



**SUMMARY OF BENEFITS**

**DENTAL INDEMNITY  
Comprehensive 25/1000 0709**

This dental care policy covers the following services when performed by a licensed dentist 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. Such standards are determined by the PacificSource Dental Director and/or Board of Directors. The following services may also be provided by a dental hygienist or denturist to the extent that he/she is operating within the scope of his/her license as required under law in the State of Oregon.

Eligible charges are limited to the usual, customary, and reasonable charges of dental providers in the same service area for similar treatment of similar dental conditions.

With the Advantage network, participating dentists agree to write off any charges over and above the negotiated, contracted fees for most services. When you use a participating dentist in the Advantage Network, you will not be responsible for any excess charges and will pay only your plan's deductible and/or coinsurance amount. If you choose not to use a participating Advantage Network dentist, or don't have access to them, reimbursement will continue to be based on usual, customary, and reasonable (UCR) charges. If that nonparticipating dentist's fees exceed the UCR charges, the excess charges are also your responsibility.

**Maximum Annual Benefit** ..... \$1,000 per person per calendar year

**Annual Deductible** ..... \$25 per person per calendar year / \$75 per family per calendar year

The deductible is an amount of covered dental expenses the member pays each calendar year before the plan's benefits begin. All Class I, II, and III services are subject to the deductible.

**PLAN PAYMENT SCHEDULE**

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Class I Services:	Plan pays 80% toward covered Class I Services-Diagnostic and Preventive Treatment after the calendar year deductible is satisfied.
Class II Services:	Plan pays 80% toward covered Class II Services-Basic Restorative Treatment after the calendar year deductible is satisfied.
Class III Services:	Plan pays 50% toward covered Class III Services-Major Treatment after the calendar year deductible is satisfied.

**COVERED EXPENSES**

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Covered dental services are organized into three classes. Subject to all terms and provisions of this policy (see Covered Expenses), the following benefits for incurred expenses are provided according to the following:

**CLASS I SERVICES - DIAGNOSTIC AND PREVENTIVE TREATMENT**

- Diagnostic*      Examinations (routine or other diagnostic exams). Benefits include two examinations per person per calendar year.
- Full mouth x-rays. Benefits include one complete mouth series in any three-year period and further limited to four bite-wing films in a six-month period.
- Preventive*      Dental cleaning (prophylaxis and periodontal maintenance). Benefits include a combined total of two prophylaxis and/or periodontal maintenance procedures per person per calendar year.
- Fluoride application. Benefits include two topical applications of fluoride per year for children through age 18.
- Sealants on permanent molars and bicuspids. Benefits include one application in a five-year period for individuals through age 18.
- Space maintainers. Benefits for space maintainers are covered for individuals through age 13.

## **CLASS II SERVICES - BASIC TREATMENT**

- Restorative* Treatment of tooth decay with amalgam and composite resins. The benefit for a composite filling in a posterior tooth is limited to the amount that would be paid for a corresponding amalgam restoration. Filings on a tooth surface are limited to once per calendar year.
- Oral Surgery* Extractions and certain other minor surgical procedures. Benefits include general anesthesia when administered by a dentist in a dental office.
- Endodontic* Procedures for pulpal therapy and root canal therapy. Benefits for root canal therapy on the same tooth are payable only for one charge in a three-year period.
- Periodontic* Periodontal scaling and root planing and/or curettage. Benefits are limited to only one procedure per quadrant in any three-year period. Treatment of tissue supporting the teeth. Periodontic surgery when preauthorized by PacificSource.

## **CLASS III SERVICES - MAJOR TREATMENT**

- Restorative* Crowns and other cast or laboratory processed restorations when teeth cannot be restored with other materials. Benefits include the restoration of any one tooth in a five-year period.
- Prosthodontic* Procedures for construction of fixed bridges and construction, repair, or relining of partial and complete dentures.
- Replacement of an existing prosthetic device when the device being replaced is unserviceable, cannot be made serviceable, and has been in place for at least five years.
- Implant* Surgical placement and removal of implants. Benefits are limited to once per lifetime per tooth space for each service.