



**Dental Benefits Summary**  
**Premier Option C**  
 Family Deductible

**How To Use this Dental Plan**

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

<b>Calendar year maximum, per member</b>	<b>\$1,500</b>
<b>Calendar year deductible, per member</b>	<b>\$50</b>
<b>Calendar year maximum deductible, per family</b>	<b>\$150</b>

Service	Benefit Amount
<b>PREVENTIVE</b> - <u>Examination/X-rays</u> (routine exam & bitewing x-rays) - <u>Prophylaxis</u> (cleanings) - <u>Sealants</u> - <u>Fluoride</u> - <u>Space Maintainers</u>	<b>80%</b>
<b>BASIC</b> - <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)	<b>80%</b>
<b>MAJOR</b> - <u>Crowns</u> - <u>Cast Restorations</u> - <u>Denture and Bridge Work</u> (construction or repair of fixed bridges, partials, and complete dentures)	<b>50%</b>

**Advantages**



- \* **Freedom to choose your dentist** ODS is unique in that we have contracts with over 1,800 licensed dentists in Oregon. As the Delta Dental Plan of Oregon, we offer access to over 100,000 dental professionals nationwide.
- \* **Professional Arrangements** ODS 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 ODS and our Delta Dental affiliates. We believe that the underlying unique feature inherent to all ODS 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 ODS for you.
- \* **myODS** is a customized member website with current, accurate and easy to understand information about the member's plan. Log onto [www.odscompanies.com/members](http://www.odscompanies.com/members) to access myODS.

**Dependent Eligibility**

Dependents are lawful spouse and unmarried dependent children to age 23, 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.**

<b>Visit our website at <a href="http://www.odscompanies.com">www.odscompanies.com</a></b>
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## LIMITATIONS

If a more expensive treatment than is functionally adequate is performed, ODS will pay the applicable percentage of the maximum plan allowance for the least costly treatment. If a tooth colored filling is used to restore posterior (back) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference.

### Preventive (Class I Services)

- \* **Diagnostic** Routine examination and bitewing x-rays limited to once every six (6) months. Full mouth x-rays limited to once every (3) years.
- \* **Preventive** Prophylaxis (cleaning) or periodontal maintenance limited to once every six (6) months. Fluoride application limited to once every six (6) months. Sealant benefits are limited to the occlusal surfaces of unrestored permanent Bicuspids and molars. Benefits will be limited to one sealant, per tooth, during any five (5) year period.

### Basic (Class II Services)

- \* **Oral Surgery** Limited to extractions and other 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 on the past five (5) years.

## EXCLUSIONS

- \* Surgical placement or removal of implants is not covered. See limitations in member handbook.
- \* 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.

Visit our website at [www.odskompanies.com](http://www.odskompanies.com)

Insurance products provided by Oregon Dental Service.