

Bend Chamber of Commerce

Benefit Year: Calendar Year

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

The dollar amount listed below is the maximum benefit allowed for all cosmetic 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 cosmetic orthodontic covered services will be paid monthly on a pro-rated basis over the length of the treatment. If the cosmetic orthodontic treatment began before the member was eligible for this plan, this plan will continue to make payments toward the remaining balance due, as of the member's initial eligibility date. The benefit maximum listed above will apply fully to this amount. PacificSource's obligation to make payment for cosmetic orthodontic treatment ends when the member'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.
- Mail order or Internet/web based providers are not eligible providers.
- A member must be enrolled under the plan for a period of 12 consecutive months, or since birth, before this plan pays benefits. The exclusion period is waived for members who are covered under this plan on the plan's original effective date if the member was continuously covered under a predecessor plan of the employer.