



**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>Calendar year maximum, per member</b>	<b>\$1,500</b>
<b>Calendar year deductible, per member</b>	<b>\$0</b>
<b>Service</b>	<b>Benefit Amount</b>
<b>PREVENTIVE</b> - <u>Examination/X-rays</u> - <u>Prophylaxis</u> - <u>Fissure Sealants</u> - <u>Space Maintainers</u>	* 1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100%
<b>BASIC</b> - <u>Restorative Dentistry</u> (treatment of tooth decay with amalgam or composite) - <u>Oral Surgery</u> (surgical extractions & certain minor surgical procedures) - <u>Endodontic</u> (pulp therapy & root canal filling) - <u>Periodontics</u> (treatment of tissues supporting the teeth)	* 1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100%
<b>MAJOR</b> - <u>Crowns</u> - <u>Denture and Bridge Work</u> (construction or repair of fixed bridges, partials, and complete dentures)	<b>50%</b>

\* Under this plan, benefits start at 70% your first calendar year of coverage. Thereafter, payments increase by 10% each calendar year (up to a maximum benefit of 100%) provided the individual has visited the dentist at least once during the previous calendar year. Failure to do so will cause a 10% reduction in payment the following calendar year, although payment will never fall below 70%.

**Advantages**



- \* **Freedom to choose your dentist** ODS is unique in that we have contracts with over 1,800 of licensed dentists in Oregon.
- \* **Professional Arrangements** ODS has specific fee arrangements with our participating dentists in Oregon to ensure that actual charges made by the dentist do not exceed his or her accepted fees on file with ODS. 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.
- \* **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.
- \* **MyODS** Through our online service, members can download their member handbook, view claims status and payment information, search for participating providers, order ID cards, view personal information, and email dental customer service. MyODS can be accessed through our website, [www.odscpanies.com](http://www.odscpanies.com) or the CIS website, [www.cciservices.com](http://www.cciservices.com).

**This is a benefit summary only. Any errors or omissions are unintentional.**  
**For a more detailed description of benefits, refer to your member handbook.**

**Visit our website at [www.odscpanies.com](http://www.odscpanies.com)**

## LIMITATIONS

If an eligible person selects a more expensive plan of treatment than is functionally adequate, ODS will pay the applicable percentage of the maximum plan allowance for the least costly treatment. The patient will then be responsible for the remainder of the dental providers' fees.

### Basic

\* **Restorative** A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures. A separate charge for anesthesia may be covered when, in our judgment, it is necessary for complex oral surgery or due to the existence of a concurrent medical condition.

### Major

\* **Restorative** If a tooth can be restored with a material such as amalgam, but another type of restoration is selected by the patient and dentist, covered expense will be limited to the cost of amalgam. Crowns and other cast restorations (including onlays and replacement inlays) are covered once in a seven (7) year period on any tooth.

\* **Prosthodontic** A prosthetic device will be covered once in a seven (7) year period provided the tooth has not been crowned within 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 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.
- \* Orthodontic services.
- \* Services for cosmetic reasons.
- \* Claims submitted more than 15 months after the date of rendition of the services.
- \* All other services or supplies, not specifically covered.

Visit our website at [www.odscompanies.com](http://www.odscompanies.com)

Insurance products provided by Oregon Dental Service.