



Direct Option 3B

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	\$15 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	\$150
Complete Upper or Lower Denture	\$150
Bridge – per tooth	\$150
All lab fees	Covered at 100%
ENDODONTICS AND PERIODONTICS	
Root canal therapy – anterior	\$75
Root canal therapy – bicuspid	\$150
Root canal therapy – molar	\$225
Osseous Surgery – per quadrant	\$150
Root Planing – per quadrant	\$120
ORAL SURGERY	
Routine Extraction – Single Tooth	Covered at 100%
Surgical Extraction	\$120
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.