



► Oregon individuals and families

DENTAL BENEFIT PLAN OPTIONS



www.odskompanies.com

*Available November 2012
through December 2013*

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.

DELTA DENTAL PREMIER PLAN

This popular, traditional fee-for-service plan offers members access to the largest dental network available in Oregon and across the nation. Members can save money by seeking care from participating Delta Dental Premier providers.

Highlights of the Delta Dental Premier and PPO plans include:

- **Set fees.** Participating dentists file their fees with us and do not charge you for anything above the approved amount.
- **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.

Preventive (Class 1):

- No waiting periods
- Routine exam once every six months
- Supplemental bitewing X-rays once every 12 months
- Cleanings every six months
- Sealants (no age limit)
- Topical application of fluoride once every 12 months for members age 18 and under

DELTA DENTAL PPO PLAN

Like the Delta Dental Premier plan, this preferred provider option (PPO) offers access to the largest PPO network in Oregon and across the country.

Basic (Class 2):

- No waiting periods with prior coverage credit
- Restorative dentistry – treatment of tooth decay with amalgam fillings on back teeth and composite fillings on front teeth
- Space maintainers

Major (Class 3):

- No waiting periods with prior coverage credit
- Oral surgery – surgical extractions and certain minor surgical procedures
- Endodontic – pulp therapy and root canal filling
- Periodontics – treatment of tissues supporting the teeth
- Cast restorations (including crowns)
- Denture and bridge work
- Construction or repair of fixed bridges, partials and complete dentures

ORAL HEALTH, TOTAL HEALTH PROTECTS YOUR OVERALL HEALTH

Oral health research has shown a strong link between oral health and overall health. ODS believes that when members see a dentist regularly and maintain a healthy mouth, it can help keep the rest of their body healthy, too. Through our *Oral Health, Total Health* program, ODS offers additional preventive benefits to members with diabetes and

pregnant women in their third trimester. ODS also provides other evidence-based dental benefits, including routine oral cancer screenings with every exam. If, during an exam, additional screening is required, ODS covers brush biopsy, a nonsurgical method of detecting abnormal cells in the mouth.

INDIVIDUAL DENTAL PLANS	DELTA DENTAL PREMIER		DELTA DENTAL PPO	
	Premier network	PPO network	Non-PPO network	
Plan year benefit maximum, per member	\$750 (1st-year) \$1,000 (2nd-year) \$1,250 (3rd-year)		\$750 (1st-year) \$1,000 (2nd-year) \$1,250 (3rd-year)	
Plan year deductible, per member	\$50		\$50	
CLASS 1				
Routine examinations and prophylaxis (cleanings) once every six months and bitewing X-rays once every 12 months; fissure sealants; fluoride is limited to once every 12 months to age 19	80% ²		100% ²	80%
CLASS 2				
Six month waiting period¹ Restorative dentistry (treatment of tooth decay with amalgam, synthetic porcelain and plastic materials); space maintainers	70%		70%	50%
CLASS 3				
12 month waiting period¹ Oral surgery (surgical extractions and certain minor surgical procedures); endodontics and periodontics; crowns; cast restorations; construction or repair of fixed bridges; partials and complete dentures	50%		50%	50%

¹ Waiting period may be waived by 12 months of creditable prior coverage from a comparable plan with no more than a 90 day break in coverage.

² Deductible waived.

MONTHLY RATES (Effective Nov. 1, 2012 – Dec. 31, 2013)

	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
INDIVIDUAL										
Delta Dental Premier plan	\$42	\$44	\$44	\$44	\$54	\$54	\$56	\$56	\$56	\$56
Delta Dental PPO plan	38	42	42	42	48	48	53	53	53	53
INDIVIDUAL + SPOUSE										
Delta Dental Premier plan	84	89	89	89	110	110	113	113	113	113
Delta Dental PPO plan	78	84	84	84	94	94	103	103	103	103
INDIVIDUAL + CHILD(REN)										
Delta Dental Premier plan	82	89	89	89	106	106	113	113	113	113
Delta Dental PPO plan	75	82	82	82	93	93	102	102	102	102
INDIVIDUAL + SPOUSE + CHILD(REN)										
Delta Dental Premier plan	122	130	130	130	165	165	168	168	168	168
Delta Dental PPO plan	117	125	125	125	139	139	153	153	153	153

ODS invites you to use the younger spouse as the primary applicant if it will help you receive a lower premium.

This is a benefit summary only. For a complete description of benefits, limitations and exclusions, refer to your policy.

ELIGIBILITY REQUIREMENTS

- You must be an Oregon resident, reside in the service area for at least 30 days prior to submitting an application and live in Oregon at least six months out of the year.

HOW TO ENROLL

- 1 Find out if your dentist is part of the Delta Dental Premier or Delta Dental PPO network by visiting www.odscompanies.com. From the homepage, click on Find Care and Search as a Guest, then select Dental as your category.
- 2 Complete an application and submit to ODS with the initial premium. The application can be found on our website under Shopping for health insurance, selecting Individual and family plans then Dental only plans.
- 3 We require complete submission prior to the desired effective date in order to process the application. The application can be submitted via mail, fax or email to the contact listed on the application itself.
- 4 You will be notified in writing upon processing of your application.



www.odscompanies.com

For help, contact an ODS Health-appointed producer, or call ODS Health toll-free at 877-277-7073. (TTY users, please dial 711.)

IF YOU TERMINATE FROM THIS PLAN

- You and/or your covered dependents will not be able to re-apply for two years if you terminate from this plan.
- You and/or your covered dependents will not be able to terminate coverage and re-apply more than two times per lifetime, per insured on either plan.
- Any new enrollment will begin at the first year benefit level.

LIMITATIONS AND EXCLUSIONS

- ▶ Examinations are limited to once every six months.
- ▶ Bitewing X-rays are limited to once every 12 months.
- ▶ Full mouth X-rays are limited to once every five years.
- ▶ Prophylaxis (cleaning) is limited to once every six months.
- ▶ Fluoride application is limited to once every 12 months to age 19.
- ▶ Surgical placement or removal of implants is not covered.
- ▶ Orthodontic services are not covered.
- ▶ Services for cosmetic reasons are not covered.

 DELTA DENTAL®

Insurance products provided by Oregon Dental Service.