



**Special Districts Insurance Services (SDIS)
Plan 1 - Constant Dental Plan**

How To Use this Dental Plan

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

Calendar year maximum, per member**	\$1,500
Calendar year deductible, per member	\$25
Calendar year maximum deductible, per family	\$75
Calendar year out of pocket maximum (under age 19)	\$350
Calendar year out of pocket maximum per family (under age 19)	\$700

Service	Benefit Amount
Preventive and diagnostic services* - <u>Exam and prophylaxis/cleanings (twice per calendar year)</u> - <u>Bitewing X-rays (once every per year)</u> - <u>Topical fluoride application (ages 18 and under)</u> - <u>Sealants</u> - <u>Space maintainers (ages 14 and under)</u>	100%
Restorative services - <u>Fillings</u> - <u>Inlays (amalgam reimbursement fee)</u> - <u>Oral surgery and extractions</u> - <u>Endodontics and periodontics</u>	80%
Major restorative services - <u>Gold or porcelain crowns</u> - <u>Onlays</u> - <u>Implants</u> - <u>Dentures and partial dentures</u> - <u>Bridges</u>	50%

* **Deductible waived for preventive services.**

** **Annual dental Maximum doesn't apply to members under age 19**

All SDIS plans include pediatric dental. Please see Member Handbook for additional details.

Advantages

- **Freedom to choose your dentist** With more than 2,300 contracted Delta Dental providers in Oregon and over 151,000 Delta Dental Premier Dentists nationwide, you have the freedom to choose the dentist that's best for you.
- **Professional Arrangements** Delta Dental of Oregon has specific negotiated fees with our participating dentists to ensure that actual charges made by the dentist do not exceed his or her accepted or contracted fees on file. We believe that the underlying unique feature inherent to all Delta Dental 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 Delta Dental for you.
- **myModa** is a customized member website with current, accurate and easy to understand information about your plan. Log onto www.modahealth.com/members to access myModa.

Dependent Eligibility

- Dependents are lawful spouse, state 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 than is functionally adequate is performed, Delta Dental of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

Preventive (Class I Services)

- **Diagnostic** Routine or comprehensive examinations or consultations covered twice per calendar year. 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.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance limited to twice per calendar year. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of four cleanings per year. Topical application of fluoride is covered twice per calendar year for members age 18 and under. For members age 19 and older, topical application of fluoride is covered twice per calendar year if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment. 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.

Restorative (Class II Services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **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. 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 of the implant.
- **Restorative** Cast restorations (including pontics) are covered once in a 5-year period on any tooth.
- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (5) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past seven (5) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Night guard** (occlusal guard) covered at 50% once in a five year period, up to \$150 maximum. Over-the-counter night guards are excluded.
- **Athletic mouth guard** covered at 50%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

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 (hereditary) or developmental (following birth) 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 the 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.
- Orthodontic services.
- Services for cosmetic reasons.
- 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

