

## Bend Chamber of Commerce

This plan covers orthodontia for all eligible members. Enrollment in orthodontia coverage must be the same as enrollment in the dental plan.

**The dollar amount listed below is the maximum benefit allowed for all orthodontic services covered under this benefit, when prescribed by a licensed dentist or licensed orthodontist.**

| Lifetime Benefit Maximum | All Providers Member Pays |
|--------------------------|---------------------------|
| \$1,000 per person       | 50%                       |

## Benefit Limitations

Benefits for orthodontic covered services will be paid monthly on a pro-rated basis over the length of the treatment. If the orthodontic treatment began before the patient was eligible for this plan, this plan will continue to make payments toward the remaining balance due, as of the patient's initial eligibility date. The benefit maximum listed above will apply fully to this amount. PacificSource's obligation to make payment for orthodontic treatment ends when the patient's eligibility ends, or when treatment is terminated before the case is completed.

## Exclusions

- This plan does not cover repair or replacement of orthodontic appliances furnished under this program.
- Mail order or Internet/web based providers are not eligible providers.
- A member must be enrolled under the group dental plan for a period of 12 consecutive months, or since birth, before this plan pays benefits for orthodontic benefits. This exclusion period may be reduced or removed for persons insured under this plan on the plan's original effective date if the person was continuously covered under a predecessor plan of your employer.