

Limitations & Exclusions*

If an eligible person selects a more expensive plan of treatment than is functionally adequate, ODS will pay the applicable percentage of the maximum plan allowance for the least costly treatment. The patient will then be responsible for the remainder of the dental provider's fee. Examination and bitewing X-rays are limited to once every six months. Full mouth X-rays are limited to once every three years. Prophylaxis (cleaning) is limited to once every six months. Fluoride application is limited to once every six months. Sealant benefits are limited to the occlusal surfaces of unrestored permanent bicuspid and first and second molars. Benefits will be limited to one sealant, per tooth, during any five-year period.

No benefits are provided for plaque control and oral hygiene, or dietary instructions. A prosthetic device or crown will be covered only once in a five-year period provided the tooth has not been crowned within the past five years. Surgical placement or removal of implants, or attachment to implants are not covered.

Services started prior to the date the individual became eligible for services under the program are not covered. Hypnosis, pre-medications or analgesia anesthetics, or any other prescribed drugs are excluded. Hospital costs or any additional fees charged by the dentist because the patient is hospitalized are excluded. Experimental procedures are not covered. Missed or broken appointments are not covered. Orthodontic services are not covered. Services for cosmetic reasons are not covered. Claims submitted more than 15 months after the date of rendition of the service are not covered. All other services or supplies not specifically covered are excluded.



601 S.W. Second Avenue
Portland, OR 97204-3156
503-243-3973
1-877-277-7073
www.odskompanies.com



Individual Dental Exchange

An option for individuals and families losing coverage



**Please refer to your policy for a complete listing of limitations and exclusions. Insurance products provided by Oregon Dental Service.*

Making healthcare easier

www.odskompanies.com

Since 1955, when ODS helped develop the first pre-paid dental plan in the nation, we have worked to improve oral health and make dental coverage affordable and accessible for all Oregonians.

- ◆ **Largest Provider Network in Oregon and the country.** The Delta Dental Premier Network includes more than 95 percent of licensed dentists in Oregon and more than 70 percent of dentists nationwide.
- ◆ **Choice.** You have the freedom to choose any dentist you want, but can save money by choosing a participating dentist.
- ◆ **Set Fees.** Participating dentists file their fees with us and do not charge you for anything above the approved amount.
- ◆ **Superior Benefits.** Preventive services, and dental cleanings are available every six months. *Preventive care is essential to good oral health.*
- ◆ **Easy-to-use Online Tools.** Through myODS — accessible at www.odscompanies.com — you can access a variety of resources, locate a dentist, review claims and benefits, update account information and more.

ELIGIBILITY REQUIREMENTS

- ◆ You must be an Oregon resident and live in Oregon at least six months out of the year. If you move outside of Oregon while on this plan, you will be automatically terminated the first of the month following your move.
- ◆ You must have been previously enrolled in a dental plan for at least 12 (continuous) months. The prior coverage must meet a minimum level of benefit to qualify as creditable. The minimum benefit level acceptable is a \$50 deductible to \$1,000 maximum per year, with 80 percent coverage for Class 1 services (see table on page 3), 80 percent coverage for Class 2 services and 50 percent coverage for Class 3 services. Dental discount programs are not eligible to qualify as creditable prior coverage.
- ◆ Eligible members will be offered this plan following the termination of their dental coverage. If you choose to elect COBRA dental coverage, you will be eligible for coverage once you terminate from your COBRA plan provided the above eligibility requirements are met. ***These are the only two opportunities you have to select this coverage.*** If you choose to decline coverage under the Individual Dental Exchange Plan, you forfeit your opportunity for membership and will not be eligible for future enrollment in this plan.
- ◆ Eligible members have 90 days from the date coverage ended to enroll in the ODS Individual Dental Exchange Plan.
- ◆ Dependents covered under the plan will be automatically eligible for this coverage. New dependents may be covered within 31 days of the qualifying event.

If a dental member and or dependent(s) drops this coverage, it cannot be reinstated.

HOW DO I ENROLL?

You can enroll by completing the ODS Individual Dental Exchange Plan application and returning it directly to ODS or through an ODS appointed agent. The dental plan effective date will be the first of the month following our receipt of your payment and complete application.

For more information call the ODS Individual Products Marketing department at 503-243-3973 or 877-277-7073, or visit us online at www.odscompanies.com.

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|---|---------|
| Eligibility year maximum, per member | \$1,000 |
| Eligibility year deductible, per member | \$50 |
| Eligibility year: The 12-month period beginning with the date you first become covered by the plan. | |

| DELTA DENTAL PREMIER SERVICES | BENEFIT AMOUNT |
|---|----------------|
| CLASS 1 Examinations/X-rays (routine exam and bitewing X-rays once every six months); prophylaxis (cleanings once every six months); fissure sealants; fluoride | 80% |
| CLASS 2 Restorative dentistry (treatment of tooth decay with amalgam, synthetic porcelain and plastic materials); space maintainers | 80% |
| CLASS 3* Oral surgery (surgical extractions and certain minor surgical procedures); endodontics and periodontics; crowns; cast restorations; dentures and bridge work (construction or repair of fixed bridges; partials and complete dentures) | 50% |
| *Covered services limited to \$300 per member per eligibility year. | |

Please see back of brochure for plan limitations and exclusions.

| MONTHLY PREMIUM | | | | |
|--|--------------|------------------|----------------------|--------|
| ODS Individual Dental Exchange Plan (Rates effective through June 30, 2007) | | | | |
| Age | Insured Only | Insured & Spouse | Insured & Child(ren) | Family |
| 0-19 | \$32 | \$62 | \$62 | \$94 |
| 20-34 | \$34 | \$66 | \$64 | \$98 |
| 35-64+ | \$36 | \$70 | \$68 | \$104 |

This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.