDAR YEAR / ** BASIC & RESTORATIVE COVERED AT 100% AFTER CALENDAR YEAR DEDUCTABLE / ** MAJOR SERVICES COVERED AT 75% AFTER DEDUCTABLE / PREVENTATIVE COVERED AT 100% AFTER DEDUCTABLE								

**** Charges out of network will be reimbursed according to the network fee schedule which may be less than the amount charged by the provider**

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