



Lane Community College

Summary of Benefits

Effective July 1, 2009



BENEFIT	CO-PAYMENT
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General Office Visit	\$10 per Visit
DIAGNOSTIC AND PREVENTIVE SERVICES	
Routine and Emergency Exams	Covered at 100%
All X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants	Covered at 100%
Head and Neck Cancer Screening	Covered at 100%
Oral Hygiene Instruction	Covered at 100%
Periodontal Charting	Covered at 100%
Periodontal Evaluation	Covered at 100%
RESTORATIVE DENTISTRY	
Fillings (Amalgam)	Covered at 100%
Stainless Steel Crown	Covered at 100%
Porcelain-Metal Crown	Covered at 100%
PROSTHETICS	
Complete Upper or Lower Denture	Covered at 100%
Bridge (per Tooth)	Covered at 100%
ENDODONTICS AND PERIODONTICS	
Root Canal Therapy – Anterior	Covered at 100%
Root Canal Therapy – Bicuspid	Covered at 100%
Root Canal Therapy – Molar	Covered at 100%
Osseous Surgery (per Quadrant)	Covered at 100%
Root Planing (per Quadrant)	Covered at 100%
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered at 100%
Surgical Extraction	Covered at 100%
ORTHODONTIA	
Pre-Orthodontic Service	\$150*
Comprehensive Orthodontia	\$1,500
MISCELLANEOUS	
Local Anesthesia (Novocain)	Covered at 100%
Dental Lab Fees	Covered at 100%
Nitrous Oxide	\$15 per Visit
Specialty Office Visit	\$10 per Visit
Emergency Office Visit	\$10 per Visit
Missed Appointment Fee	\$20
Out of Area Emergency Care Reimbursement Up to \$100	

*Fee credited towards comprehensive orthodontic co-payment if patient accepts treatment plan.

Underwritten by Oregon Dental Service

This plan provides extensive coverage of services and supplies to prevent, diagnose and treat diseases or conditions of the teeth and supporting tissues. Presented are just some of the most common procedures covered in your plan. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.