

Dental Benefit Guide

Oregon groups
with 5+ employees

For plans beginning
January 1, 2015



Choice. Quality. Value.

LifeWise Health Plan of Oregon, your trusted health support partner, is dedicated to providing Oregon employers with high-quality health and dental care coverage. All LifeWise dental plans encourage preventive care and promote good oral health habits that can lead to better overall health.

A range of product options to build a comprehensive benefits package

LifeWise offers a range of dental plans offering choice and flexibility, allowing employers to offer a more attractive and comprehensive employee benefits package.

Our dental portfolio:

- Provides dental care with no deductibles for cleanings, routine exams, and X-rays
- Gives employers a wide range of coverage options to strike the right balance between coverage and cost
- Offers packaged or stand-alone product options for Oregon groups with five or more enrolled employees, as well as employer-sponsored and voluntary dental plans
- Includes free online tools such as the Dental Health Center, Dental Cost Estimator, and easy access to our dental provider directory.

Ease of administration

Packaged coverage offers administrative ease through one carrier, one bill when purchased with medical, one ID card, one customer service line, one website.



Research shows that good oral health habits and regular preventive care help prevent periodontitis, and can reduce the risk of other health conditions such as diabetes or cardiovascular disease.

Plan highlights	Dental Classic/ Adult Dental Classic	Dental Vantage Plus/ Adult Dental Vantage Plus	Dental Charter Plus/ Adult Dental Charter Plus	Dental Preventive+/ Adult Dental Preventive+	Dental Preventive/ Adult Dental Preventive
Access to nationwide contracted dental providers	✓	✓	✓	✓	✓
Freedom to choose <i>any</i> licensed dental provider	✓	✓	✓	✓	✓
PPO-style plan design offering members preferred provider and non-preferred provider benefit levels		✓	✓		
Include preventive services with no deductibles	✓	✓	✓	✓	✓
Provides comprehensive benefits for major services	✓	✓	✓		
Optional orthodontia coverage available for groups with 26 or more enrolled employees	✓	✓			
Voluntary-funded plan option			✓	✓	✓
Contributory plan option	✓	✓		✓	✓
Available as packaged or stand-alone product	✓	✓	✓	✓	✓

Note: For a summary of plan benefits and limitations, see plan details to follow.



Dental Classic™

Employers can choose from an array of deductible and coinsurance cost share options while offering employees and their dependents maximum flexibility in provider choice.

With these plans, employers can offer:

- Maximum flexibility because the member can choose any licensed dental care provider and benefit from our network
- Diagnostic and preventive services including routine exams, cleanings, fluoride, and X-rays
- Basic services including fillings, extractions, and up to four periodontal maintenance cleanings per year
- Major services including endodontic (root canal) treatments, crowns, inlays, and dentures

Large groups (51+)

The **LifeWise Dental Classic** plan includes benefits for children as listed under the covered services section of this brochure, including fluoride treatments for ages up to 18 and sealants for ages up to 19.

Small groups (5-50)

The **LifeWise Adult Dental Classic** plan does not cover members under the age of 19. Pediatric dental benefits are included in LifeWise small group Passport medical plans. If you choose a Standard medical plan, you are required to purchase a pediatric dental plan in addition to your medical plan.

Dental Classic™

Adult Dental Classic™

Benefits apply after calendar-year deductible is met, unless otherwise noted.

PCY = per calendar year

Deductible and Coinsurance represent member's cost share

Choose one of these plans

For all groups 5+	Annual Deductible PCY	Benefit Maximum Limit per person, PCY	Individual: \$50 / Family: \$150 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	Individual: \$500 ¹ / Family: \$1500 ¹ <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500	Individual: \$50 / Family: \$150 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500	Not applicable Not applicable
Large groups (51+) Small groups (5–50): Benefits are provided to adults only (19 and older). Pediatric dental is provided under the Medical Plan	Annual Deductible PCY	Benefit Maximum Limit per person, PCY	Individual: \$25 / Family: \$75 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	Same as above	Individual: \$25 / Family: \$75 \$1,000	Individual: \$50 / Family: \$150 \$1,000

