

ODS Dental Plan Summary:

Plan Type: Fee for Service	Coverage
Deductible	\$25.00
Annual Maximum	\$1,500.00
Preventive Care	
<ul style="list-style-type: none"> • Oral Examinations • Prophylaxis • Topical Fluoride Application • Space Maintainers • Sealants • Periapical and Bitewing X-rays 	100% Deductible waived
Restorative Services	
<ul style="list-style-type: none"> • Extractions • Fillings (posterior teeth paid to amalgam fee) • Palliative Emergency Treatment • Oral Surgery • Endodontics • Periodontic Services • Inlays (amalgam reimbursement fee) 	80%
Major Dental Care	
<ul style="list-style-type: none"> • Onlays • Crowns 	80%
Prosthetic Services	
<ul style="list-style-type: none"> • Implants • Bridges • Dentures • Partial Dentures • Temporary Partial Denture (flipper or stayplate w/in 2 months of extraction) 	50%
Oral Health Total Health	
<ul style="list-style-type: none"> • Diabetics eligible for additional prophylaxis (cleanings) – requires proof of condition from provider • Pregnant women eligible for additional prophylaxis (cleanings) in third trimester 	100% Deductible waived
Orthodontia Coverage	
Coverage	80%
Lifetime Maximum	\$1,500.00

GENERAL EXCLUSIONS FOR ODS DENTAL PLANS:

Services that are not necessarily dental care.
Gnathologic recordings.
Oral study models.
Educational programs.
Services paid under Medical contract.
Services provided by a member of your immediate family.
Charges over the allowed amount.
Benefits not stated.
Periodontal splinting.
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 or after 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 oral 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.
Local delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue.
Third party liability.
Motor Vehicle Coverage and other insurance liability.
Work-Related Conditions
Care of inmates.
Temporomandibular Joint and related problems.
Missing teeth.
Appliances or restorations.
Take-Home Medicines and Supplies
Temporary dentures.
All other services or supplies, not specifically covered.
Repair of dentures and bridges.
Bruxism Splints and nightguards
Apicodectomy
ViziLite
Taxes
Services performed on the tongue, lip, or cheek.
Removal of implants.
Congenital malformations.