

How To Use this Dental Plan

When you visit your dental provider, tell him or her you are a member of a Delta Dental program.

Calendar year maximum, per member	\$1,500
Calendar year deductible, per member	\$50
Calendar year deductible, per family	\$150

Service	Benefit Amount
PREVENTIVE* - <u>Examination/X-rays</u> (routine exam & bitewing x-rays) - <u>Fissure Sealants</u> - <u>Prophylaxis</u> (cleanings) - <u>Emergency Exams</u> - <u>Fluoride Treatments</u> - <u>Space Maintainers</u>	80%
BASIC - <u>Restorative Fillings</u> - <u>Oral Surgery</u> (extractions & certain minor surgical procedures) - <u>Endodontic</u> (pulp therapy & root canal filling) - <u>Periodontics</u> (treatment of tissues supporting the teeth)	50%
MAJOR - <u>Implants</u> - <u>Crowns</u> - <u>Cast Restorations</u> - <u>Denture and Bridge Work</u> (construction or repair of fixed bridges, partials, and complete dentures).	50%

* **Deductible waived for preventive services.**

Advantages

DELTA DENTAL

- * **Freedom to choose your dentist** Delta Dental is unique in that we have contracts with over 100 licensed dentists in Alaska. As the Delta Dental Plan of Alaska, we offer access to over 100,000 dental professionals nationwide.
- * **Professional Arrangements** Delta Dental has specific fee arrangements with our participating dentists to ensure that actual charges made by the dentist do not exceed his or her accepted fees on file with Delta Dental. We believe that the underlying unique feature inherent to all Delta Dental programs is every participating dentist becomes a party to cost control as well as the quality of care. Participating dentists will update your records with your new information and will submit claims to Delta Dental for you.
- * **myODS** is a customized Delta Dental member website with accurate and easy to understand information about the member's plan. Log onto www.odsalaska.com/members to access myODS.

Dependent Eligibility

Dependents are lawful spouse and eligible children to age 26, including children an employee is required to enroll due to a court or administrative order.

This is a benefit summary only.

For a more detailed description of benefits, refer to your member handbook.

Visit our website at www.odsalaska.com

LIMITATIONS

In general, optional services are not covered benefits. If an eligible person selects a more expensive plan of treatment than is customarily provided or chooses specialized techniques rather than standard procedures, Delta Dental will pay the applicable percentage of the lesser fee. The enrollee is responsible for the remainder of the dentist's fee (examples: electing a crown where a silver filling would restore the tooth or a precision denture where a standard denture would suffice).

Preventive (Class I Services)

- * **Diagnostic** Routine examination once every six (6) months. Full mouth x-rays limited to once every three (3) years. Bitewings once every six (6) months.
- * **Preventive** Prophylaxis (cleaning) or periodontal maintenance limited once every six (6) months. Fluoride application is covered for all ages.

Basic (Class II Services)

- * **Oral Surgery** Surgical extractions & certain minor surgical procedures.
- * **Restorative** A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- * **Periodontic** Scaling and root planning is limited to once per quadrant in any twenty-four (24) month period.

Major (Class III Services)

- * **Restorative** If a tooth can be restored with a material such as amalgam, but another type of restoration is selected by the patient and dentist, covered expense will be limited to the cost of amalgam. Crowns and other cast restorations (including onlays and replacement inlays) are covered once in a five (5) year period on any tooth.
- * **Prosthodontic** A bridge or denture (full or partial) will be covered only once in a five (5) year period and only if the tooth or teeth involved have not received a cast restoration benefit in the past five (5) years. Specialized or personalized prosthetics are limited to the cost of standard devices.

EXCLUSIONS

- * Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- * Services with respect to congenital or developmental malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia, fluorosis and disturbance of the temporomandibular joint.
- * Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing teeth.
- * Services started prior to the date the individual became eligible for services under the program.
- * Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- * Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- * General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in his or her office.
- * Plaque control and oral hygiene or dietary instructions.
- * Experimental procedures.
- * Missed or broken appointments.
- * Orthodontic services.
- * Services for cosmetic reasons.
- * Claims submitted more than 15 months after the date of service are not covered.
- * All other services or supplies, not specifically covered.

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Insurance products provided by Oregon Dental Service, dba Delta Dental of Alaska."
& administered by Oregon Dental Service