



► Supplemental coverage for Medicare members

SeniorSelect MEDICAL AND DENTAL PLANS



www.odskompanies.com

*Available January 1
through December 31, 2012*

Welcome to ODS SeniorSelect.

At ODS, we have a long tradition of flexibility and responsive service. In that spirit, ODS SeniorSelect offers the choice and service you deserve in Medicare Supplement plans. Each plan is affordable, easy to understand and administered by experienced professionals. In addition, we allow you to choose any dentist or Medicare-approved physician throughout the country. By selecting an ODS SeniorSelect plan, you can feel secure that where Medicare coverage ends, your plan coverage begins.

BENEFIT INFORMATION

We offer standardized Medicare Supplement Plans A, F and N. We also offer Plan F with a \$2,070 deductible option. The following is a breakdown of the basic benefits covered by all plans and additional benefits that are plan-specific.

BASIC BENEFITS

All ODS SeniorSelect plans offer basic benefits that help pay for Medicare-eligible hospital and physician expenses. These benefits include:

- Your Medicare Part A coinsurance for hospital care, plus coverage for 365 additional days after Medicare benefits end
- The first three pints of blood each year
- For plans A and F, coverage for the 20 percent coinsurance amount (40 percent for mental health services) for part B services after the annual deductible is met
- For plan N, coverage for the 20 percent coinsurance amount will be the lesser of \$20 or the Part B coinsurance for office visits, and \$50 or coinsurance for ER visits
- Hospice and respite care coinsurance

ADDITIONAL BENEFITS FOR PLANS F AND N

The following benefits are specific to ODS SeniorSelect plans F and N. These additional benefits include:

- After a \$250 calendar year deductible, plans F and N pay 80 percent of eligible expenses for foreign travel emergency care beginning during the first 60 days of your trip, up to a lifetime maximum of \$50,000
- No Part A deductible
- Skilled nursing facility coinsurance for Medicare-approved stays of 100 days or less

ADDITIONAL PLAN F BENEFITS

The following benefits are specific to ODS SeniorSelect plan F. These additional benefits include:

- No Part B deductible
- Plan F pays the excess charges above Medicare-approved amounts for Part B covered services



Outline of Medicare Supplement coverage

Medicare Supplement Insurance can be sold in only 10 standard plans. The chart below shows the benefits included in each plan. Every company must make Plan A available. Some plans may not be available in your state.

BASIC BENEFITS INCLUDED IN ALL PLANS

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance is generally 20 percent (mental health is 40 percent) of Medicare-approved expenses, or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

ALL PLANS	A	B	C	D	F	F*	G	K**	L**	M	N***
Basic benefits	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Skilled nursing coinsurance			✓	✓	✓		✓	50%	75%	✓	✓
Part A deductible		✓	✓	✓	✓		✓	50%	75%	50%	✓
Part B deductible			✓		✓						
Part B excess (100%)					✓		✓				
Foreign travel emergency			✓	✓	✓		✓			✓	✓

*Plan F also has an option called a high deductible plan F. This high deductible plan offers the same benefits as plan F after one has paid a calendar-year \$2,070 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2,070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Parts A and B, but do not include the separate foreign travel emergency deductible.

**Plan K reimburses these expenses at 50 percent up to an out-of-pocket maximum of \$4,660 in a calendar year. Plan L reimburses these expenses at 75 percent up to an out-of-pocket maximum of \$2,330 in a calendar year. Once the out-of-pocket maximum is met, covered expenses are reimbursed at 100 percent.

***Plan N requires copayment of up to \$20 for office visits and \$50 for emergency room visits.

PREMIUM INFORMATION

The required premium for the plan is subject to change. Any change in premiums will occur on January 1, and will apply to all subscribers of the same age category insured under the plan who reside in the state of Oregon. In each year, the premium is based on the subscriber's age on January 1.

READ YOUR POLICY VERY CAREFULLY

This brochure is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and ODS.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to ODS, Attention: Individual Eligibility Department, 601 S.W. Second Ave., Portland, OR 97204. If you send back the policy within 30 days of receiving it, we will treat the policy as if it had never been issued and return all of your premium.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you actually have received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. Neither ODS nor its agents are connected with Medicare. This outline of coverage does not give all of the details about Medicare coverage. For a complete description of Medicare benefits, contact your local Social Security office, or refer to the "Medicare & You 2012" handbook online at www.medicare.gov or by calling 800-633-4227.