COVERED SERVICES

ROUTINE DIAGNOSTIC AND PREVENTIVE ²				
Cleanings Limited to 2 PCY				
Routine Oral Exams Limited to 2 PCY				
Routine X-rays Complete series or panoramic X-ray once per 36 consecutive months				
Space Maintainers For members under age 20	0%	0%	20%	30%
Fluoride Treatments Limited to 2 applications PCY for members under age 18*				
Sealants Limited to permanent teeth for members under age 19*				
BASIC				
Non-routine/Problem-focused Exams 1 PCY				
Emergency Palliative Treatment				
Fillings Limited to once per tooth surface every 2 calendar years	20%	20%	20%	30%
Periodontal Maintenance Limited to 4 visits per calendar year				
Recementing of Crowns, Inlays, Bridgework & Dentures				
Simple Extractions				
MAJOR**				
Dentures, Partials & Fixed Bridges Replacements limited to once every 7 calendar years)				
Endodontic (Root Canal) Treatment 1 per tooth every 2 calendar years; limited to 2 per arch when performed in conjunction with overdentures				
Full-mouth Debridement Limited to once every 3 calendar years				
General Anesthesia Limited to covered dental procedures at a dental care provider's office when dentally necessary	50%	50%	50%	50%
Inlays, Onlays & Crowns Replacements limited to once per tooth every 7 years				
Oral Surgery & Surgical Extractions				
Periodontal Scaling Limited to once per quadrant every 2 calendar years				
Periodontal Surgery 1 per quadrant per 5 calendar years				
Repair of Crowns, Inlays, Bridgework & Dentures				

Note: Member is responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

¹ Applies to major services only.

² Annual deductible waived for diagnostic and preventive services.

* Available for groups with 51 or more enrolled employees.

** A 6-month waiting period applies to major services if the group has not had continuous dental coverage for the prior 6-month period.

Dental Vantage Plus™

Employers can choose from an array of deductible and coinsurance cost share options, as well as non-preferred reimbursement options, and provide employees and their dependents with choice and control over their out-of-pocket spending.

When members use contracted network providers, they receive their plan's highest benefit level and enjoy the network cost savings. Or they can use a non-preferred provider at a reduced benefit level.

With these plans, employers can offer:

- Diagnostic and preventive services including routine exams, cleanings, and X-rays
- Basic services including fillings, extractions, and up to four periodontal maintenance cleanings per year
- Major services including endodontic (root canal) treatments, crowns, inlays, and dentures

Large groups (51+)

The **LifeWise Dental Vantage Plus** plan includes benefits for children as listed under the covered services section of this brochure, including fluoride treatments for ages up to 18 and sealants for ages up to 19.

Small groups (5–50)

The **LifeWise Adult Dental Vantage Plus** plan does not cover members under the age of 19. Pediatric dental benefits are included in LifeWise small group Passport medical plans. If you choose a Standard medical plan, you are required to purchase a pediatric dental plan in addition to your medical plan.



Dental Vantage Plus™

Adult Dental Vantage Plus™

Benefits apply after calendar-year deductible is met, unless otherwise noted.

PCY = per calendar year

Deductible and Coinsurance represent member's cost share

Choose one of these plans

For all groups 5+ Annual Deductible PCY Benefit Maximum Limit per person, PCY Network Reimbursement	Individual: \$50 / Family: \$150	Not applicable	
	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000		
	<input type="checkbox"/> Base <input type="checkbox"/> Premium		
Large groups (51+) Small groups (5–50): Benefits are provided to adults only (19 and older). Pediatric dental is provided under the Medical Plan	<input type="checkbox"/> Individual: \$50 / Family: \$150 <input type="checkbox"/> Individual: \$100 / Family: \$250	<input type="checkbox"/> Individual: \$50 / Family: \$150 <input type="checkbox"/> Individual: \$100 / Family: \$250	
	Annual Deductible PCY Benefit Maximum Limit per person, PCY	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000

COVERED SERVICES

	Preferred	Non-preferred	Preferred	Non-preferred
ROUTINE DIAGNOSTIC AND PREVENTIVE¹				
Cleanings Limited to 2 PCY				
Routine Oral Exams Limited to 2 PCY				
Routine X-rays Complete series or panoramic X-ray once per 36 consecutive months	0%	20%	20%	30%
Space Maintainers For members under age 20				
Fluoride Treatments Limited to 2 applications PCY for members under age 18*				
Sealants Limited to permanent teeth for members under age 19*				
BASIC				
Non-routine/Problem-focused Exams 1 PCY				
Emergency Palliative Treatment				
Fillings Limited to once per tooth surface every 2 calendar years	20%	30%	20%	40%
Periodontal Maintenance Limited to 4 visits per calendar year				
Recementing of Crowns, Inlays, Bridgework & Dentures				
Simple Extractions				
MAJOR**				
Dentures, Partial & Fixed Bridges Replacements limited to once every 7 calendar years)				
Endodontic (Root Canal) Treatment 1 per tooth every 2 calendar years; limited to 2 per arch when performed in conjunction with overdentures				
Full-mouth Debridement Limited to once every 3 calendar years				
General Anesthesia Limited to covered dental procedures at a dental care provider's office when dentally necessary	50%	50%	50%	50%
Inlays, Onlays & Crowns Replacements limited to once per tooth every 7 years				
Oral Surgery & Surgical Extractions				
Periodontal Scaling Limited to once per quadrant every 2 calendar years				
Periodontal Surgery 1 per quadrant per 5 calendar years				
Repair of Crowns, Inlays, Bridgework & Dentures				

Note: Member is responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

¹ Annual deductible waived for diagnostic and preventive services.

