



### 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.

<b>Calendar year maximum, per member</b>	<b>\$1,500</b>
<b>Calendar year deductible, per member</b>	<b>\$50</b>
<b>Calendar year maximum deductible, per family</b>	<b>\$150</b>

<b>Service</b>	<b>Benefit Amount</b>
<b>PREVENTIVE**</b> <ul style="list-style-type: none"> <li>- <u>Examination/X-rays</u> (routine exam &amp; bitewing x-rays two times per calendar year)</li> <li>- <u>Prophylaxis</u> (cleaning) or periodontal maintenance is limited to two times per calendar year. Additional periodontal maintenance for members with periodontal disease, up to a total of four times per year.</li> <li>- <u>Sealants</u></li> <li>- <u>Fluoride</u></li> <li>- <u>Space Maintainers</u></li> </ul>	<b>100%</b>
<b>BASIC</b> <ul style="list-style-type: none"> <li>- <u>Restorative Dentistry</u> (treatment of tooth decay with amalgam, synthetic porcelain &amp; plastic materials, crowns, jackets, and gold or cast restorations)</li> <li>- <u>Oral Surgery</u> (extractions &amp; certain minor surgical procedures)</li> <li>- <u>Endodontic</u> (pulp therapy &amp; root canal filling)</li> <li>- <u>Periodontics</u> (treatment of tissues supporting the teeth)</li> <li>- <u>Prosthodontic</u> (repair or recementing of crowns, inlays, bridgework, dentures or relining of dentures)</li> </ul>	<b>80%</b>
<b>MAJOR</b> <ul style="list-style-type: none"> <li>- <u>Denture and Bridge Work</u> (initial placement to replace one or more natural teeth extracted while covered by EWEB's plans)</li> </ul>	<b>50%</b>
<b>ORTHODONTICS</b> <ul style="list-style-type: none"> <li>- <u>Eligible employees and their covered dependents</u></li> </ul>	<b>50% to a \$1,500 lifetime maximum</b>

\* **Deductible waived for preventive services**

\*\* **All Preventive Services do not accrue towards the annual 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.
- **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.
- **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](http://www.modahealth.com/members) to access myModa.

### Dependent Eligibility

- Dependents are lawful spouse, Oregon registered domestic partners and eligible children to age 26, including children an employee is required to enroll due to a court or administrative order.

## LIMITATIONS

If a more expensive treatment that 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** Examination and bitewing x-rays limited to two times per calendar year. Full mouth x-rays or a panoramic film is limited to once every 3 years.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance is covered twice per year, unless the eligible person is diagnosed with periodontal disease. When periodontal disease is diagnosed, additional periodontal maintenance is covered four times per year.

### **Basic (Class II Services)**

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Restorative Composite, plastic, silicate, or similar restorations in posterior (back) teeth, other than facial Class V restorations on bicusps, are considered optional services. Coverage shall be made for a corresponding amalgam restoration. Crowns, jackets, and gold or cast restorations (including inlays and onlays) or their replacement are covered once in a five (5) year period on any tooth. The only exception to this rule is in the event a crown needs to be replaced due to medical necessity (cracks, fractures, breaks, etc.). A separate charge for anesthesia and/or IV sedation is not covered when used for restorative procedures.
- **Periodontic** Periodontal splinting, including crowns or bridgework for splinting, is not covered.

### **Major (Class III Services)**

- **Prosthodontic** Replacement of an existing prosthetic device is covered only if it is unserviceable and cannot be made serviceable. Replacement of an existing prosthetic device will be covered once in a five (5) year period except when additional teeth are extracted while covered by EWEB's Plans and added bridgework or dentures is required. Specialized or personalized prosthetics are limited to the cost of standard devices.

## EXCLUSIONS

- Surgical replacement or removal of implants, or related services are not covered.
- 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](http://www.modahealth.com)