



WELCOME

City of Albany
#10000128



www.odscompanies.com



Vision Customer Service

503-265-2964

888-217-2362

Dental Customer Service

503-265-2965

888-217-2365

Customer Service hours

Monday through Friday

7:30 a.m.-5:30 p.m. PST



**Dental Benefits Summary
City of Albany**

How To Use this Dental Plan

When you visit your dental provider, tell him or her you are a member of an ODS dental program.

Calendar year maximum, per member	\$2,000
Calendar year deductible	\$50/\$150

Service	Benefit Amount
PREVENTIVE* - <u>Examination/X-rays</u> (routine exam & bitewing x-rays) - <u>Prophylaxis</u> (cleanings) - <u>Sealants</u> - <u>Fluoride</u> - <u>Space Maintainers</u>	100%
BASIC - <u>Restorative Fillings</u> - <u>Oral Surgery</u> (extractions & certain minor surgical procedures) - <u>Endodontic</u> (pulp therapy & root canal filling) - <u>Periodontics</u> (treatment of tissues supporting the teeth)	80%
MAJOR - <u>Implants</u> - <u>Crowns</u> - <u>Cast Restorations</u> - <u>Denture and Bridge Work</u> (construction or repair of fixed bridges, partials, and complete dentures)	50%
ORTHODONTICS (Eligible dependent children if treatment is started prior to their 17th birthday)	50% to a \$1,500 lifetime maximum

***Deductible is waived for preventive services.**

Advantages

- * **Freedom to choose your dentist** ODS is unique in that we have contracts with over 1,800 licensed dentists in Oregon. As the Delta Dental Plan of Oregon, we offer access to over 100,000 dental professionals nationwide.
- * **Professional Arrangements** ODS has specific fee arrangements with our participating dentists to ensure that actual charges made by the dentist do not exceed his or her accepted fees on file with ODS and our Delta Dental affiliates. We believe that the underlying unique feature inherent to all ODS programs is every participating dentist becomes a party to cost control as well as the quality of care. Participating dentists will update your records with your new information and will submit claims to ODS for you.
- * **myODS is** a customized member website with current, accurate and easy to understand information about the member's plan. Log onto www.odscompanies.com/members to access myODS.

Dependent Eligibility

Dependents are lawful spouse, Oregon registered domestic partners and eligible children to age 26, including children an employee is required to enroll due to a court or administrative order.

LIMITATIONS

If a more expensive treatment than is functionally adequate is performed, ODS will pay the applicable percentage of the maximum plan allowance for the least costly treatment. If a tooth colored filling is used to restore posterior (back) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference.

Preventive (Class I Services)

- * **Diagnostic** Routine examination and bitewing x-rays limited to once every twelve (12) months. Full mouth x-rays limited to once every (5) years.
- * **Preventive** Prophylaxis (cleaning) or periodontal maintenance limited to once every six (6) months. Topical application of fluoride is covered once every six (6) months for members age 18 and under. For members age 19 and up, topical application of fluoride is covered once every six (6) month period if there is a history of periodontal surgery. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any five (5) year period.

Basic (Class II Services)

- * **Oral Surgery** Limited to extractions and other minor surgical procedures.
- * **Restorative** A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- * **Periodontic** Scaling and root planning is limited to once per quadrant in any twenty-four (24) month period.

Major (Class III Services)

- * **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime.
- * **Restorative** If a tooth colored filling is used to restore posterior (back) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference. Cast restorations (including pontics) are covered once in a five (5) year period on any tooth.
- * **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a five (5) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past five (5) years. Specialized or personalized prosthetics are limited to the cost of standard devices.

EXCLUSIONS

- * Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- * Services with respect to congenital or developmental malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia, fluorosis. Service related to temporomandibular joint (TMJ) appliances and related exams and x-rays) unless medically necessary.
- * Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing teeth.
- * Services started prior to the date the individual became eligible for services under the program.
- * Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- * Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- * General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in his or her office.
- * Plaque control and oral hygiene or dietary instructions.
- * Experimental procedures.
- * Missed or broken appointments.
- * Precision attachments.
- * Services for cosmetic reasons.
- * Claims submitted more than 12 months after the date of service are not covered.
- * All other services or supplies, not specifically covered.