COMPLETE ANSWERS ARE VERY IMPORTANT

Review the SeniorSelect application carefully before you sign it. Be certain that all information has been properly recorded.

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. ODS may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

PLAN A

MEDICARE PART A - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>Hospitalization* Semi-private room and board, general nursing and miscellaneous services and supplies</p> <ul style="list-style-type: none"> ■ First 60 days ■ 61st through 90th day ■ 91st day and after: <ul style="list-style-type: none"> - While using 60 lifetime reserve days ■ Once lifetime reserve days are used: <ul style="list-style-type: none"> - Additional 365 days - Beyond the additional 365 days 	<p>All but \$1,156</p> <p>All but \$289 per day</p> <p>All but \$578 per day</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$289 per day</p> <p>\$578 per day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$1,156 (Part A deductible)</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p>Skilled nursing facility care* You must meet Medicare's requirements, including hospitalization for at least three days followed by entrance to a Medicare-approved facility within 30 days</p> <ul style="list-style-type: none"> ■ First 20 days ■ 21st through 100th day ■ 101st day and after 	<p>All approved amounts</p> <p>All but \$144.50 per day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$144.50 per day</p> <p>All costs</p>
<p>Blood</p> <ul style="list-style-type: none"> ■ First three pints ■ Additional amounts 	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>Hospice care Available as long as your doctor certifies you are terminally ill and you elect to receive these services</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare coinsurance or copay</p>	<p>\$0</p>

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days.

**Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE PART B – MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>Medical expenses In or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment</p> <ul style="list-style-type: none"> ■ First \$140 of Medicare-approved amounts* ■ Remainder of Medicare-approved amounts ■ Part B excess charges (above Medicare-approved amounts) 	<p>\$0</p> <p>Generally 80%</p> <p>\$0</p>	<p>\$0</p> <p>Generally 20%</p> <p>\$0</p>	<p>\$140 (Part B deductible)</p> <p>\$0</p> <p>All costs</p>
<p>Blood</p> <ul style="list-style-type: none"> ■ First three pints ■ Next \$140 of Medicare-approved amounts* ■ Remainder of Medicare-approved amounts 	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$140 (Part B deductible)</p> <p>\$0</p>
<p>Clinical laboratory services – blood tests</p> <ul style="list-style-type: none"> ■ For diagnostic services 	<p>100%</p>	<p>\$0</p>	<p>\$0</p>
PARTS A AND B			
<p>Home healthcare Medicare-approved services</p> <ul style="list-style-type: none"> ■ Medically necessary skilled-care services and medical supplies ■ Durable medical equipment <ul style="list-style-type: none"> – First \$140 of Medicare-approved amounts* – Remainder of Medicare-approved amounts 	<p>100%</p> <p>\$0</p> <p>80%</p>	<p>\$0</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$140 (Part B deductible)</p> <p>\$0</p>

**Once you have been billed \$140 for Medicare-approved amounts of covered services that are noted with an asterisk, your Part B deductible will have been met for the calendar year.*

PLAN F — OR HIGH DEDUCTIBLE PLAN F

MEDICARE PART A - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,070 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2,070 DEDUCTIBLE,** YOU PAY
Hospitalization* Semi-private room and board, general nursing, and miscellaneous services and supplies <ul style="list-style-type: none"> ■ First 60 days ■ 61st through 90th day ■ 91st day and after: <ul style="list-style-type: none"> – While using 60 lifetime reserve days ■ Once lifetime reserve days are used: <ul style="list-style-type: none"> – Additional 365 days – Beyond the additional 365 days 	All but \$1,156 All but \$289 per day All but \$578 per day \$0 \$0	\$1,156 (Part A deductible) \$289 per day \$578 per day 100% of Medicare-eligible expenses \$0	\$0 \$0 \$0 \$0*** All costs
Skilled nursing facility care* You must meet Medicare’s requirements, including hospitalization for at least three days followed by entrance to a Medicare-approved facility within 30 days <ul style="list-style-type: none"> ■ First 20 days ■ 21st through 100th day ■ 101st day and after 	All approved amounts All but \$144.50 per day \$0	\$0 Up to \$144.50 per day \$0	\$0 \$0 All costs
Blood <ul style="list-style-type: none"> ■ First three pints ■ Additional amounts 	\$0 100%	3 pints \$0	\$0 \$0
Hospice care Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	\$0

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days.

