



► For individuals and families after group coverage

INDIVIDUAL DENTAL EXCHANGE



www.odskompanies.com

*Available November 2010
through October 2011*

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.** The Delta Dental Premier Network includes nine out of 10 licensed dentists in Oregon.
- **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, which are essential to good oral health, are available every six months.
- **Easy-to-use online tools.** Through myODS, your personal member website, you can find a dentist, access Dental Optimizer, 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 have been previously enrolled in a dental plan for at least 12 (continuous) months and have lost that coverage.
- Eligible applicants have 90 days from the date the dental coverage ended to enroll in the ODS Individual Dental Exchange Plan.

QUALIFICATIONS

- The prior coverage must meet a minimum benefit level to qualify as creditable. All ODS group and individual dental plans qualify as creditable coverage if continuously enrolled for the prior 12-month period.
- Non-ODS dental plans must meet a minimum benefit level to qualify as creditable. The minimum level of prior coverage must be equal to or better than a \$50 deductible to \$1,000 maximum per year, with 80 percent coverage for Class 1 services, 80 percent coverage for Class 2 services and 50 percent coverage for Class 3 services (see table on next page).
- Dental discount programs are not eligible to qualify as creditable prior dental coverage.
- Group members who elect COBRA dental coverage are eligible for coverage once terminated from the COBRA plan, provided the eligibility requirements are met.
- Dependents covered under the prior dental plan will be automatically eligible for this coverage. New dependents may be added 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) with the first month's premium. 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 Marketing department at 503-243-3973 or 877-277-7073, or visit us online at www.odscompanies.com.

ODS DENTAL EXCHANGE PLAN BENEFITS

Eligibility year maximum, per member	\$1,000
Eligibility year deductible, per member	\$50

Eligibility year is 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 to age 19	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) *Covered services limited to \$300 per member per eligibility year.	50%

Please see back of brochure for plan limitations and exclusions.

MONTHLY PREMIUM			
ODS Individual Dental Exchange plan (Rates effective 11/1/10 - 10/31/11)			
AGE	2-19	20-34	35-64+
Insured only	\$36	\$38	\$40
Insured & spouse	\$69	\$73	\$78
Insured & child(ren)	\$69	\$71	\$76
Family	\$105	\$109	\$116

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



LIMITATIONS AND 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 to age 19.
- ▶ Fluoride is available after age 18 if there is a history of periodontal disease or high risk of decay due to medical disease, chemotherapy, or similar type of treatment.
- ▶ Sealant benefits are limited to the occlusal surfaces of unrestored permanent 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 seven-year period provided the tooth has not been crowned within the past seven 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 12 months after the date of rendition of the service are not covered.
- ▶ All other services or supplies not specifically covered are excluded.

**Please refer to your policy for a complete listing of limitations and exclusions.*



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Insurance products provided by Oregon Dental Service.