This is a benefit summary only.

For a more detailed description of benefits, refer to your member handbook.

Visit our website at www.odskompanies.com





City of Albany
Vision Care Benefits Summary

How To Use This Vision Care Plan

This Vision Care Benefit Rider allows you to choose any licensed ophthalmologist, optician or optometrist. The rider pays for vision exams for you and your insured dependents, and lenses and frames when prescribed by a licensed ophthalmologist or optometrist. There is no deductible for covered vision services or supplies, and the benefits are paid at 100% up to the limits listed below.

These vision care benefits are provided at the amounts shown below every 12 months. These time periods begin with the date of the examination for the examination allowance and from the date of purchase of lenses and frames or contact lenses.

Service	Benefit Amount
Eye Examination (complete, including refraction):	100% after \$20 copay
Lenses	
Single Vision (per pair)	\$400 limit
Bifocal (per pair)	
Trifocal (per pair)	
Contacts (per pair)	
Frames:	

LIMITATIONS

We will only pay for one supply of contact lenses and one pair of glasses (lenses and frames) per insured individual up to the allowable amount every 12 months.

EXCLUSIONS

No vision care benefits will be paid for the following services and supplies:

- * Treatment of eyes for special procedures such as orthoptics and vision training;
- * Charges for fashion eyewear features such as flint glass or blended (except tints #1 and #2);
- * Any extra charge for lenses with prisms, prism segs, slab-off and other special-purpose vision aids;
- * Replacement of lenses and frames at a time the covered person is not otherwise eligible for new lenses and frames;
- * Nonprescription lenses;
- * Medical or surgical treatment of the eyes;
- * Services and supplies that are payable under a workers' compensation or occupational disease law;
- * Any expense that results from an act of declared or undeclared war or armed aggression;
- * Any expense you or your dependents did not have to pay due to discounts received or other promotions;
- * Any expense paid in whole or in part by any other provision of the group health insurance plan provided by the policyholder.

HOW TO USE YOUR VISION CARE PROGRAM

This vision care benefit rider allows you to choose any licensed ophthalmologist, optician and optometrist. However for eye exams, members can expect to pay more out of their pocket by receiving services from out-of-network providers as expenses would be subject to ODS' maximum plan allowance. Hardware recieved from an in-network provider, are reimbursed at 100% of the provider's contracted fee. Hardware recieved from an out-of-network provider, covered benefits are reimbursed at the lesser of billed charges or up to the maximum of \$400.

**This is a benefit summary only.
For a more detailed description of benefits, refer to your member handbook.**

Visit our website at www.odskompanies.com

This product is underwritten or administered
by ODS Health Plan, Inc.



Use myODS, your personal member website, to access tools and resources to help manage your oral health and benefits.



TOOLS TO HELP YOU MANAGE YOUR ORAL HEALTH

- › Search for a dentist near you
- › Find dental care while travelling outside the U.S.
- › Use the Dental Optimizer for a cavity risk assessment, treatment cost estimates and dental health tips

TOOLS TO HELP YOU MANAGE YOUR BENEFITS

- › View your benefit eligibility and history
- › View account information such as your contact information and dependents
- › Order additional or replacement ID cards
- › Check the status of pending claims, view your personal claim history and access claim forms



CREATE AN ACCOUNT

Visit www.odscpanies.com/members

- › Choose **Not Registered?**
- › Read and acknowledge the **Privacy Alert.**
- › Have your **ODS ID card** on hand.
- › Follow the online instructions to enter your personal information and create your account.

If you need help setting up your myODS account call customer service at 877-277-7280.