** This high deductible plan offers the same benefits as Plan F after one has paid a calendar year \$2,070 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Parts A and B, but does not include the plan’s separate foreign travel emergency deductible.

***Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F — OR HIGH DEDUCTIBLE PLAN F

MEDICARE PART B – MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,070 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2,070 DEDUCTIBLE,** YOU PAY
<p>Medical expenses In or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment</p> <ul style="list-style-type: none"> ■ First \$140 of Medicare-approved amounts* ■ Remainder of Medicare-approved amounts ■ Part B excess charges (above Medicare-approved amounts) 	<p>\$0 Generally 80% \$0</p>	<p>\$140 (Part B deductible) 20% 100%</p>	<p>\$0 \$0 \$0</p>
<p>Blood</p> <ul style="list-style-type: none"> ■ First three pints ■ Next \$140 of Medicare-approved amounts* ■ Remainder of Medicare-approved amounts 	<p>\$0 \$0 80%</p>	<p>All costs \$140 (Part B deductible) 20%</p>	<p>\$0 \$0 \$0</p>
<p>Clinical laboratory services – blood tests</p> <ul style="list-style-type: none"> ■ For diagnostic services 	<p>100%</p>	<p>\$0</p>	<p>\$0</p>
PARTS A AND B			
<p>Home healthcare Medicare-approved services</p> <ul style="list-style-type: none"> ■ Medically necessary skilled-care services and medical supplies ■ Durable medical equipment <ul style="list-style-type: none"> – First \$140 of Medicare-approved amounts* – Remainder of Medicare-approved amounts 	<p>100% \$0 80%</p>	<p>\$0 \$140 (Part B deductible) 20%</p>	<p>\$0 \$0 \$0</p>
OTHER BENEFITS — NOT COVERED BY MEDICARE			
<p>Foreign travel – not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</p> <ul style="list-style-type: none"> ■ First \$250 each calendar year ■ Remainder of charges 	<p>\$0 \$0</p>	<p>\$0 80% up to a lifetime maximum benefit of \$50,000</p>	<p>\$250 20% and amounts over \$50,000 lifetime maximum</p>

*Once you have been billed \$140 for Medicare-approved amounts of covered services that are noted with an asterisk, your Part B deductible will have been met for the calendar year. ** This high deductible offers the same benefits as Plan F after a \$2,070 deductible calendar year. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Parts A and B, but does not include the plan’s separate foreign travel emergency deductible.

PLAN N

MEDICARE PART A – HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>Hospitalization* Semi-private room and board, general nursing and miscellaneous services and supplies</p> <ul style="list-style-type: none"> ■ First 60 days ■ 61st through 90th day ■ 91st day and after: <ul style="list-style-type: none"> – While using 60 lifetime reserve days ■ Once lifetime reserve days are used: <ul style="list-style-type: none"> – Additional 365 days – Beyond the additional 365 days 	<p>All but \$1,156</p> <p>All but \$289 per day</p> <p>All but \$578 per day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,156 (Part A deductible)</p> <p>\$289 per day</p> <p>\$578 per day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p>Skilled nursing facility care* You must meet Medicare’s requirements, including hospitalization for at least three days followed by entrance to a Medicare-approved facility within 30 days</p> <ul style="list-style-type: none"> ■ First 20 days ■ 21st through 100th day ■ 101st day and after 	<p>All approved amounts</p> <p>All but \$144.50 per day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$144.50 per day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p>Blood</p> <ul style="list-style-type: none"> ■ First three pints ■ Additional amounts 	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>Hospice care You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.</p>	<p>All but very limited copayment or coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment or coinsurance</p>	<p>\$0</p>

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the plan’s Basic Benefits. During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N

