



How To Use this Dental Plan

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

Calendar year maximum	\$2,500
Calendar year deductible, per member	\$25

Service	Benefit Amount
PREVENTIVE - <u>Examination/X-rays</u> (routine exam & bitewing x-rays) - <u>Prophylaxis</u> (cleanings) - <u>Sealants</u> - <u>Fluoride</u> - <u>Space Maintainers</u>	80%
BASIC - <u>Restorative Fillings</u> - <u>Oral Surgery</u> (extractions & certain minor surgical procedures) - <u>Endodontic</u> (pulp therapy & root canal filling) - <u>Periodontics</u> (treatment of tissues supporting the teeth)	80%
MAJOR - <u>Implants</u> - <u>Crowns</u> - <u>Cast Restorations</u> - <u>Denture and Bridge Work</u> (construction or repair of fixed bridges, partials, and complete dentures)	80%
ORTHODONTICS - <u>For eligible employees and their covered dependents</u>	50% up to a \$1,000 lifetime maximum

Advantages

- **Freedom to choose your dentist** ODS is unique in that we have contracts with over 2,000 licensed dentists in Oregon. As the Delta Dental Plan of Oregon, we offer access to over 139,000 dental professionals 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.
- **myModa** is a customized member website with current, accurate and easy to understand information about the member's plan. Log onto www.modahealth.com/members to access myModa.

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 or comprehensive examinations or consultations and supplementary bitewing x-rays are covered once in any 6-month period. Complete series x-rays or a panoramic film are covered once in any 3-year period.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance limited to twice per calendar year. Topical application of fluoride is covered once in any 6-month period for members age 18 and under. For members age 19 and up, topical application of fluoride is covered once in any 6-month period if there is a history of periodontal disease 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 5-year period.

Basic (Class II Services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **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.

Major (Class III Services)

- **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime.
- **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. 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 program.
- 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.
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.

This is a benefit summary only.

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

Visit our website at www.modahealth.com