

DENTAL

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WASHOE COUNTY, NEVADA
GROUP DENTAL BENEFIT PLAN
SUMMARY PLAN DESCRIPTION

INTRODUCTION

The purpose of this document is to provide You and Your covered Dependents, if any, with summary information in English on benefits available under this Plan, as well as with information on a Covered Person's rights and obligations under the WASHOE COUNTY, NEVADA Group Dental Benefit Plan (the "Plan"). You are a valued Employee of WASHOE COUNTY, NEVADA , and Your employer is pleased to sponsor this Plan to provide benefits that can help meet Your dental care needs. Please read this document carefully and contact Your Human Resources or Personnel office if You have questions or if You have difficulty translating this document.

WASHOE COUNTY, NEVADA is named the Plan Administrator for this Plan. The Plan Administrator has retained the services of an independent Third Party Administrator, UMR, Inc. (hereinafter "UMR") to process claims and handle other duties for this self-funded Plan. UMR, as the Third Party Administrator, does not assume liability for benefits payable under this Plan, since it is solely a claims-paying agent for the Plan Administrator.

The employer assumes the sole responsibility for funding the Plan benefits out of general assets; however, Employees help cover some of the costs of covered benefits through contributions, Deductibles, and Plan Participation amounts as described in the Schedule of Benefits.-All claim payments and reimbursements are paid from the Plan Sponsor's internal service fund per NRS 287.015.

Some of the terms used in this document begin with capital letters, even though such-terms normally would not be capitalized. These terms have special meaning under the Plan. Most capitalized terms are listed in the Glossary of Terms, but some are defined within the provisions in which they are used. Becoming familiar with the terms defined in the Glossary of Terms will help You to better understand the provisions of this Plan.

Each individual covered under this Plan will be receiving an identification card that they may present to providers whenever they receive services. On the back of this card are phone numbers to call in case of questions or problems.

This document contains information on the benefits and limitations of the Plan and will serve as both the Summary Plan Description (SPD) and Plan document. Therefore it will be referred to as both the SPD and the Plan document.

This document became effective on January 1, 2023.

PLAN INFORMATION

Plan Name	WASHOE COUNTY, NEVADA GROUP DENTAL BENEFIT PLAN
Name And Address Of Employer	WASHOE COUNTY, NEVADA 1001 E 9TH ST RENO NV 89512
Name, Address, And Phone Number Of Plan Administrator	WASHOE COUNTY, NEVADA 1001 E 9TH ST RENO NV 89512 775-328-2081
Named Fiduciary	WASHOE COUNTY, NEVADA
Claims Appeal Fiduciary For Dental Claims	UMR
Employer Identification Number Assigned By The IRS	88-6000138
Type Of Benefit Plan Provided	Self-funded Health and Welfare Plan providing group dental benefits.
Type Of Administration	The administration of the Plan is under the supervision of the Plan Administrator. The Plan is not financed by an insurance company and benefits are not guaranteed by a contract of insurance. UMR provides administrative services such as claim payments for dental claims.
Name And Address Of Agent For Service Of Legal Process	WASHOE COUNTY, NEVADA 1001 E 9TH ST RENO NV 89512
Funding Of The Plan	Employer and Employee Contributions Benefits are provided by a benefit Plan maintained on a self-insured basis by Your employer.
Collective Bargaining Provisions	The Plan is maintained pursuant to one or more collective bargaining agreements. A copy of each agreement may be obtained upon written request to the Plan Administrator, and each agreement is available for examination.
Benefit Plan Year	Benefits begin on January 1 and end on the following December 31. For new Employees and Dependents, a Benefit Plan Year begins on the individual's Effective Date and runs through December 31 of the same Benefit Plan Year.
Compliance	It is intended that this Plan comply with all applicable laws. In the event of any conflict between this Plan and the applicable law, the provisions of the applicable law will be deemed controlling, and any conflicting part of this Plan will be deemed superseded to the extent of the conflict.

Discretionary Authority

The Plan Administrator will perform its duties as the Plan Administrator and, in its sole discretion, will determine appropriate courses of action in light of the reason and purpose for which this Plan is established and maintained. In particular, the Plan Administrator will have full and sole discretionary authority to interpret all Plan documents, including this SPD, and make all interpretive and factual determinations as to whether any individual is entitled to receive any benefit under the terms of this Plan. Any construction of the terms of any Plan document and any determination of fact adopted by the Plan Administrator will be final and legally binding on all parties, except that the Plan Administrator has delegated certain responsibilities to the Third Party Administrators for this Plan. Any interpretation, determination, or other action of the Plan Administrator or the Third Party Administrators will be subject to review only if a court of proper jurisdiction determines its action is arbitrary or capricious or otherwise a clear abuse of discretion. Any review of a final decision or action of the Plan Administrator or the Third Party Administrators will be based only on such evidence presented to or considered by the Plan Administrator or the Third Party Administrators at the time they made the decision that is the subject of review. Accepting any benefits or making any claim for benefits under this Plan constitutes agreement with and consent to any decisions that the Plan Administrator or the Third Party Administrators make, in their sole discretion, and further, means that the Covered Person consents to the limited standard and scope of review afforded under law.

SCHEDULE OF BENEFITS

Benefit Plan 001

Benefits for You and Your Dependents are listed below.

SUMMARY OF BENEFITS	
Deductibles Per Calendar Year: <ul style="list-style-type: none"> • Combined Basic Services, Major Services, And Orthodontic Services 	Individual \$50
Maximums: <ul style="list-style-type: none"> • Calendar Year Benefit Maximum, Including Preventive Services And Diagnostic Services, Basic Services, And Major Services • Lifetime Orthodontic Maximum <p><i>Note: Maximums Do Not Apply To Essential Health Benefits. See The Glossary Of Terms Section Of This Plan For More Details.</i></p>	Individual \$3,000 \$1,500
Participation Percentage: <ul style="list-style-type: none"> • Preventive Services And Diagnostic Services: Routine Cleanings And Fluoride Treatments. Oral Exams And Bitewing And Full-Mouth X-Rays. Refer To Covered Expenses For Full Listing And Any Limitations. • Basic Services: Fillings, Endodontics, Periodontics, Oral Surgery, And Sealants. Refer To Covered Expenses For Full Listing And Any Limitations. • Major Services: Inlays, Onlays And Crowns, Bridges, Dentures, Implants. Refer To Covered Expenses For Full Listing And Any Limitations. • Orthodontic Services: Orthodontic Diagnosis, Treatment, And Appliances. Refer To Covered Expenses For Full Listing And Any Limitations. 	The Plan Pays 100% 80% 50% 50%
Limitations and Exclusions: Refer To General Exclusions.	 Not Payable