



**How To Use this Dental Plan**

For **In Network** benefits, members select a Delta Dental PPO dentist from our directory which is on our website at [www.modahealth.com](http://www.modahealth.com). Each family member may choose a different dentist. If you receive care from a dental provider not in the PPO Network, Out of Network coverage levels apply.

|  |  |  |  |
|--|--|--|--|
| <b>Calendar year maximum, per member (under age 19 no annual maximum)</b>                                    | <b>\$2,000</b>                           |  |  |
| <b>Calendar year deductible, per member</b>  | <b>\$50</b>                              |  |  |
| <b>Calendar year maximum deductible, per family</b>  | <b>\$150</b>                             |  |  |
| <b>Calendar out-of-pocket maximum per person (under age 19)</b>  | <b>\$700</b>                             |  |  |
| <b>Service</b>   | <b>PPO Provider<br/>(In-Network)</b>     | <b>Premier Provider<br/>(Out-of-Network)</b> | <b>Non-Participating Provider<br/>(Out-of-Network)</b> |
| <b>PREVENTIVE*</b>   |  |  |  |
| - <u>Periodic Examinations / X-rays</u>  | <b>100%</b>                              | <b>80%</b>                                   | <b>80%</b>   |
| - <u>Prophylaxis (cleanings) / Periodontal Maintenance</u>   |  |  |  |
| - <u>Sealants</u>  |  |  |  |
| - <u>Space Maintainers</u>   |  |  |  |
| - <u>Topical Application of Fluoride</u>   |  |  |  |
| <b>BASIC</b>   |  |  |  |
| - <u>Restorative Fillings</u>  | <b>80%</b>                               | <b>80%</b>                                   | <b>80%</b>   |
| - <u>Oral Surgery</u> (extractions & certain minor surgical procedures)                                      |  |  |  |
| - <u>Endodontic</u> (treatment of teeth with diseased or damaged nerves)                                     |  |  |  |
| - <u>Periodontics</u> (treatment of diseases of the gums and supporting structures of the teeth)             |  |  |  |
| <b>MAJOR</b>   |  |  |  |
| - <u>Implants</u>  | <b>50%</b>                               | <b>50%</b>                                   | <b>50%</b>   |
| - <u>Crowns</u>  |  |  |  |
| - <u>Cast Restorations</u>   |  |  |  |
| - <u>Dentures and Bridge Work</u> (construction or repair of fixed bridges, partials, and complete dentures) |  |  |  |
| <b>ORTHODONTICS<br/>(Eligible employees and their covered dependents)</b>                                    | <b>50% to a \$2,000 lifetime maximum</b> |  |  |

\* Deductible waived for preventive.

**When the member visits:**  
 \* *Delta Dental PPO Dentists:* Benefits are paid at the In Network benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental PPO fee).  
 \* *Delta Dental Premier Dentist, Non PPO:* Benefits are paid at the Out of Network benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).  
 \* *Non Participating Dentists:* Benefits are paid at the Out of Network benefit level. Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

**Advantages**

- \* Freedom to choose your dentist Delta Dental has PPO contracts with over 700 dentists in Oregon and approximately 74,000 dentists nationwide through our affiliation with the national Delta Dental network. We are unique in that we also offer a safety net through our Premier network of dentists, having over 2,000 contracted licensed dentists in Oregon. As the Delta Dental Plan of Oregon, we offer access to over 131,000 Premier dentists nationwide.
- \* **Professional Arrangements Delta Dental and other Delta Dental member companies have 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 member's plan. Log onto [www.modahealth.com/members](http://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 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 are covered twice in a 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) limited to twice in a calendar year. Periodontal maintenance limited to two additional times per year (for a total of four combined with cleanings). Topical application of fluoride is covered twice in a calendar year for members until age 19. For members age 19 and older, topical application of fluoride is covered twice in a 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.

**Basic (Class II Services)**

- \* **Oral Surgery** Limited to extractions and other minor surgical procedures.
- \* **Restorative** A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- \* **Periodontic** Scaling and root planing is limited to once per quadrant in any twenty-four (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** 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. Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- \* **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in 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 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 (lack of development), 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.
- \* 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)**

