

2024 Optional Supplemental Dental Benefits



Plans that include Basic or Enhanced option:

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

Benefits include: Preventative (See EOS 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	\$33		\$45	
Office visit copay	No copay		No copay	
Annual deductible ¹	\$50	\$50	\$50	\$50
Annual maximum	\$1,000		\$1,500	
Waiting periods	None		None	
Provider network	Delta Dental Medicare Advantage		Delta Dental Medicare Advantage	
Out-of-network reimbursement	Maximum allowable charge		Maximum allowable charge	
Diagnostic and Preventative Services				
Oral examinations ²	\$0	20%	\$0	20%
Bitewing X-rays ³	\$0	20%	\$0	20%
Panoramic & other diagnostic X-rays ⁴	\$0	20%	\$0	20%
Comprehensive Dental Services				
Simple extractions	50%	60%	50%	60%
Basic fillings	30%	60%	30%	60%
Dentures	\$1,000 Lifetime Denture Benefit		\$1,500 Lifetime Denture Benefit	
Crowns and bridges	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:** Limitations and exclusions apply. Please refer to your Evidence of Coverage for a complete list of covered dental services. Members are encouraged to use an in-network Dental provider. Out-of-network dentists may charge more than the amount allowed by Providence Medicare Advantage Plans.

¹ Deductibles are waived for diagnostic and preventive services

² Oral Examination – limited to two per calendar year

³ Bitewing or Periapical X-rays – one bitewing series or one bitewing series plus periapical as needed (up to 10) per calendar year

⁴ Full mouth and Panoramic X-ray – limited to once every 5 years

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.