

## Adult Dental Schedule of Benefits Dental Choice Plus 0-30-50 150-1000 S2

### Oregon State University SHIP

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).

Deductible Per Contract Year	All Providers
<b>Individual/Family</b>	\$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
<b>Class I Services</b>	
<b>Examinations</b>	No deductible, 0%
<b>Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex</b>	No deductible, 0%
<b>Dental cleaning (prophylaxis and periodontal maintenance)</b>	No deductible, 0%
<b>Fluoride (topical or varnish applications)</b>	No deductible, 0%
<b>Brush biopsies</b>	No deductible, 0%
<b>Class II Services</b>	
<b>Fillings</b>	After deductible, 30%
<b>Simple extractions</b>	After deductible, 30%
<b>Periodontal scaling and root planing</b>	After deductible, 30%
<b>Full mouth debridement</b>	After deductible, 30%
<b>Complicated oral surgery</b>	After deductible, 30%
<b>Pulp capping</b>	After deductible, 30%
<b>Pulpotomy</b>	After deductible, 30%
<b>Root canal therapy</b>	After deductible, 30%
<b>Periodontal surgery</b>	After deductible, 30%
<b>Tooth desensitization</b>	After deductible, 30%
<b>Class III Services</b>	
<b>Crowns</b>	After deductible, 50%
<b>Dentures</b>	After deductible, 50%
<b>Bridges</b>	After deductible, 50%

<b>Service/Supply</b>	<b>All Providers Member Pays</b>
<b>Replacement of existing prosthetic device</b>	After deductible, 50%
<b>Implants</b>	After deductible, 50%
<b>Miscellaneous</b>	
<b>Emergency office visit</b>	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.