



Individual Delta Dental Exchange

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.

Plan year maximum, per member	\$1,000
Plan year deductible, per member	\$50

Service	Benefit Amount
PREVENTIVE <ul style="list-style-type: none">- <u>Examination/X-rays</u> (routine exam & bitewing x-rays)- <u>Prophylaxis</u> (cleanings)- <u>Fissure Sealants</u>- <u>Fluoride</u>	80%
BASIC <ul style="list-style-type: none">- <u>Restorative</u>- <u>Space Maintainers</u>	80%
MAJOR (Covered services limited to \$400 per member per plan year) <ul style="list-style-type: none">- <u>Oral Surgery</u>- <u>Endodontics</u>- <u>Periodontics</u>- <u>Crowns</u>- <u>Cast Restorations</u>- <u>Denture and Bridge Work</u> (construction or repair of fixed bridges, partials and complete dentures)	50%

Advantages

- * **Freedom to choose your dentist** ODS is unique in that we have contracts with over 1,800 licensed dentists in Oregon. As the Delta Dental Plan of Oregon, we offer access to over 100,00 dental professional nationwide.
- * **Professional Arrangements** ODS has specific fee arrangements with our participating dentists to ensure that actual charges made by the dentist do not exceed his or her accepted fees on file with ODS and our Delta Dental affiliates. 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.
- * **myODS** is a customized member website with current, accurate and easy to understand information about the member's plan. Log onto www.odscompanies.com/members to access myODS.

Dependent Eligibility

Dependents are lawful spouse, registered domestic partner and eligible children up to age 26, including children a subscriber is required to enroll due to a court or administrative order.



LIMITATIONS

If a more expensive treatment than is functionally adequate is performed, ODS will pay the applicable percentage of the maximum plan allowance for the least costly treatment. If a tooth colored filling is used to restore posterior (back) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference.

Preventive (Class I Services)

- * **Diagnostic** Routine examination limited to once every six (6) months and bitewing x-rays limited to once every 12 months. Full mouth x-rays limited to once every five (5) years.
- * **Preventive** Prophylaxis (cleaning) or periodontal maintenance limited to once every six (6) months. Topical application of fluoride is covered once every 12 months for members age 18 and under. For members age 19 and up, topical application of fluoride is covered once every 12 month period if there is a recent history of periodontal surgery or high risk of decay. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any five (5) year period.

Basic (Class II Services)

- * **Restorative** If a tooth colored filling is used to restore posterior (back) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- * **Space Maintainers** are a benefit once per space. Space maintainers for primary anterior teeth, missing permanent teeth or for patients age 14 or over are not covered.

Major (Class III Services)

- * **Oral Surgery** Limited to extractions and other minor surgical procedures.
- * **Restorative** Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- * **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past seven (7) years. 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 plan.
- * 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.
- * 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.
- * Precision attachments.
- * Orthodontic services.
- * Surgical placement or removal of implants.
- * Services for cosmetic reasons.
- * Claims submitted more than 12 months after the date of service.
- * All other services or supplies, not specifically described.

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

