



Your Dental Benefits

Specially Prepared for the Employees of Oregon School District

The summary below does not cover all plan details. Further information can be found in the summary plan description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

Benefit Plan Design	Delta Dental PPO <small>When you see a Delta Dental PPO dentist</small>	Delta Dental Premier <small>When you see a Delta Dental Premier or any other dentist</small>
Individual Annual Maximum	\$2,000	\$2,000
Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Dependent Eligibility		
Dependents are eligible through the end of the month in which they attain age 26 and full-time students through the end of the month in which they attain age 26; except as noted for orthodontics		
Diagnostic & Preventive Services		
Exams	100%	100%
Cleanings	100%	100%
Fluoride treatments	100%	100%
X-rays	100%	100%
Space maintainers	100%	100%
Sealants	100%	100%
Emergency treatment to relieve pain	100%	100%
Deductible applies	No	No
Basic & Major Services		
Fillings	100%	100%
Endodontics – nonsurgical	100%	100%
Endodontics – surgical	100%	100%
Periodontics – nonsurgical	100%	100%
Periodontics – surgical	100%	100%
Extractions - nonsurgical	100%	100%
Extractions - surgical and other oral surgery	100%	100%
Crowns, inlays, onlays	100%	100%
Bridges and dentures	50%	50%
Repairs and adjustments to bridges and dentures	100%	100%
Implants	50%	50%
Deductible applies	No	No
Orthodontic Services		
Coverage copayment	50%	50%
Individual lifetime maximum	\$2,000	\$2,000
Dependents eligible to age	19	19
Full-time students eligible to age	19	19
Adult ortho	No	No
Deductible applies	No	No
Special Plan Provisions (see following pages for more information)		
Vision Discount Program	Yes	Yes