Manage your benefits and access helpful tools and resources online at www.odscpanies.com/members

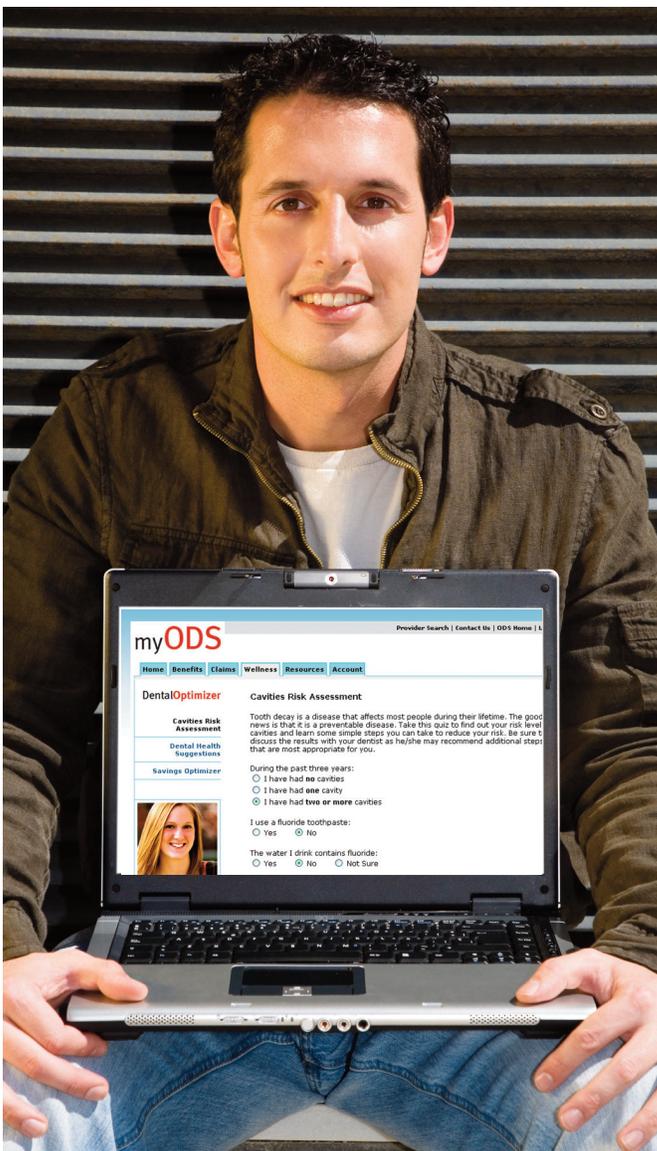
GET THE MOST FROM YOUR DENTAL BENEFITS

INSTRUCTIONS

▶ visit www.odscompanies.com

▶ log on to myODS

▶ click on DentalOptimizer™



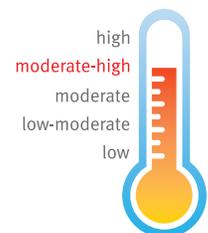
Personalized tools for your oral health

After all, it is your mouth

DentalOptimizer™ is a free resource on myODS, your personal member website for managing your plan benefits and exploring healthcare resources. DentalOptimizer™ enables you to assess your risk level for oral health concerns and use that assessment to learn about reducing your risks and treatment costs. DentalOptimizer™ is comprised of the following tools:

CAVITIES RISK ASSESSMENT

A simple and confidential online survey will ask questions about the state of your oral health in order to identify your risk level for tooth decay and other oral health issues. The survey inquires about issues such as cavity history, current prescription medications and more.



DentalOptimizer™ helps measure your risk for oral health problems

DENTAL HEALTH SUGGESTIONS

Your survey answers will build an oral health profile, which is used to suggest steps that you can take to improve your oral health and reduce your risk level. This information can then be used to communicate more effectively with your dentist, who can provide additional guidance.

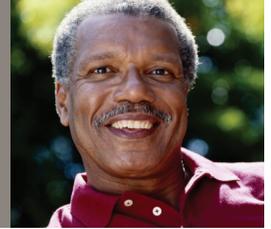
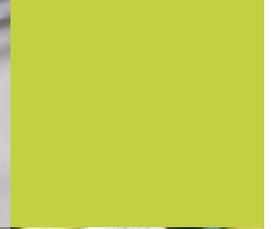
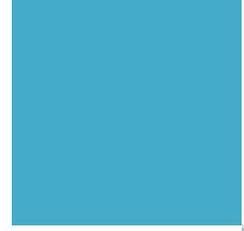
SAVINGS OPTIMIZER

Once you and your dentist have decided on an appropriate treatment plan, you can estimate costs with the Savings Optimizer tool. This tool will also provide you with steps you can take to reduce your costs in the future.



