

Summary of Dental Plan Benefits

April 1, 2011 – December 31, 2011

OREGON HOME CARE COMMISSION 10001759

Calendar year maximum benefit, per member **\$1,500**

Calendar year deductible, per member **\$50**

Service

Benefit

PREVENTIVE CARE (no deductible)

100%

- Examination/X-rays (routine exam & bitewing x-rays once every six months)
- Prophylaxis (cleanings - once every six months)
- Fissure Sealants
- Space Maintainers
- Flouride

BASIC

80%

- Restorative Dentistry (treatment of tooth decay with amalgam or composite)
- Oral Surgery (surgical extractions & certain minor surgical procedures)
- Endodontic (pulp therapy & root canal filling)
- Periodontics (treatment of tissues supporting the teeth)

MAJOR

50%

- Crowns
- Cast Restorations
- Implants
- Denture and Bridge Work (construction or repair of fixed bridges, partials, and complete dentures)

ORAL HEALTH, TOTAL HEALTH

Research confirms that regular visits to the dentist may help in the diagnosis and management of diabetes; and dental cleanings during a woman's third trimester of pregnancy may help prevent pre-term and low-birth-weight babies. This new Oral Health, Total Health program is developed based on this new evidence. The program's benefits include:

- A third trimester cleaning for pregnant women
- Two additional cleanings or periodontal maintenance per year for individuals with diabetes

To register for in the ODS *Oral Health, Total Health* program, call ODS at 1-877-277-7280.

Limitations and Exclusions

Limitations and Exclusions apply. Services started prior to the individual's effective date under the program are not covered.

This benefit summary does not fully describe your benefit coverage with ODS Dental Plan. For more details on your coverage, see your ODS Member Handbook or call ODS Customer Service. In the case of a conflict between this Summary and the ODS Member Handbook, the Handbook will prevail.