MEDICARE PART B - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>Medical expenses In or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment</p> <ul style="list-style-type: none"> ■ First \$140 of Medicare-approved amounts* ■ Remainder of Medicare-approved amounts 	<p>\$0</p> <p>Generally 80%</p>	<p>\$0</p> <p>Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense</p>	<p>\$140 (Part B deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense</p>
<ul style="list-style-type: none"> ■ Part B excess charges (above Medicare approved amounts) 	\$0	\$0	All costs
<p>Blood</p> <ul style="list-style-type: none"> ■ First three pints ■ Next \$140 of Medicare-approved amounts* ■ Remainder of Medicare-approved amounts 	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$140 (Part B deductible)</p> <p>\$0</p>
<p>Clinical laboratory services – blood tests</p> <ul style="list-style-type: none"> ■ For diagnostic services 	100%	\$0	\$0
PARTS A AND B			
<p>Home healthcare Medicare-approved services</p> <ul style="list-style-type: none"> ■ Medically necessary skilled-care services and medical supplies ■ Durable medical equipment <ul style="list-style-type: none"> – First \$140 of Medicare-approved amounts* – Remainder of Medicare-approved amounts 	<p>100%</p> <p>\$0</p> <p>80%</p>	<p>\$0</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$140 (Part B deductible)</p> <p>\$0</p>

*Once you have been billed \$140 for Medicare-approved amounts of covered services that are noted with an asterisk, your Part B deductible will have been met for the calendar year.

PLAN N

MEDICARE PART A & B - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home healthcare			
Medicare-approved services			
■ Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
■ Durable medical equipment			
– First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
OTHER BENEFITS — NOT COVERED BY MEDICARE			
Foreign travel — not covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States			
■ First \$250 each calendar year	\$0	\$0	\$250
■ Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

MEDICARE SUPPLEMENT MONTHLY PREMIUMS (Rates effective through 12/31/12)

	PLAN A	PLAN F	PLAN F WITH \$2,070 DEDUCTIBLE	PLAN N
Age 65 – 69**	\$108	\$174	\$40	\$122
Age 70 – 74	\$124	\$198	\$45	\$139
Age 75 – 79	\$141	\$227	\$52	\$159
Age 80+	\$142	\$228	\$52	\$160

*Once you have been billed \$140 for Medicare-approved amounts of covered services that are noted with an asterisk, your Part B deductible will have been met for the calendar year.

**The 65- to 69-year-old rate applies to persons on Medicare by reason of disability who are under age 65.

Questions and answers

Am I eligible?

You may apply for coverage if you live in Oregon and are enrolled in Medicare Part B. This includes individuals who may be under age 65 and are enrolled in Medicare by reason of disability.

When does coverage begin?

If you apply during an open enrollment period (within six months of becoming eligible for Part B), your coverage will start the first of the month following the date we receive your application. If you do not apply during an open enrollment

period, we will notify you of the date coverage will begin after your application is approved.

Is there a waiting period?

If you transfer directly to an ODS SeniorSelect plan from a Medicare HMO, a Medicare supplemental policy or other coverage, we will credit day-for-day the amount of time you were enrolled under one of those plans. If you were enrolled for six or more months, you will not have a six-month waiting period.

Special services and features

ELECTRONIC CLAIMS FILING

Electronic claims filing is now available at no extra cost. Medicare Part B claims will be forwarded directly to ODS SeniorSelect after Medicare pays their share. You will know that a bill was submitted directly to ODS SeniorSelect because it will have the following statement printed on the bottom: "This claim has been forwarded to your secondary Medicare payor."

ODS SeniorSelect will send you an Explanation of Benefits form indicating the amount paid and payment, if you are being reimbursed.

NO CLAIM FORMS

If you have a claim, just mail a copy of the Medicare Summary Notice (MSN) form you receive from Medicare to us. We'll do the rest.

BENEFIT AND INFORMATION UPDATES

Your ODS SeniorSelect policy will automatically coordinate with changes in Medicare each year. We'll keep you informed about any changes that take place.

GUARANTEED RENEWABILITY

We will never cancel your policy because of your age or claims experience.

30-DAY FREE TRIAL

If you're not completely satisfied with your ODS SeniorSelect policy, return it to us within 30 days and receive a full refund of any premiums paid.

