

How To Use this Dental Plan

When you visit your dental provider, tell him or her that you are a member of a Delta Dental program.

Calendar year maximum, per member*	\$2,000
Calendar year deductible, per member (maximum 3 per family)	\$25
Service	Benefit Amount
CLASS I - PREVENTIVE ** 1 - <u>Examination/X-rays</u> - <u>Prophylaxis</u> - <u>Fissure Sealants</u>	100%
CLASS II - BASIC - <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) - <u>Space Maintainers</u> - <u>Repair or reline of dentures and bridges</u>	80%
CLASS III - MAJOR² - <u>Crowns</u> - <u>Implants</u> - <u>Denture and Bridge Work</u> (construction of fixed bridges, partials and complete dentures)	50%

* Annual dental maximum does not apply to members under age 16.

** Deductible waived for preventive.

¹ Any amount paid by the plan for Preventive services does not apply towards the calendar year maximum.

² There is a 12 month waiting period for Late Enrollees. A Late Enrollee is anyone not enrolled when initially eligible.

MEMBER SERVICES

Through our online service, **myModa**, you can download your member handbook, view claims status and payment information, search for participating providers, order ID cards, view personal information, and email dental customer service. You can access myModa at www.modahealth.com, or the CIS website at www.cisbenefits.org.

Dental Optimizer™ is a free resource on myModa that enables you to assess your risk level for oral health concerns and use that assessment to learn about reducing your risks and treatment costs. Dental Optimizer is comprised of a cavities risk assessment, dental health suggestions, and a Savings Optimizer based on a personal survey.



Delta Dental provides dental claims payment services only and does not assume financial risk or obligation with respect to payment of claims

This is a benefit summary only. Any errors or omissions are unintentional.

For a more detailed description of benefits, refer to your member handbook, which can be accessed through myModa, or by calling Customer Service for a copy.

Delta Dental Customer Service 888-217-2365 - Delta Dental's website www.modahealth.com

ADVANTAGES



- * **Freedom to choose your dentist:** Delta Dental is unique in that we have contracts with more than 2,400 licensed Premier providers throughout the State of Oregon. More than 1,300 are also PPO providers.
- * **Professional Arrangements:** The Delta Dental Passive PPO plan utilizes a select group of dentists who have contracted with us at a preferred rate. This helps ensure that members who utilize the services of a preferred dentist have lower out-of-pocket costs. While receiving treatment from a Preferred Provider is still the most cost-effective option, your plan allows for services to be rendered by a non-preferred dentist, while still maintaining the same percentage of coverage. Members who utilize Premier and PPO providers will not be balanced billed. Members who utilize non-participating providers will be responsible for charges above the maximum plan allowance.
- * **Pre-determination:** As a service to our customers, your dental office can submit a pre-treatment plan to Delta Dental on your behalf, and we will return it to your dentist, indicating the dollar allowance that will be covered by your plan **before** you go forward with treatment.
- * **Health through Oral Wellness® program:** Your plan includes access to the Health through Oral Wellness program. This patient-centered program provides enhanced benefits designed to help you maintain better oral health through risk

LIMITATIONS

If an eligible person selects a more expensive plan of treatment than is functionally adequate, Delta Dental 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.

Class I - Preventive

- * **Diagnostic:** Supplementary bitewing x-rays are covered once in any 12-month period. Complete series x-rays or a panoramic film are covered once in any 5-year period.

Class II - 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.

Class III - Major

- * **Restorative:** If a tooth can be restored by amalgam or composite filling, but another type of restoration is selected by the patient and dentist, the covered expense will be limited to the cost of composite. Crowns and other cast restorations (including onlays and replacement inlays) are covered once in a seven (7) year period on any tooth.
- * **Prosthetic:** 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 12 months after the date of rendition of the services.
- * All other services or supplies, not specifically covered.

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