



**Dental Benefits Summary
Clackamas County
General County Incentive Dental Plan
Effective January 1, 2019**

How To Use this Dental Plan

When you visit your dental provider, tell him or her you are a member of a Delta Dental program.

Calendar year maximum, per member	\$2,000
Calendar year deductible, per member	\$0
Service	Benefit Amount
PREVENTIVE**	*1st year- 70%
- <u>Examination/X-rays</u> (routine exam & bitewing x-rays twice per calendar year)	2nd year- 80%
- <u>Prophylaxis</u> (cleanings twice per calendar year)	3rd year- 90%
- <u>Fissure Sealants</u>	4th year- 100%
- <u>Fluoride</u>	
- <u>Space Maintainers</u>	
BASIC	*1st year- 70%
- <u>Restorative Fillings</u>	2nd year- 80%
- <u>Oral Surgery</u> (extractions & certain minor surgical procedures)	3rd year- 90%
- <u>Endodontic</u> (pulp therapy & root canal filling)	4th year- 100%
- <u>Periodontics</u> (treatment of tissues supporting the teeth)	
- <u>Crowns</u>	
- <u>Cast Restorations</u>	
MAJOR	50%
- <u>Implants</u>	
- <u>Cast Restorations</u>	
- <u>Denture and Bridge Work</u> (construction or repair of fixed bridges, partials, and complete dentures)	
NIGHTGUARD*** (occlusal guard)	100% to a \$250
- Covered once every 5 years	maximum
ORTHODONTICS****	50% to a \$2,000
	lifetime maximum

* Under this plan, payments increase by 10% each calendar year provided the individual has visited the dentist at least once during the year. Failure to do so will cause a 10% decrease in payment the following year, although payment will never fall below 70%.

** Preventive costs will not accrue toward the plan maximum.

*** Deductible waived.

**** See your member handbook for specific orthodontic benefits.

Advantages

- **Freedom to choose your dentist** Delta Dental Plan of Oregon offers a large network of dentists, having over 2,300 contracted licensed dentists in Oregon participating in our Delta Dental Premier network. As the Delta Dental Plan of Oregon, we offer access to over 151,000 Delta Dental Premier dentists nationwide.
- **Professional Arrangements** Delta Dental has specific fee arrangements with our participating dentists to ensure that actual charges made by the dentist do not exceed his or her accepted fees on file. We believe that the underlying unique feature inherent to all Delta Dental programs is every participating dentist becomes a party to cost control as well as the quality of care. Participating dentists will update your records with your new information and will submit claims to Delta Dental Plan of Oregon for you.
- **myModa** is a customized member website with current, accurate and easy to understand information about the member's plan. Log onto www.modahealth.com/members to access myModa.

Dependent Eligibility

Dependents are lawful spouse and registered domestic partners under any legal registry in the United States. An unregistered domestic partner is eligible for coverage if he or she complies with the Affidavit of Domestic Partnership provided by the Group. Children are eligible to age 26. This includes administrative orders that require the employee to provide health insurance.

**This is a benefit summary only.
For a more detailed description of benefits, refer to your member handbook.
Visit our website at www.modahealth.com**



LIMITATIONS

If a more expensive treatment that is functionally adequate is performed, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

Preventive (Class I Services)

- **Diagnostic** Routine examination and bitewing x-rays limited to twice per calendar year. Full mouth x-rays limited to once every (3) years.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance limited to twice in a calendar year. Topical application of fluoride is covered twice in a calendar year for members age 18 and under. For members age 19 and up, topical application of fluoride is covered once every six (6) month period if there is a history of periodontal disease or high risk of decay. Sealant benefits are limited to the occlusal surfaces of unrestored permanent Bicuspids and molars. Benefits will be limited to one sealant, per tooth, during any five (5) year period

Basic (Class II Services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Periodontic** Periodontal splitting, including crowns or bridgework for splinting are not covered. Full mouth debridement is limited to once per quadrant in any 24-month period. For members over age 18, this is only covered if there has been no cleaning (prophylaxis, periodontal maintenance) within 24 months.
- **Restorative** If a tooth can be restored with a material such as amalgam, silicate or plastic, but another type of restoration is selected, covered expense will be limited to the cost of amalgam, silicate or plastic. Partial cast restorations are covered under basic services, however, full cast restorations will be covered under major services.

Major (Class III Services)

- **Implants** and implant removal are limited to once per lifetime per tooth space.
- **Prosthodontic** Replacement of an existing prosthetic device is covered only if it cannot be made satisfactory. Replacement is never covered if existing device is less than 5 years old. Specialized or personalized prosthetics are limited to the cost of standard devices.

EXCLUSIONS

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital or developmental malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia, fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing teeth.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in his or her office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed or broken appointments.
- Precision attachments.
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.

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