Advantages of choosing ODS dental coverage

FREEDOM TO CHOOSE YOUR DENTIST

ODS is unique in that we have contracts with more than 2,000 licensed dentists in Oregon. As the Delta Dental Plan of Oregon, ODS subscribers have the option to access more than 204,000 office locations nationwide.

PROFESSIONAL ARRANGEMENTS

ODS has specific fee arrangements with our participating dentists in Oregon to ensure that actual charges made by the dentist do not exceed his or her accepted fees on file with ODS.

ADDITIONAL ORAL HEALTH BENEFITS

Through our Oral Health, Total Health program, ODS offers individuals diagnosed with diabetes the benefit of four cleanings per year instead of two. In addition to routine oral cancer exams, ODS provides coverage for ViziLite Plus TBlue and Brush Biopsy, two non-surgical screenings designed to aid in the early detection of abnormal cells in the mouth.

PREDETERMINATION

As a service to our members, your dental office may submit a pretreatment plan to ODS on your behalf. We will return it to them indicating the dollar allowance that will be covered by your plan.

NEW MEMBER ELIGIBILITY

When selecting an ODS SeniorSelect Medicare supplement plan, you may also select the dental plan. New members are eligible to select the dental plan during a one-time-only enrollment period. The dental plan effective date will coincide with your ODS SeniorSelect Medicare supplement plan effective date. Dental plan members may retain the dental plan membership if eligibility in an ODS SeniorSelect Medicare supplement plan ends upon written request prior to the medical plan termination date.

SERVICE	BENEFIT AMOUNT
Calendar year benefit maximum, per member	\$1,500
Calendar year deductible, per member	\$50
CLASS 1: PREVENTIVE	
<ul style="list-style-type: none"> ▪ Examination/X-rays (routine exam and bitewing X-rays) ▪ Prophylaxis (cleanings) ▪ Sealants 	80%*
CLASS 2: BASIC	
<ul style="list-style-type: none"> ▪ Restorative fillings 	50%
CLASS 3: MAJOR	
<ul style="list-style-type: none"> ▪ Cast restorations <ul style="list-style-type: none"> – Crowns (\$100 maximum per tooth) ▪ Dentures (\$250 maximum per denture) <ul style="list-style-type: none"> – Construction of partials and complete dentures ▪ Denture reline 	50%
Dental monthly premium	\$30

*Deductible waived for Class 1 services

Note: If an eligible person selects a more expensive plan of treatment than is functionally adequate, ODS will pay the applicable percentage up to the maximum plan allowance for the least costly treatment. The patient will then be responsible for the remainder of the dentist's fee.

Limitations

Preventive (Class 1 services)

- ▶ Diagnostic routine examination and bitewing X-rays limited to once every six months.
- ▶ Full-mouth X-rays limited to once every three years
- ▶ Prophylaxis (cleaning) limited to once every six months.
- ▶ Sealant benefits are limited to the occlusal surfaces of unrestored permanent molars; benefits are limited to one sealant, per tooth, during any five-year period.

Basic (Class 2 services)

- ▶ A separate charge for general anesthesia and/or IV sedation is not covered

Major (Class 3 services)

- ▶ If a tooth can be restored with a material such as amalgam, but another type of restoration is selected by the patient and dentist, covered expense will be limited to the cost of amalgam. Crowns and other cast restorations (including onlays and replacement inlays) are covered once in a seven-year period on any tooth.
- ▶ A denture (full or partial) will be covered only once in a seven-year period, and only if the tooth or teeth involved have not received a cast restoration benefit in the past seven years.

Exclusions

- ▶ Endodontics
- ▶ Periodontics, including periodontic scaling and root planing and periodontic maintenance
- ▶ Bridges
- ▶ Repair to partial denture or complete dentures and adjustments
- ▶ Oral surgery (extractions and other minor surgical procedures)
- ▶ Surgical placement or removal of implants and any related services
- ▶ 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
- ▶ Hospital costs or any additional fees charged by the dentist for hospital treatment
- ▶ Plaque control and oral hygiene or dietary instructions
- ▶ Experimental procedures
- ▶ Missed or broken appointments
- ▶ Precision attachments
- ▶ Orthodontic services
- ▶ 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

Please refer to your policy for a complete listing of limitations and exclusions.



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*Insurance products provided by
Oregon Dental Service and ODS Health Plan, Inc.*