

Adult Dental Schedule of Benefits

Dental Choice Plus 0-30-50 150-1000 S2

Oregon State University Student Health Insurance Plan

This dental plan covers the following services when performed by a licensed dentist, dental hygienist or denturist to the extent that they are operating within the scope of their license as required under law in the state of issuance, and when determined to be necessary, usual, and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury, including masticatory function (chewing of food).

Advantage Network dentists contract with PacificSource to furnish dental services and supplies for a set fee. That fee is called the contracted allowable fee. In-network providers agree not to collect more than the contracted allowable fee.

Deductible Per Contract Year	All Providers
Individual/Family	\$150/\$450
Benefit Maximum Per Contract Year	
\$1,000 per person. Applies to all covered services.	

The member is responsible for any amounts shown above, in addition to the following amounts:

Service/Supply	All Providers Member Pays
Class I Services	
Examinations	No deductible, 0%
Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex	No deductible, 0%
Dental cleaning (prophylaxis and periodontal maintenance)	No deductible, 0%
Fluoride (topical or varnish applications)	No deductible, 0%
Brush biopsies	No deductible, 0%
Class II Services	
Fillings	After deductible, 30%
Simple extractions	After deductible, 30%
Periodontal scaling and root planing	After deductible, 30%
Full mouth debridement	After deductible, 30%
Complicated oral surgery	After deductible, 30%
Pulp capping	After deductible, 30%
Pulpotomy	After deductible, 30%
Root canal therapy	After deductible, 30%
Periodontal surgery	After deductible, 30%
Tooth desensitization	After deductible, 30%
Class III Services	
Crowns	After deductible, 50%
Dentures	After deductible, 50%
Bridges	After deductible, 50%
Replacement of existing prosthetic device	After deductible, 50%
Implants	After deductible, 50%

This is a brief summary of benefits. Refer to your student guide for additional information or a further explanation of benefits, limitations, and exclusions.

Additional information

What is the deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that some services are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met.

Deductible does not apply to Class I Services.

What is the benefit maximum?

The benefit maximum is the maximum amount payable by this plan for covered services received each contract year.

Predetermination

Coverage of certain dental services and surgical procedures are by review. When a planned dental service exceeds \$300, PacificSource recommends a predetermination to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. Predeterminations are not a guarantee of payment and do not change your out-of-pocket expense.