

# ADULT DENTAL BENEFIT SUMMARY

## UO Care Dental Plan for individuals age 19 and older Domestic Students

**Benefit Year:** UO Law Students: 8/10/2025 to 8/9/2026  
UO Students (Undergraduate/Non-Law Graduate): 9/15/2025 to 9/14/2026

**Who is eligible?** University of Oregon Guidelines

**Provider Network:** UO Exclusive Network

### University Health Services (UHS):

Services provided by University Health Services (UHS) are covered per University guidelines.

This Student Plan covers the following services when performed by a licensed Dentist, dental hygienist or denturist to the extent that they are operating within the scope of their license as required under the law in the state of issuance, and when determined to be necessary, usual, and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for Accidental Injury, Including masticatory function (chewing of food).

| Annual Deductible   | Per Person, Per Benefit Year |
|---|------------------------------|
| All Providers   | \$150                        |
| Annual Benefit Maximum  |                              |
| \$1,000 per Member per Benefit Year. Applies to all Covered Services. |                              |

**The Member is responsible for any amounts shown above, in addition to the following amounts.**

| Service   | University Health Services (UHS) | UO Exclusive Network (In-network Providers) | Out-of-network Providers        |
|---|----------------------------------|---|---------------------------------|
| <b>Class I Services (Covered for Members age 19 and older.)</b>     |                                  |   |                                 |
| Bitewing films, full mouth X-rays, cone beam X-rays, and/or panorex | No Deductible, No charge         | No Deductible, No charge                    | No Deductible, No charge        |
| Dental cleaning (Prophylaxis and Periodontal Maintenance)           | No Deductible, No charge         | No Deductible, No charge                    | No Deductible, No charge        |
| Examinations (after hours)  | Not available                    | Deductible then 30% Coinsurance             | Deductible then 40% Coinsurance |
| Examinations (During regular office hours)                          | No Deductible, No charge         | No Deductible, No charge                    | No Deductible, No charge        |
| Fluoride (topical and varnish applications)                         | No Deductible, No charge         | No Deductible, No charge                    | No Deductible, No charge        |
| <b>Class II Services (Covered for Members age 19 and older.)</b>    |                                  |   |                                 |
| Alveoloplasty   | Deductible then 20% Coinsurance  | Deductible then 30% Coinsurance             | Deductible then 40% Coinsurance |
| Anti-Microbial Agents   | Deductible then 20% Coinsurance  | Deductible then 30% Coinsurance             | Deductible then 40% Coinsurance |
| Brush biopsies  | Deductible then                  | Deductible then                             | Deductible then                 |

|   |                                    |                                    |                                    |
|---|------------------------------------|------------------------------------|------------------------------------|
|   | 20% Coinsurance                    | 30% Coinsurance                    | 40% Coinsurance                    |
| Core build-up   | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Crown re-cement   | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Denture relines   | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Diagnostic Casts  | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Fillings  | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Full mouth debridement  | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Palliative Care   | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Periodontal Scaling and Root<br>Planing                           | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Pin retention of fillings   | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Pulp capping  | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Pulpotomy   | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Simple extractions  | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| Tooth desensitization   | Deductible then<br>20% Coinsurance | Deductible then<br>30% Coinsurance | Deductible then<br>40% Coinsurance |
| <b>Class III Services (Covered for Members age 19 and older.)</b> |                                    |                                    |                                    |
| Bone grafting   | Not available                      | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Bridges   | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Complicated oral surgery  | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Crowns  | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Dentures  | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Implants  | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Occlusal guards (night guards)                                    | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Periodontal surgery   | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Replacement of existing<br>Prosthetic Device                      | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Root canal therapy  | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |
| Veneers   | Deductible then<br>40% Coinsurance | Deductible then<br>50% Coinsurance | Deductible then<br>50% Coinsurance |

This is a brief summary of benefits. Refer to the student guide for additional information or a further explanation of benefits, limitations, and exclusions.

## Additional information

### What is the annual Deductible?

This Student Plan's dental Deductible is the amount of money that Members pay first, before this Student Plan starts to pay. Members will see that some services are covered by this Student Plan without their needing to meet the Deductible.

University Health Services, UO Exclusive Network, and out-of-network expenses apply together toward the dental Deductible.

### What is the annual benefit maximum?

The annual benefit maximum is the maximum amount payable by this Student Plan for Covered Services received each Benefit Year.

### Payments to Providers

Payment to Providers is based on the prevailing or contracted PacificSource fee allowance for Covered Services. In-network Providers accept the fee allowance as payment in full. Out-of-network Providers are allowed to Balance Bill any remaining balance that this Student Plan did not cover. Services of Out-of-network Providers could result in out-of-pocket expense in addition to the percentage indicated above.

### Prior authorization

Coverage of certain services and Surgical Procedures requires a Benefit Determination by PacificSource before the services are performed. This process is called prior authorization. Prior authorization is necessary to determine if certain services and supplies are covered under this Student Plan, and if you meet the Student Plan's eligibility requirements. Prior authorization does not change your out-of-pocket expense for In-network and Out-of-network Providers. You'll find the most current prior authorization list on our website, [PacificSource.com/uo](https://pacificsource.com/uo).

### Discrimination is against the law

Both the University of Oregon and PacificSource Health Plans comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. University of Oregon and PacificSource do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.