



## Voluntary Orthodontic Plan Summary VCO1500

### 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.

<b>ORTHODONTICS **</b> (Services subject to a 18-month exclusion period) Eligible dependent children if treatment is started prior to their 17th birthday.	<b>50% to a \$1,500 lifetime maximum</b>
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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](http://www.odscompanies.com)**