



DENTAL PLAN 1500 DENTAL



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.

DEDUCTIBLE

This plan has a calendar year deductible of \$25 per person / \$75 per family. All Class II and Class III services are subject to the deductible.

COVERED SERVICES

Class I Services - paid at 100%

- Diagnostic Routine examinations; two per calendar year.
 Full mouth x-rays; one complete mouth series in any three-year period
- Preventive Prophylaxis (cleaning); a combined total of two prophylaxis and/or periodontal maintenance procedures (see Class II Services) per calendar year.
 Fluoride application; two topical applications of fluoride per year for children through age 16.
 Sealants on permanent molars; one application in a three year period through age 18.

Class II Services (basic treatment) - paid at 80% after the calendar year deductible is satisfied

- Restorative Treatment of tooth decay with amalgam and composite resins (see limitations). Refer to Class III Services for other restorations.
- Oral Surgery Extractions and certain other minor surgical procedures. Includes general anesthesia when administered by a dentist in a dental office.
- Endodontic Procedures for pulpal therapy and root canal therapy.
- Periodontic Periodontal scaling and root planing and/or curettage; one procedure per quadrant in any three-year period. Treatment of tissue supporting the teeth. Periodontic surgery when preauthorized by PacificSource. Benefits include a combined total of two periodontal maintenance procedures and/or prophylaxis (a Class I Service) per person per calendar year.

Class III Services (major treatment) - paid at 50% after the calendar year deductible is satisfied

- Restorative Crowns and other cast or laboratory processed restorations when teeth cannot be restored with other materials (see limitations).
- Prosthetic Procedures for construction of fixed bridges and construction, repair, or relining of partial and complete dentures (see limitations).

MAXIMUM BENEFIT

This plan has a maximum benefit of \$1,500 per insured per calendar year.