

## OR Supplemental Benefits Schedule

### *Pediatric Dental Services*

#### **Purpose and Function**

This Supplemental Benefit Schedule describes additional coverage that is available to the Group. If this coverage has been selected by the Group, it will be included in the Group Agreement that is issued for the contract year in which the coverage applies. **This is meant to be a brief summary only and does not include all services, cost shares, limitations or exclusions. Please refer to the Group Agreement for terms and conditions of coverage.**

#### **Provisions, Plan Benefits section**

Routine dental care for children is covered through the last day of the month in which the enrollee turns 19 years of age. This plan covers limited pediatric dental services that are provided in Class I, II, and III including orthodontics as outlined in the following: <http://www.oregon.gov/DCBS/insurance/insurers/rates-forms/Documents/pediatric-dental-checklist.pdf>.

You can see any licensed dentist and receive benefits for covered services and supplies. If you see a Participating Provider, charges for covered services will be limited to Health Net's contracted amount with the Provider. However, if you see a Nonparticipating Provider, MAA charges will apply. Please see the "Maximum Allowable Amount (MAA)" portion of this Plan Benefits section for more information. You can obtain a list of Participating Providers by calling our Customer Contact Center at the phone number listed at the bottom of this Schedule.

Pediatric Dental Deductibles (if any), Copayments and/or Coinsurance and other amounts you pay for pediatric dental benefits apply toward your plan's medical Deductibles and your plan's medical Out-of-Pocket Maximum.

#### **Coverage is as follows:**

<b>Deductible per Member</b>	<b>\$100 per Calendar Year</b>
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The Deductible is the amount you pay before your plan begins paying Benefits for covered services.  
The Deductible applies to all services.

<b>Covered Services</b>	<b>For covered services, you are responsible for:</b>
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Diagnostic and Preventive Services including:  
Providers)

- Initial and periodic oral examinations
- Oral Evaluations, include specialist evaluations
- Topical fluoride treatment, fluoride varnish
- Preventive dental education
- Roentgenology (x-rays)

No charge (MAA applies to Nonparticipating

- Prophylaxis services (cleanings)
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Basic Services including:

50% (MAA applies to Nonparticipating Providers)

- Sealants, Space Maintainers, including removable acrylic, fixed band type, and recementation.
  - Amalgam, composite resin, acrylic, synthetic or plastic restorations for the treatment of caries.
  - Endodontics
  - Periodontics
  - Oral surgery
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Major Services including:

50% (MAA applies to Nonparticipating Providers)

- Crowns
  - Denture and bridge work
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Medically Necessary Orthodontia:

50% (MAA applies to Nonparticipating Providers)

- Benefits for comprehensive orthodontic treatment are approved by Health Net Dental, only in those instances that are related to an identifiable syndrome such as cleft lip and or palate, Crouzon's syndrome, Treacher-Collins syndrome, Pierre-Robin syndrome, hemi-facial atrophy, hemi-facial hypertrophy; or other severe craniofacial deformities, which result in physically handicapping malocclusion as determined by our dental consultants. Benefits are not available for comprehensive orthodontic treatment for crowded dentitions (crooked teeth), excessive spacing between teeth, temporomandibular joint (TMJ) conditions and/or having horizontal/vertical (overjet/overbite) discrepancies. All orthodontic treatment must be Prior Authorized.