



Vigilant Group Benefits Trust  
Dental Plan 2000  
Summary of Benefits Effective January 1, 2017

**How To Use this Dental Plan**

When you visit your dental provider, tell him or her you are a Delta Dental member.

<b>Calendar year maximum, per member</b>	<b>\$2,000</b>
<b>Calendar year deductible, per member</b>	<b>\$50*</b>
<b>Calendar year maximum deductible, per family</b>	<b>\$150</b>
<b>SERVICE</b>	<b>Benefit Amount</b>
<b>*PREVENTIVE</b> <i>(These services do not apply to the calendar year maximum &amp; are not subject to deductible)</i> - <u>Examination/X-rays</u> (routine exam & bitewing x-rays) - <u>Prophylaxis</u> (cleanings) - <u>Sealants</u> - <u>Fluoride</u> - <u>Space Maintainers</u>	<b>100%</b>
<b>BASIC</b> - <u>Restorative Fillings</u> - <u>Oral Surgery</u> (extractions & certain minor surgical procedures) - <u>Endodontic</u> (pulp therapy & root canal filling) - <u>Periodontics</u> (treatment of tissues supporting the teeth)	<b>80%</b>
<b>MAJOR</b> - <u>Implants</u> - <u>Crowns</u> - <u>Cast Restorations</u> - <u>Denture and Bridge Work</u> (construction or repair of fixed bridges, partials, and complete dentures) - <u>Athletic Mouthguards</u> (once per year for members age 15 and under and once every 2 years age 16 and over.)	<b>50%</b>
<b>ADDITIONAL BENEFITS</b> <ul style="list-style-type: none"> <li>• <u>Oral Health, Total Health</u> - Two additional cleanings per calendar year for members with diabetes and one additional cleaning for pregnant women in their third trimester.</li> <li>• <u>Brush Biopsy</u> - An oral cancer screening tool covered under Basic Services for members who are at risk of oral cancer</li> </ul>	

**Vigilant selected Delta Dental of Oregon because:**

- \* **Freedom to choose your dentist** With more than 2,000 contracted Delta Dental Premier dentists, you have the freedom to choose the dentist that's best for you. Nationally, you have access to more than 139,000 Delta Dental Premier dentists.
- \* **Professional Arrangements** Delta Dental of Oregon has specific negotiated fees with our participating dentists to ensure that actual charges made by the dentist do not exceed his or her accepted or contracted fees on file. We believe that the underlying unique feature inherent to all Delta Dental programs is every participating dentist becomes a party to cost control as well as the quality of care. Participating dentists will update your records with your new information and will submit claims to Delta Dental for you.
- \* **myModa is** a customized member website with current, accurate and easy to understand information about the member's plan. Log onto [www.modahealth.com/members](http://www.modahealth.com/members) to access myModa.

**Where to File your Claims:**

ODS  
601 SW 2nd Avenue  
Portland, OR 97204  
(503) 265-5680 / 1-877-277-7280 Toll-free



## LIMITATIONS

If a more expensive treatment than is functionally adequate is performed, Delta Dental of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment. If a tooth colored filling is used to restore posterior (back) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference.

### Preventive (Class I Services)

- \* **Diagnostic** Routine or comprehensive examinations or consultations covered once in any 6-month period. Supplementary bitewing x-rays are covered once in any 12-month period. Complete series x-rays or a panoramic film are covered once in any 5-year period.
- \* **Preventive Prophylaxis** (cleaning) or periodontal maintenance is limited to once in any 6-month period, unless the eligible person is diagnosed with periodontal disease. When periodontal disease is diagnosed, additional periodontal maintenance is covered four times in a 12 month period. Topical application of fluoride is covered once in any 6-month period for members age 18 and under. For members age 19 and up, topical application of fluoride is covered once in any 6-month period if there is a history of periodontal disease or high risk of decay. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any 5-year period.

### Basic (Class II Services)

- \* **Late Enrollees** There is a twelve (12) month waiting period for late enrollees.
- \* **Oral Surgery** Limited to extractions and other minor surgical procedures.
- \* **Restorative** A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- \* **Periodontic** Scaling and root planning is limited to once per quadrant in any twenty-four (24) month period.

### Major (Class III Services)

- \* **Late Enrollees** There is a twelve (12) month waiting period for late enrollees.
- \* **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime.
- \* **Night Guard** (occlusal guard) covered at 50% once in five year period, up to \$150 maximum. Over-the-counter night guards are excluded.
- \* **Restorative** If a tooth colored filling is used to restore posterior (back) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference. Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- \* **Prosthodontic** The final implant-supported bridge retainer and implant abutment or pontic will be covered once per tooth space over the lifetime of the implant.

## 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.
- \* Services with respect to congenital or developmental malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia, fluorosis and disturbance of the temporomandibular joint.
- \* 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.
- \* 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 oral surgery in his or her office.
- \* Plaque control and oral hygiene or dietary instructions.
- \* Experimental procedures.
- \* Missed or broken appointments.
- \* Precision attachments.
- \* Orthodontic services if your group has not selected.
- \* Services for cosmetic reasons.
- \* Claims submitted more than 12 months after the date of service are not covered.
- \* All other services or supplies, not specifically covered.

Visit our website at [www.modahealth.com](http://www.modahealth.com)

This is a benefit summary only.

For a more detailed description of benefits, refer to your member handbook.