



PEBB Dental Benefits Summary Preferred Option Plan

How To Use this Dental Plan

For **In Network** benefits, members select a dentist from the Preferred Professional Directory or website at www.odscompanies.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.

Service	PPO Network	*Premier Network
Maximum per year	\$1,750	
Annual Deductible	50/\$150	
DIAGNOSTIC & PREVENTIVE	100%	90%
- <u>Examination/X-rays</u>	deductible waived	deductible waived
- <u>Prophylaxis</u>		
- <u>Fissure Sealants</u>		
BASIC - Deductible Applies	**1st year-80%	70%
- <u>Restorative Dentistry</u> (treatment of tooth decay with amalgam or composite)	2nd year-90%	
- <u>Oral Surgery</u> (surgical extractions & certain minor surgical procedures)	3rd year-100%	
- <u>Endodontic</u> (pulp therapy & root canal filling)		
- <u>Periodontics</u> (treatment of tissues supporting the teeth)		
MAJOR - Deductible Applies	50%	50%
- <u>Implants</u>		
- <u>Crowns</u>		
- <u>Cast Restorations</u>		
- <u>Dentures and Bridge Work</u> (construction or repair of fixed bridges, partials, and complete dentures)		

* Non Premier providers will be reimbursed up to the maximum plan allowance.

** Under this plan, payments increase by 10% each calendar year provided the individual has visited the dentist at least once during the year. Failure to do so will cause a 10% decrease in payment the following year, although payment will never fall below 70%.

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 are held harmless from balance billing by professionals.

* Non Preferred, Non Participating Dentists: Benefits are paid at the Out of Network level. Reimbursement is based on prevailing fees.

Advantages



* **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.

* **Pre-determination** As a service to our customers, your dental office can submit a pre-treatment plan to ODS on your behalf, and we will return it to them indicating the dollar allowance which will be covered by your plan **before** you go forward with treatment.

Dependent Eligibility

Dependents are lawful spouse and dependent children to age 26, including children an employee is required to enroll due to a court or administrative order. **Note:** Late enrollees have a 12 month waiting period for Basic and Major services and a 24 month waiting period for Orthodontia. Late enrollees who enroll in this Plan directly from an ODS dental plan or another PEBB dental plan with 12 months of consecutive coverage without lapse are not subject to the waiting periods.

This is a benefit summary only.

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

Insurance products provided by Oregon Dental Service.

Visit our website at www.odscompanies.com

LIMITATIONS

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 providers' fees.

Diagnostic & Preventive

- * **Diagnostic** Routine examination limited to twice in a calendar year. Full mouth x-rays limited to once every 5 years. Supplementary bitewing x-rays are covered once in a calendar year for children under 15 years of age and once in a two calendar year period for persons age 15 years of age and older.
- * **Preventive** Prophylaxis (cleaning) limited to twice in a calendar year. Topical application of fluoride is covered twice per calendar year for members age 18 and under. Sealant benefits are limited to the occlusal surfaces of unrestored permanent molars. Benefits will be limited to one sealant, per tooth, during any 5 year period.

Basic

- * **Oral Surgery** Limited to minor surgical procedures and does not allow payment for services such as vestibuloplasty, etc.
- * **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 24 month period. Periodontal maintenance is not covered unless the dentist's assessment of the individual's oral health and risk factors indicates the need.

Major

- * **Restorative** 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 (7) year period on any tooth.
- * **Prosthodontic** Replacement of an existing prosthetic device will be covered only if it is unserviceable and cannot be made serviceable, and a replacement of an existing prosthetic device will be covered once in a seven (7) year period. 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 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
- * 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.
- * Services for cosmetic reasons.
- * Claims submitted more than one year after the date of rendition of the services.
- * All other services or supplies, not specifically covered.

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