

ADULT DENTAL BENEFIT SUMMARY

UO Student Dental Plan for individuals age 19 and older Domestic Students

Benefit Year: UO Law Students: 8/10/2026 to 8/9/2027

UO Students (Undergraduate/Non-Law Graduate): 9/15/2026 to 9/14/2027

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
Class I Services (Covered for Members age 19 and older.)			
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)	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
Class II Services (Covered for Members age 19 and older.)			
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 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Crown re-cement	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Denture relines	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Diagnostic Casts	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Fillings	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Full mouth debridement	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Palliative Care	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Periodontal Maintenance and Scaling in presence of inflammation	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Periodontal Scaling and Root Planing	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Pin retention of fillings	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Pulp capping	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Pulpotomy	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Simple extractions	Deductible then 20% Coinsurance	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Class III Services (Covered for Members age 19 and older.)			
Bone grafting	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Bridges	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Complicated oral surgery	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Crowns	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Dentures	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Implants	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Occlusal guards (night guards)	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Periodontal surgery	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Replacement of existing Prosthetic Device	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Root canal therapy	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance

Tooth desensitization	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
Veneers	Deductible then 40% Coinsurance	Deductible then 50% Coinsurance	Deductible then 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://www.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.