



SeniorSelect DENTAL PLAN

The SeniorSelect dental plan is not a Medicare plan and is not a part of ODS Advantage PPO plans.



www.odskompanies.com



ODS has been Oregon's leading dental carrier for more than 50 years. Our quality dental plans are backed by excellent customer service and the leading networks of participating dentists both in Oregon and across the nation. As a founding member of Delta Dental, we provide access to more than 100,000 participating dentists nationwide. In this brochure, you will find a description of your dental benefits and a list of easy steps to help you enroll in our SeniorSelect dental plan. For more information, please visit www.odscompanies.com or call the ODS Individual Marketing department at 503-243-3973 or toll-free at 877-277-7073 (TTY users should call 800-433-6313 or 503-243-3958).

The Delta Dental advantage

ODS is unique in that we have contracts with more than 2,000 licensed dentists in Oregon. Through the Delta Dental Plan of Oregon, ODS members can access more than 100,000 dental professionals nationwide.

Professional arrangements

ODS has specific fee arrangements with our participating Oregon dentists to ensure that actual charges made by the dentist do not exceed his or her accepted fees on file with ODS. That means your out-of-pocket expenses will be less.

Predetermination

As a service to our members, your dental office may submit a pretreatment plan to ODS on your behalf. We will return it to the office indicating the dollar allowance that will be covered by your plan.

Using your dental plan

Tell your dental provider that you are a member of an ODS dental program through Delta Dental. Your dentist will update your records and will submit claims for you.

Additional oral health benefits

Through our evidence-based plan designs, ODS offers diabetics the benefit of two additional or early annual cleanings (for a total of four per year). In addition to routine oral cancer exams, ODS provides coverage for ViziLite Plus TBlue and brush biopsy, two nonsurgical screenings designed to aid in the early detection of abnormal cells in the mouth.

When can I enroll?

ODS Advantage plan members are eligible to enroll in the ODS SeniorSelect dental plan during a one-time-only enrollment period. This is the only opportunity you will have to select dental coverage. The ODS SeniorSelect dental plan effective date will coincide with your ODS Advantage plan effective date. You must be an Oregon resident to enroll in the ODS SeniorSelect dental plan.

How do I enroll?

If you elect to join the dental plan, complete the enrollment application and send ODS a check for the first month's premium. If you would like premiums to be automatically deducted from a bank account, complete the bank withdrawal section of the application. If you prefer a monthly or quarterly billing statement, a \$5 administrative fee will apply per mailed statement.

Include your SeniorSelect dental plan application, along with your ODS Advantage plan application, in the enclosed postage paid envelope. If you are submitting your SeniorSelect dental plan application separately, it must be postmarked no later than the effective date of your ODS Advantage coverage.

ODS SeniorSelect dental plan members may retain dental plan coverage if they disenroll from an ODS Advantage plan. If an ODS SeniorSelect dental plan member drops the dental plan coverage, it cannot be reinstated.

Your premium will not change between Jan. 1 and Dec. 31, 2011.

SERVICE	BENEFIT AMOUNT
Calendar year benefit maximum, per member	\$1,500
Calendar year deductible, per member	\$50
CLASS 1: PREVENTIVE <ul style="list-style-type: none"> ▪ Examination/X-rays (routine exam and bitewing X-rays) ▪ Prophylaxis (cleanings) ▪ Sealants 	80%*
CLASS 2: BASIC <ul style="list-style-type: none"> ▪ Restorative fillings 	50%
CLASS 3: MAJOR <ul style="list-style-type: none"> ▪ Cast restorations <ul style="list-style-type: none"> – Crowns (\$100 maximum per tooth) ▪ Dentures (\$250 maximum per denture) <ul style="list-style-type: none"> – Construction of partials and complete dentures ▪ Denture relines 	50%
Dental monthly premium	\$30

*Deductible waived for Class 1 services

Note: If an eligible person selects a more expensive plan of treatment than is functionally adequate, ODS will pay the applicable percentage up to the maximum plan allowance for the least costly treatment. The patient will then be responsible for the remainder of the dentist's fee.

Limitations

Preventive (Class 1 services)

- ▶ Diagnostic routine examination and bitewing X-rays limited to once every six months.
- ▶ Full-mouth X-rays limited to once every three years
- ▶ Prophylaxis (cleaning) limited to once every six months.
- ▶ Sealant benefits are limited to the occlusal surfaces of unrestored permanent molars; benefits are limited to one sealant, per tooth, during any five-year period.

Basic (Class 2 services)

- ▶ A separate charge for general anesthesia and/or IV sedation is not covered

Major (Class 3 services)

- ▶ If a tooth can be restored with a material such as amalgam, but another type of restoration is selected by the patient and dentist, covered expense will be limited to the cost of amalgam. Crowns and other cast restorations (including onlays and replacement inlays) are covered once in a seven-year period on any tooth.
- ▶ A denture (full or partial) will be covered only once in a seven-year period, and only if the tooth or teeth involved have not received a cast restoration benefit in the past seven years.

The SeniorSelect dental plan is neither offered nor guaranteed under a Medicare Advantage contract with the Medicare program, but are made available to all enrollees who are members of an ODS Advantage plan. These products and services are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the ODS SeniorSelect appeals process.

Exclusions

- ▶ Endodontics
- ▶ Periodontics, including periodontic scaling and root planing and periodontic maintenance
- ▶ Bridges
- ▶ Repair to partial denture or complete dentures and adjustments
- ▶ Oral surgery (extractions and other minor surgical procedures)
- ▶ Surgical placement or removal of implants and any related services
- ▶ 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 or developmental malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia, 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 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
- ▶ Hospital costs or any additional fees charged by the dentist for hospital treatment
- ▶ 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

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



www.odskompanies.com

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