

2023 Optional Supplemental Dental Benefits

Plans that include Basic or Enhanced option:

Providence Medicare Prime + Rx (HMO), Providence Medicare Bridge + Rx (HMO-POS), Providence Medicare Choice + Rx (HMO-POS), Providence Medicare Extra + Rx (HMO), Providence Medicare Timber + Rx (HMO), Providence Medicare Focus Medical (HMO), Providence Medicare Reverence (HMO-POS)

Benefits include: Preventive (See EOC Chapter 4) and Comprehensive Dental	Basic		Enhanced	
	In-network member responsibility	Out-of-network member responsibility*	In-network member responsibility	Out-of-network member responsibility*
Monthly premium	\$32.50		\$45.10	
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	50%	60%	50%	60%
	\$250 Lifetime Denture Benefit		\$250 Lifetime Denture Benefit	
Crowns and bridges	50%	60%	50%	60%
	\$100 limit per tooth per year		\$500 limit per year	
Oral surgery	Not covered		50%	60%
Endodontics (root canals)	Not covered		50%	60%
Periodontics (deep cleaning)	Not covered		50%	60%

***Important notes:** Members may use any licensed dentist. Non-Medicare 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 may receive two periodic oral evaluations or one periodic oral evaluation and one problem-focused oral evaluation per calendar year)

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

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

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

Out-of-network/non-contracted providers are under no obligation to treat Plan 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.