

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 | \$150 | \$50 | \$150 |
| 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.