

SUMMARY OF DENTAL BENEFITS [Oregon Dental Service (ODS)]

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.
- * Service related conditions (armed forces of any country or from an insurrection)
- * 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.
- * Fee for writing a prescription for medications or filing out claims forms.
- * 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 surgery in his or her office.
- * Plaque control and oral hygiene or dietary instructions.
- * Experimental or investigational procedures.
- * Missed or broken appointments.
- * Orthodontic services (if district selects no orthodontia plan).
- * Services and supplies for cosmetic reasons.
- * Claims submitted more than 15 months after the date of rendition of the services.
- * Periodontal charting.
- * Services that are not established as necessary.
- * Services that are inappropriate with regard to standards of good dental practice.
- * Services with poor prognosis.
- * Third party liability.
- * Motor Vehicle Coverage and other insurance liability.
- * Work-Related Conditions
- * Care of inmates.
- * Temporomandibular Joint and related problems.
- * Take-Home Medicines and Supplies
- * Temporary dentures (will cover flipper or stayplate within two months of anterior extraction).
- * Gnathologic recordings.
- * Oral study models.
- * Educational programs.
- * Services paid under Medical contract. ODS will coordinate Dental as secondary for accident-related services covered under the Medical plan.
- * Charges over the allowed amount.
- * Periodontal splinting.

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- * Congenital malformations.
- * Local delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue.
- * Services performed on the tongue, lip, or cheek.
- * Taxes
- * ViziLite
- * Bruxism Splints and nightguards
- * Brush Biopsy lab fees
- * All other services or supplies, not specifically covered.

dental plan comparison: tm/6/11/08