



Direct Option 6B



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

**Summary of Benefits**

<b>BENEFIT</b>	<b>CO-PAYMENT</b>
Annual Maximum	No Annual Maximum
Deductible	No Deductible
Office Visit Co-payment	\$30 per visit
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>	
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%
<b>RESTORATIVE DENTISTRY AND PROSTHETICS</b>	
Fillings	Covered at 100%
Permanent Crowns	\$300
Complete Upper or Lower Denture	\$500
Bridge – per tooth	\$300
All lab fees	Covered at 100%
<b>ENDODONTICS AND PERIODONTICS</b>	
Root canal therapy – anterior	\$150
Root canal therapy – bicuspid	\$300
Root canal therapy – molar	\$400
Osseous Surgery – per quadrant	\$400
Root Planing – per quadrant	\$200
<b>ORAL SURGERY</b>	
Routine Extraction – Single Tooth	Covered at 100%
Surgical Extraction	\$190
<b>ORTHODONTIA</b>	
Pre-Orthodontic Service	\$150*
Comprehensive Orthodontia	\$2,800
<b>MISCELLANEOUS</b>	
Local Anesthesia (Novocain)	Covered at 100%
Nitrous Oxide (per visit)	\$25
Missed Appointment Fee	\$30
Emergency Office Visit	\$50
Specialty Office Visit	\$30
<b>Out of Area Emergency Care Reimbursement Up to \$100</b>	

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

**Underwritten by Oregon Dental Service**

Please refer to your Member Handbook for limitations and exclusions.