



Direct Option 1B

Group Name: Oregon Small Group Plan (5-99 EE's)

Summary of Benefits

BENEFIT	CO-PAYMENT
Annual Maximum	No Annual Maximum
Deductible	No Deductible
Office Visit Co-payment	\$10 per visit
DIAGNOSTIC AND PREVENTIVE SERVICES	
Routine and Emergency Exams	Covered at 100%
All X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants	Covered at 100%
Head and Neck Cancer Screening	Covered at 100%
Oral Hygiene Instruction	Covered at 100%
Periodontal Charting	Covered at 100%
Periodontal Evaluation	Covered at 100%
RESTORATIVE DENTISTRY AND PROSTHETICS	
Fillings	Covered at 100%
Permanent Crowns	\$100
Complete Upper or Lower Denture	\$75
Bridge – per tooth	\$100
All lab fees	Covered at 100%
ENDODONTICS AND PERIODONTICS	
Root canal therapy – anterior	\$50
Root canal therapy – bicuspid	\$90
Root canal therapy – molar	\$140
Osseous Surgery – per quadrant	\$75
Root Planing – per quadrant	\$75
ORAL SURGERY	
Routine Extraction – Single Tooth	Covered at 100%
Surgical Extraction	\$75
ORTHODONTIA	
Pre-Orthodontic Service	\$150*
Comprehensive Orthodontia	\$2,800
MISCELLANEOUS	
Local Anesthesia (Novocain)	Covered at 100%
Nitrous Oxide (per visit)	\$20
Missed Appointment Fee	\$30
Emergency Office Visit	\$50
Specialty Office Visit	\$30
Out of Area Emergency Care Reimbursement Up to \$100	

*Fee credited towards comprehensive orthodontic co-payment if patient accepts treatment plan.

Underwritten by Oregon Dental Service

Please refer to your Certificate of Coverage for limitations and exclusions.