



How To Use this Dental Plan

For **In Network** benefits, members select a dentist from the Preferred Professional Directory or website at www.odskompanies.com. Each family member may choose a different dentist. If you receive care from a dental provider not in the Preferred Professional Panel, Out of Network coverage levels apply.

| | | |
|--|-------------------|-----------------------|
| Calendar year maximum, per member | \$1,500 | |
| Calendar year deductible, per member | \$25 | |
| Calendar year maximum deductible, per family | \$75 | |
| Service | In Network | Out of Network |
| PREVENTIVE* | | |
| - <u>Examination/X-rays</u> (routine exam & bitewing x-rays) | 100% | 80% |
| - <u>Prophylaxis</u> (cleanings) | | |
| - <u>Fissure Sealants</u> | | |
| - <u>Space Maintainers</u> | | |
| - <u>Fluoride</u> | | |
| BASIC | | |
| - <u>Restorative Fillings</u> | 80% | 60% |
| - <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) | | |
| MAJOR | | |
| - <u>Implants</u> | 50% | 50% |
| - <u>Crowns</u> | | |
| - <u>Cast Restorations</u> | | |
| - <u>Dentures and Bridge Work</u> (construction or repair of fixed bridges, partials, and complete dentures) | | |

* **Deductible waived for preventive.**

When the member visits:

* **Preferred Dentists:** Benefits are paid at the In Network benefit level. Members are held harmless from balance billing by professionals.

* **Non Preferred, ODS Participating Dentists:** Benefits are paid at the Out of Network benefit level. Members may be held liable for the difference between the Non-Preferred rate and the Participating Dentists Filled Fee or Maximum Plan Allowance, whichever is less.

* **Non Preferred, Non Participating Dentists:** Benefits are paid at the Out of Network level.

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 in Oregon to ensure that actual charges made by the dentist do not exceed his or her accepted fees on file with ODS. 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.odskompanies.com/members to access myODS.

Dependent Eligibility

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

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.

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. Topical application of fluoride is covered once every six (6) months for members age 18 and under. For members age 19 and up, topical application of fluoride is covered once every six (6) month period if there is a history of periodontal disease or high risk of decay. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent 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. Maintenance procedure or prophylaxis (cleaning) is limited to once in any six (6) month period.

Major (Class III Services)

- * **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime.
- * **Restorative** 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. Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- * **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past seven (7) 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 (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), 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 the 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.
- * Precision attachments.
- * Orthodontic services.
- * Services for cosmetic reasons.
- * Claims submitted more than 12 months after the date of service are not covered.
- * All other services or supplies, not specifically covered.

This is a benefit summary only.

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

Visit our website at www.odscompanies.com

