

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. When you use an Advantage Network provider, you will pay only the in-network provider amounts below. If you choose not to use an in-network provider, or don't have access to one, reimbursement is based on the contracted allowable fee. If charges exceed the allowable fee, the excess charges are your responsibility.

This plan covers dental services for enrolled individuals age 18 and younger, as required under the Affordable Care Act. Coverage for pediatric services will end on the last day of the month in which the enrolled individual turns 19.

Deductible Per Contract Year	In-network	Out-of-network
Individual/Family	See your Medical Schedule of Benefits	See your Medical Schedule of Benefits
Out-of-Pocket Limit Per Contract Year	In-network	Out-of-network
Individual/Family	See your Medical Schedule of Benefits	See your Medical Schedule of Benefits
Note: Even though you may have the same benefit for in-network and out-of-network providers, your actual costs for services provided by an out-of-network provider may exceed this policy's out-of-pocket limit for out-of-network services. In addition, out-of-network providers can bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company, and that amount does not count toward your out-of-pocket limit. Please see allowable fee in the definitions section of your student guide.		

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

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Class I Services (Covered for enrolled individuals age 18 and younger.)		
Examinations	No deductible, 0%	After deductible, 30%
Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex	No deductible, 0%	After deductible, 30%
Dental cleaning (prophylaxis and periodontal maintenance)	No deductible, 0%	After deductible, 30%
Fluoride (topical or varnish applications)	No deductible, 0%	After deductible, 30%
Sealants	No deductible, 0%	After deductible, 30%

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Space maintainers	No deductible, 0%	After deductible, 30%
Athletic mouth guards	No deductible, 0%	After deductible, 30%
Brush biopsies	No deductible, 0%	After deductible, 30%
Class II Services (Covered for enrolled individuals age 18 and younger.)		
Fillings	No deductible, 30%	After deductible, 50%
Simple extractions	No deductible, 30%	After deductible, 50%
Periodontal scaling and root planing	No deductible, 30%	After deductible, 50%
Full mouth debridement	No deductible, 30%	After deductible, 50%
Class III Services (Covered for enrolled individuals age 18 and younger.)		
Complicated oral surgery	No deductible, 50%	After deductible, 50%
Pulp capping	No deductible, 50%	After deductible, 50%
Pulpotomy	No deductible, 50%	After deductible, 50%
Root canal therapy	No deductible, 50%	After deductible, 50%
Periodontal surgery	No deductible, 50%	After deductible, 50%
Tooth desensitization	No deductible, 50%	After deductible, 50%
Crowns	No deductible, 50%	After deductible, 50%
Dentures	No deductible, 50%	After deductible, 50%
Bridges	No deductible, 50%	After deductible, 50%
Replacement of existing prosthetic device	No deductible, 50%	After deductible, 50%
Implants	No deductible, 50%	After deductible, 50%
Orthodontia for medically necessary reasons for enrolled individual's age 18 and younger	No deductible, 50%	After deductible, 50%
Miscellaneous (Covered for enrolled individuals age 18 and younger.)		
Emergency office visit	No deductible, 50%	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. Your medical and dental deductible are combined. See your Medical Schedule of Benefits for your deductible amount. 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 expense applies only to out-of-network providers.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for approved medical and pediatric dental expenses during the contract year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of covered charges for the rest of that year. Non-essential health benefits, penalties, and balance billed amounts over the allowable fee do not accumulate toward the out-of-pocket limit.

Your medical and dental out-of-pocket are combined. See your Medical Schedule of Benefits for your out-of-pocket limit.

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.