* Available for groups with 51 or more enrolled employees.

** A 6-month waiting period applies to major services if the group has not had continuous dental coverage for the prior 6-month period.



Dental Charter Plus™

These plans allow employers the opportunity to offer their workforce a valuable group dental benefit without having to fund it. It offers a wide range of benefits for diagnostic and preventive services. When using contracted dental network providers, employees receive their plan's highest benefit level and enjoy the cost savings these networks offer. Or, they can use a non-preferred provider at a reduced benefit level.

With these plans, employers can:

- Provide employees the opportunity to purchase dental coverage at group rates
- Offer a plan that can be funded 100% by employees, or elect to fund a portion of premiums (up to 50%)
- Reduce employee benefit expenses
- Enhance benefit offerings to attract and retain employees

Large groups (51+)

The **LifeWise Dental Charter Plus** plan includes benefits for children as listed under the covered services section of this brochure, including fluoride treatments for ages up to 18 and sealants for ages up to 15.

Small groups (5-50)

The **LifeWise Adult Dental Charter Plus** plan does not cover members under the age of 19. Pediatric dental benefits are included in LifeWise small group Passport medical plans. If you choose a Standard medical plan, you are required to purchase a pediatric dental plan in addition to your medical plan.

Dental Charter Plus™

Adult Dental Charter Plus™

Benefits apply after calendar-year deductible is met, unless otherwise noted.

PCY = per calendar year

Deductible and Coinsurance represent member's cost share

For all groups (5+)

Small groups (5–50):
Benefits are provided to adults only (19 and older).
Pediatric dental is provided under the Medical Plan

Annual Deductible PCY

Benefit Maximum Limit per person, PCY

Choose one of these plans

- Individual: \$50 / Family: \$150
- Individual: \$100 / Family: \$250
- \$750¹
- \$1,000²

Individual: \$100 / Family: \$250
\$1,000

COVERED SERVICES

ROUTINE DIAGNOSTIC AND PREVENTIVE ³	Preferred	Non-preferred	Preferred	Non-preferred
Cleanings Limited to 2 PCY				
Routine Oral Exams Limited to 2 PCY				
Routine X-rays Complete series or panoramic X-ray once per 36 consecutive months	0%	20%	20%	30%
Fluoride Treatments Limited to 2 applications PCY for members under age 18*				
Sealants Limited to permanent teeth for members under age 15*				
BASIC**				
Non-routine/Problem-focused Exams 1 PCY				
Emergency Palliative Treatment				
Fillings Limited to once per tooth surface every 2 calendar years				
Periodontal Maintenance Limited to 4 visits per calendar year	20%	30%	20%	40%
Recementing of Crowns, Inlays, Bridgework & Dentures				
Simple Extractions				
Space Maintainers For members under age 20				
MAJOR***				
Dentures, Partial & Fixed Bridges Replacements limited to once every 7 calendar years)				
Endodontic (Root Canal) Treatment 1 per tooth every 2 calendar years; limited to 2 per arch when performed in conjunction with overdentures				
Full-mouth Debridement Limited to once every 3 calendar years				
General Anesthesia Limited to covered dental procedures at a dental care provider's office when dentally necessary	50%	50%	50%	50%
Inlays, Onlays & Crowns Replacements limited to once per tooth every 7 years				
Oral Surgery & Surgical Extractions				
Periodontal Scaling Limited to once per quadrant every 2 calendar years				
Periodontal Surgery 1 per quadrant per 5 calendar years				
Repair of Crowns, Inlays, Bridgework & Dentures				

Note: Member is responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

¹ Available with \$50 deductible only.

² Available with \$100 deductible only.

³ Annual deductible waived for diagnostic and preventive services.

* Available for groups with 51 or more enrolled employees.

** A 6-month waiting period applies to basic services if the member has not had continuous dental coverage for the prior 6-month period.

*** A 12-month waiting period applies to major services if the member has not had continuous dental coverage for the prior 12-month period.



Dental Preventive+™ and Dental Preventive

Dental Preventive+ and Adult Dental Preventive+ Comprehensive and competitive benefit packages that include dental coverage at a more affordable cost. With its focus on preventive care, employers can provide valuable coverage that will encourage good oral habits and better overall health outcomes. These plans allow members to use any licensed dental care provider.

