

## 2021 Optional Supplemental Dental Benefits

Plans that include Basic or Enhanced option:	Harbor + Rx (HMO), Summit + Rx (HMO-POS)			
	Basic		Enhanced	
Monthly premium	\$35.50		\$49.60	
Plan benefits	In-network member responsibility	Out-of-network member responsibility*	In-network member responsibility	Out-of-network member responsibility*
Office visit copay	No copay		No copay	
Annual deductible <sup>1</sup>	\$50	\$150	\$50	\$150
Annual maximum	\$1,000		\$1,500	
Waiting periods	None		None	
Provider network	Any licensed dentist <sup>2</sup>		Any licensed dentist <sup>2</sup>	
Out-of-network reimbursement	Maximum allowable charge		Maximum allowable charge	
Diagnostic and Preventive Services				
Oral examinations <sup>3</sup>	0%	20%	0%	20%
Semiannual teeth cleaning <sup>4</sup>	0%	20%	0%	20%
Bitewing X-rays <sup>5</sup>	0%	20%	0%	20%
Full, panoramic and other diagnostic X-rays <sup>6</sup>	0%	20%	0%	20%
Comprehensive Dental Services				
Basic fillings and simple extractions	50%	60%	50%	60%
Dentures <sup>7</sup>	50%	60%	50%	60%
Crowns and bridges <sup>8</sup>	50%	60%	50%	60%
Oral surgery	Not covered		50%	60%
Endodontics (root canals)	Not covered		50%	60%
Periodontics (deep cleaning)	Not covered		50%	60%

\***Important notes:** Members must use a Medicare contracted provider. Out-of-network dentists may charge more than the amount allowed by Providence Medicare Advantage Plans. If this happens, they may send members a "balance bill" for the difference between their charged amount and the amount paid by the plan.

<sup>1</sup> Deductibles are waived for diagnostic and preventive services

<sup>2</sup> Seeking care from a participating in-network dentist will reduce out-of-pocket costs and prevent a balance bill <sup>3</sup> Two evaluations in total per calendar year including a maximum of one comprehensive evaluation per 36 months and one limited oral evaluation per 12 months

<sup>4</sup> Teeth cleanings (prophylaxis: cleaning and polishing teeth) – limited to two per calendar year

<sup>5</sup> Bitewing or Periapical X-rays – limited to two per calendar year

<sup>6</sup> Full, panoramic or other diagnostic X-rays – limited to one per 60 months -

<sup>7</sup> \$250 lifetime denture benefit

<sup>8</sup> Crown/bridge max. (Basic) – \$100 per tooth per year; crown/bridge max. (Enhanced) – \$500 per year

Providence Medicare Advantage Plans is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Medicare Advantage Plans depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Providence Medicare Advantage Plans members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.