



# Individual dental plans

FOR INDIVIDUALS AND FAMILIES

[www.odskompanies.com](http://www.odskompanies.com)



## Individual dental plans protect your total health

Wherever you go, ODS goes with you — along with the nation's largest dental network, Delta Dental. With ODS individual plans, you can choose from two Delta Dental plan options: Delta Dental Premier and Delta Dental PPO. You are eligible to enroll in one of our dental plans if you are an Oregon resident and live in Oregon at least 6 months out of the year.

### DELTA DENTAL PREMIER

This popular, traditional fee-for-service product offers members access to the largest dental network available in Oregon and across the nation. Members can save money by seeking care from participating Delta Dental Premier providers.

- Indemnity plan — any licensed dentist is eligible
- Deductible applies to all services
- Delta Dental Premier network includes more than nine out of 10 practicing dentists in Oregon
- More than 2,000 participating providers

### DELTA DENTAL PPO

Like the Delta Dental Premier plan, this preferred provider option offers access to the largest PPO network in Oregon and across the country.

- PPO plan — better benefits using PPO network dentists
- Deductible waived for Class I services rendered by a participating PPO dentist
- Largest PPO dental network in the state
- More than 600 participating providers

*Does my dentist participate in the Premier or PPO networks?*

Log on to [www.odskompanies.com](http://www.odskompanies.com) to access our up-to-date provider directory and search for participating dentists in your area.

## Oral Health, Total Health

Oral health research has shown a strong link between oral health and overall health. ODS believes when you see your dentist regularly and maintain a healthy mouth, you can help keep the rest of your body healthy, too. Through our Oral Health, Total Health program, ODS offers additional preventive benefits to diabetics and pregnant women in their third trimester. ODS also provides other evidence-based dental benefits, including routine oral cancer exams and coverage for ViziLite Plus TBlue and brush biopsy, two non-surgical screenings designed to aid in the early detection of abnormal cells in the mouth.

## DENTAL LIMITATIONS AND EXCLUSIONS

- Examination and bitewing X-rays are limited to once every six months.
- Full mouth X-rays are limited to once every three years.
- Prophylaxis (cleaning) is limited to once every six months.
- Fluoride application is limited to once every six months.
- Surgical placement or removal of implants is not covered.
- Orthodontic services are not covered.
- Services for cosmetic reasons are not covered.

*Refer to your policy for a complete listing of limitations and exclusions. This is a benefit summary only. For a complete description of benefits, refer to your policy.*



## DELTA DENTAL PREMIER PLAN

SERVICE	BENEFIT
Plan year maximum, per member	\$750: 1st year benefit maximum \$1,000: 2nd year benefit maximum \$1,250: 3rd year benefit maximum
Plan year deductible, per member	\$50
<b>CLASS 1:</b> Examinations/X-rays (routine exam and bitewing X-rays once every six months); prophylaxis (cleanings once every six months); fissure sealants; fluoride	<b>Premier network</b> 80%
<b>CLASS 2:</b> Restorative dentistry (treatment of tooth decay with amalgam, synthetic porcelain and plastic materials); space maintainers	80%
<b>CLASS 3:</b> Oral surgery (surgical extractions and certain minor surgical procedures); endodontics and periodontics <b>12-month waiting period on major services*:</b> crowns; cast restorations; dentures and bridge work (construction or repair of fixed bridges, partials and complete dentures)	50%

## DELTA DENTAL PREFERRED PROVIDER OPTION (PPO) PLAN

SERVICE	BENEFIT	
Plan year maximum, per member	\$750: 1st year benefit maximum \$1,000: 2nd year benefit maximum \$1,250: 3rd year benefit maximum	
Plan year deductible, per member	\$50	
<b>CLASS 1:</b> (deductible waived**): Examinations/X-rays (routine exam and bitewing X-rays once every six months); prophylaxis (cleanings once every six months); fissure sealants; fluoride	<b>PPO network</b>	<b>Non-PPO network</b>
	100%**	80%
<b>CLASS 2:</b> Restorative dentistry (treatment of tooth decay with amalgam, synthetic porcelain and plastic materials); space maintainers	80%	50%
<b>CLASS 3:</b> Oral surgery (surgical extractions and certain minor surgical procedures); endodontics and periodontics <b>12-month waiting period on major services*:</b> crowns; cast restorations; dentures and bridge work (construction or repair of fixed bridges, partials and complete dentures)	50%	50%

\* *Waiting period may be waived by creditable prior coverage from a comparable plan*

\*\* *Deductible waived only in PPO network*

## Individual dental plan highlights

- Freedom to choose any licensed dentist
- No waiting periods for Class 1 and Class 2 services
- 12-month waiting period for some Class 3 services
- Filed-fee savings from participating dentists
- Increasing maximums
- Pre-determination of benefits if requested in a pre-treatment plan
- No claim forms
- Prompt and accurate claims payment
- Superior customer service



**MONTHLY RATES** (For subscribers effective January – October 2010)

	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
<b>Individual</b>										
Delta Dental Premier Plan	42	44	44	44	54	54	56	56	56	56
Delta Dental PPO Plan	38	42	42	42	48	48	53	53	53	53
<b>Individual + Spouse</b>										
Delta Dental Premier Plan	84	89	89	89	110	110	113	113	113	113
Delta Dental PPO Plan	78	84	84	84	94	94	103	103	103	103
<b>Individual + Child(ren)</b>										
Delta Dental Premier Plan	82	89	89	89	106	106	113	113	113	113
Delta Dental PPO Plan	75	82	82	82	93	93	102	102	102	102
<b>Individual + Spouse + Child(ren)</b>										
Delta Dental Premier Plan	122	130	130	130	165	165	168	168	168	168
Delta Dental PPO Plan	117	125	125	125	139	139	153	153	153	153

**ELIGIBILITY REQUIREMENTS:**

- You must be an Oregon resident and live in Oregon at least 6 months out of the year.
- If you move outside Oregon while on this plan, you will automatically be termed the first of the month following your move.

**IF YOU TERMINATE FROM THIS PLAN:**

- You and/or your covered dependents will not be able to re-apply for one year if you terminate from this plan.
- You and/or your covered dependents will not be able to terminate coverage and re-apply more than 2 times per lifetime per insured on either plan.
- Any new enrollment will begin at the first year benefit level.

**HOW TO ENROLL:**

- Check to see if your dentist is part of the Delta Dental Premier or Delta Dental PPO network through our website at [www.odscompanies.com](http://www.odscompanies.com), then select Provider Search, Find a Provider, then Dental.
- Compare plans and benefits to select the dental plan that best meets your coverage and provider needs.
- Review monthly rates to find your premium costs.
- Complete an application and submit to ODS with the initial premium. The application can be found on our website under Looking for a Health Plan, and selecting Dental Plans.
- We require complete submission no less than 10 days before the desired effective date in order to process the application.
- The application will be processed if eligibility requirements have been met and you will receive an identification card and member handbook to confirm your enrollment. If eligibility is not met, you will be advised in writing and your premium will be returned.

For help, contact an ODS-appointed agent or call ODS at **503-243-3973** or toll free **877-277-7073**.



[www.odscompanies.com](http://www.odscompanies.com)

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*Insurance products provided by Oregon Dental Service.*