



Voluntary Orthodontic Plan Summary VCO1000

How To Use this Dental Plan

When you visit your dental provider, tell him or her you are a member of an ODS dental program.

ORTHODONTICS ** (Services subject to a 18-month exclusion period) Eligible dependent children if treatment is started prior to their 17th birthday.	50% to a \$1,000 lifetime maximum
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**** Services subject to a 18-month exclusion period**

- * 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.

This is a benefit summary only.

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

Visit our website at www.odscompanies.com