



## 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