

2022 Optional Supplemental Dental Benefits

Plans that include Basic or Enhanced option:

Providence Medicare Bridge 1 + Rx (HMO-POS), Bridge 2 + Rx (HMO-POS), Choice + Rx 001 (HMO-POS), Choice + Rx 002 (HMO-POS), Compass + Rx (HMO-POS), Enrich + Rx (HMO), Extra + Rx 001 (HMO), Extra + Rx 002 (HMO), Focus Medical (HMO), Latitude + Rx (HMO-POS), Prime + Rx (HMO), Select Medical (HMO-POS), Timber + Rx (HMO)

| Benefits include: Preventive (See EOC Chapter 4) and Comprehensive Dental | Basic | | Enhanced | |
|---------------------------------------------------------------------------|-----------------------------------|---------------------------------------|-----------------------------------|---------------------------------------|
| Monthly premium | \$32.50 | | \$45.10 | |
| 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 ¹ | \$50 | \$150 | \$50 | \$150 |
| Annual maximum | \$1,000 | | \$1,500 | |
| Waiting periods | None | | None | |
| Provider network | Any licensed dentist ² | | Any licensed dentist ² | |
| Out-of-network reimbursement | Maximum allowable charge | | Maximum allowable charge | |
| Diagnostic and Preventive Services | | | | |
| Oral examinations ³ | \$0 | 20% | \$0 | 20% |
| Bitewing X-rays ⁴ | \$0 | 20% | \$0 | 20% |
| Panoramic and other diagnostic X-rays ⁵ | \$0 | 20% | \$0 | 20% |
| Comprehensive Dental Services | | | | |
| Basic fillings and simple extractions | 50% | 60% | 50% | 60% |
| Dentures ⁶ | 50% | 60% | 50% | 60% |
| Crowns and bridges ⁷ | 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.

¹ Deductibles are waived for diagnostic and preventive services

² Seeking care from a participating in-network dentist will reduce out-of-pocket costs and prevent a balance bill

³ Oral Examination – limited to two per calendar year (you can have two basic cleanings, or one cleaning and one problem-focused visit per calendar year)

⁴ Bitewing or Periapical X-rays – limited to two per calendar year

⁵ Panoramic X-ray – limited to once every 60 months

⁶ \$250 lifetime denture benefit

⁷ 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.