

Bend Chamber of Commerce

This dental care policy 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.

Advantage Network dentists contract with PacificSource to furnish dental services and supplies for a set fee. That fee is called the contracted allowable fee. Participating providers agree not to collect more than the contracted allowable fee. When you use an Advantage Network dentist, you will pay only the participating provider amounts below. If you choose not to use a participating dentist, or don't have access to them, reimbursement is based on the contracted allowable fee. If charges exceed the allowable fee, the excess charges are your responsibility.

Annual Deductible	Per Person, Per Calendar Year	Per Family, Per Calendar Year
Participating Providers	None	None
Non-participating Providers	\$50	\$150
Annual Benefit Maximum		
\$1,500 per person per calendar year. Applies to Class II and Class III services.		
Exclusion Period	Class III Services	
Number of Consecutive Months	6	

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

Service	Participating Providers	Non-participating Providers
Class I Services		
Examinations	No charge*	Deductible then No charge
Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex	No charge*	Deductible then No charge
Dental cleaning (prophylaxis and periodontal maintenance)	No charge*	Deductible then No charge
Topical fluoride	No charge*	Deductible then No charge
Fluoride varnish	No charge*	Deductible then No charge
Sealants	No charge*	Deductible then No charge
Space maintainers	No charge*	Deductible then No charge
Athletic mouth guards	No charge*	Deductible then No charge
Brush biopsies	No charge*	Deductible then No charge
Class II Services		
Fillings	20% co-insurance*	Deductible then 20% co-insurance
Simple extractions	20% co-insurance*	Deductible then 20% co-insurance

Service	Participating Providers	Non-participating Providers
Periodontal scaling and root planing	20% co-insurance*	Deductible then 20% co-insurance
Full mouth debridement	20% co-insurance*	Deductible then 20% co-insurance
Complicated oral surgery	20% co-insurance*	Deductible then 20% co-insurance
Pulp capping	20% co-insurance*	Deductible then 20% co-insurance
Pulpotomy	20% co-insurance*	Deductible then 20% co-insurance
Root canal therapy	20% co-insurance*	Deductible then 20% co-insurance
Periodontal surgery	20% co-insurance*	Deductible then 20% co-insurance
Tooth desensitization	20% co-insurance*	Deductible then 20% co-insurance
Class III Services		
Crowns	50% co-insurance*	Deductible then 50% co-insurance
Replacement of existing prosthetic device	50% co-insurance*	Deductible then 50% co-insurance
Dentures	50% co-insurance*	Deductible then 50% co-insurance
Bridges	50% co-insurance*	Deductible then 50% co-insurance
Implants	50% co-insurance*	Deductible then 50% co-insurance

This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.

* Not subject to annual deductible.

Additional Information

What is the annual 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 expense applies only to non-participating providers.

What is the annual benefit maximum?

The annual benefit maximum is the maximum amount payable by this policy for covered services received each calendar year. Expenses for Class I Services do not apply toward the annual maximum.

What is an exclusion period?

A member must be enrolled under the group dental policy for the period of time stated above before this plan pays benefits. This exclusion period may be reduced or removed for persons insured under this policy on the policy's original effective date if the person was continuously covered under a predecessor policy of the policyholder.

Preauthorization

Coverage of certain dental services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called 'preauthorization'. Preauthorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. You'll find the most current preauthorization list on our website, PacificSource.com.