Dental Preventive and Adult Dental Preventive Options for employers that want to offer routine and diagnostic preventive care. According to the American Dental Association, regular professional dental care can help prevent gum disease and reduce the risk of other costly health conditions down the road. These plans also allow the use of any licensed dental care provider.

Available on both a contributory and voluntary basis.

- Employers pay between 50% and 100% of the premium on contributory options
- Employers pay between 0% and 50% of the premium on voluntary options

Large groups (51+)

The **LifeWise Dental Preventive Plus** and **Dental Preventive** plans include benefits for children as listed under the covered services section of this brochure, including fluoride treatments for ages up to 18 and sealants for ages up to 15.

Small groups (5–50)

The **LifeWise Adult Dental Preventive Plus** and **Dental Preventive** plans do not cover members under the age of 19. Pediatric dental benefits are included in LifeWise small group Passport medical plans. If you choose a Standard medical plan, you are required to purchase a pediatric dental plan in addition to your medical plan.

More than 70 percent of all dental claims are for diagnostic and preventive services such as routine oral exams, cleanings, and X-rays.

Dental Preventive+™ and Dental Preventive Adult Dental Preventive+™ and Adult Dental Preventive

Benefits apply after calendar-year deductible is met, unless otherwise noted.

PCY = per calendar year

Deductible and Coinsurance represent member's cost share

For all groups (5+) **Annual Deductible** PCY
Small groups (5–50):
Benefits are provided to adults only (19 and older). Pediatric dental is provided under the Medical Plan

Benefit Maximum Limit per person, PCY

Choose one of these Preventive+ plans		Preventive
Individual: \$0 / Family: \$0	Individual: \$0 / Family: \$0	Individual: \$0 / Family: \$0
\$750	\$500	\$500

COVERED SERVICES

ROUTINE DIAGNOSTIC AND PREVENTIVE

Cleanings Limited to 2 PCY

Routine Oral Exams Limited to 2 PCY

Routine X-rays Complete series or panoramic X-ray once per 5 calendar years

Fluoride Treatments Limited to 2 applications PCY for members under age 18¹

Sealants Limited to permanent teeth for members under age 15¹

BASIC

Non-routine/Problem-focused Exams 1 PCY

Emergency Palliative Treatment

Fillings Limited to once per tooth surface every 2 calendar years

Periodontal Maintenance Limited to 4 visits per calendar year

Recementing of Crowns, Inlays, Bridgework & Dentures

Simple Extractions (non-surgical)

Space Maintainers For members under age 13¹

0%	0%	0%
0%	20%	Not covered

Note: Member is responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

Enhancements and other options for all dental plans

Our optional dental coverage offers employers extra flexibility in designing their benefit coverage.

Optional Benefits

BENEFIT RIDER ENHANCEMENT

For Groups of 5 or more enrolled employees²

Endodontic (Root Canal) & Surgical Periodontal Treatment

Cover under Basic instead of Major Services

ORTHODONTIA

For Groups of 26 or more enrolled employees²

Diagnostic Services and Active/Retention Treatment including Appliances

Covered in full³ up to lifetime maximum

Monthly Orthodontic Adjustments including Retention Treatment

Covered in full³ up to lifetime maximum

Lifetime Maximum per person

\$1,000 \$1,500¹ \$2,000¹

Age limit, large groups (51+)

No age limit Under age 19

Age limit, small groups (5–50)

Adults only (19 and over)

Note: Member is responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

¹ Available for groups with 51 or more enrolled employees.

² Not available for Adult Dental Charter Plus, Adult Dental Preventive+, or Dental Preventive plans.

³ Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.



Start enjoying the LifeWise advantage!

Give us a call or talk to your producer about
the plan that's right for you.

LifeWise Health Plan of Oregon
1.800.926.6707

lifewiseor.com

This brochure is not a contract. It is only a summary of the major benefits provided by these plans. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact your producer or a LifeWise sales representative.



Discrimination is Against the Law

LifeWise Health Plan of Oregon (LifeWise) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-596-3440 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-596-3440 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-596-3440 (TTY: 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-596-3440 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-596-3440 (TTY: 711) 번으로 전화해 주십시오.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-596-3440 (телетайп: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-596-3440 (TTY:711) まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-596-3440 (رقم هاتف الصم والبكم: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 800-596-3440 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-596-3440 (TTY: 711)។

XIYYEEFFANNA: Afaan dubbattu Oroomiiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-596-3440 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 800-596-3440 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-596-3440 (TTY: 711) تماس بگیرید.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-596-3440 (ATS : 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-596-3440 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa 800-596-3440 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-596-3440 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-596-3440 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-596-3440 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-596-3440 (TTY: 711).