ORAL HEALTH, TOTAL HEALTH

Through our Oral Health, Total Health program, ODS offers additional oral health benefits to individuals diagnosed with diabetes and pregnant women in their third trimester.



EVIDENCE - BASED

|

PREVENTIVE

|

EASY



Dental benefits that protect more than just your smile

PREGNANCY

Pregnant women who have periodontal (gum) disease are more likely to have a premature and underweight baby. Bacteria can enter the bloodstream through the mouth, and the body's response to the infection can trigger early labor.

To help prevent gum disease, expectant mothers can enroll in ODS' Oral Health, Total Health program. In their third trimester, they are eligible for a prophylaxis (cleaning) or periodontal maintenance, regardless of normal plan frequency limits.

To enroll in the Oral Health, Total Health pregnancy program, call ODS Dental Customer Service at 503-265-5680 or toll-free at 877-277-7280.

DIABETES

Because diabetes increases the risk of cavities, gum disease, tooth loss, dry mouth and infection, members who have been diagnosed with this disease are eligible for a total of four prophylaxes (cleanings) or periodontal maintenance sessions per year to help them maintain a healthy mouth.

For details on the Oral Health, Total Health program, refer to the dental member handbook or visit **myODS**, your personalized member website.

To enroll in the Oral Health, Total Health diabetes program, call ODS at 503-265-5680 or toll-free at 877-277-7280, or fill out the enrollment form on the back of this flier and mail it to the address provided.

For more information about Oral Health, Total Health, visit **myODS** at www.odscompanies.com.

ORAL HEALTH, TOTAL HEALTH ENROLLMENT FORM



To enroll in our Oral Health, Total Health program, please follow the instructions below.

FOR DIABETICS

Enrolling is as easy as 1-2-3

1. Complete the form below.
2. Include proof of diagnosis.
3. Mail or fax both to ODS.

FOR EXPECTANT MOMS

Enrolling is a one-step process

If you are pregnant, you can enroll in the Oral Health, Total Health program by calling ODS Dental Customer Service at **503-265-5680** or toll-free at **877-277-7280** after you have scheduled your third trimester cleaning appointment. Be sure to tell the Customer Service Representative the date of your appointment. It's that easy.

If you are diabetic and wish to enroll in the Oral Health, Total Health program, complete this enrollment form and fax it — along with proof of diagnosis — to **503-243-3959**, or mail it to ODS, 601 S.W. Second Ave., Portland, OR 97204.

Member name: _____

Subscriber name: _____ Subscriber ID number: _____

Group (plan) number*: _____ Group name*: _____

Signature: _____ Today's date: _____

* This information is displayed on your ODS ID card and through **myODS** at **www.odskompanies.com**.

Please select **one** of the following:

- Proof of diagnosis is attached. *Examples of proof of diagnosis include a doctor's note or a copy of a prescription supportive of a diabetes diagnosis.*
- I have ODS medical coverage and have had a claim paid by ODS for medical or pharmacy services related to my diabetes. *We will verify the diagnosis on your behalf.*

When is it effective? Your enrollment will be effective the first of the month following receipt of both the completed Oral Health, Total Health enrollment form and proof of diagnosis.



A complete description of this program is available in your member handbook or through **myODS** at **www.odskompanies.com**.



ORAL CANCER SCREENINGS

ODS covers oral cancer screenings because maintaining a healthy mouth is critical to maintaining a healthy body.

RESEARCH - DRIVEN

EFFECTIVE

PROACTIVE



ORAL CANCER RISK FACTORS

A member's risk increases with the following:

Smoking or using smokeless tobacco

Drinking alcohol excessively

Overexposure to the sun

Men older than age 40

A family history of oral cancer

Supporting the early detection of oral cancer for our members

Because many serious medical problems are connected to oral health, maintaining a healthy mouth is critical to maintaining a healthy body.

In addition to routine oral cancer exams, ODS now covers ViziLite and Brush Biopsy, a nonsurgical screening designed to aid in the early detection of abnormal cells in the mouth.

EARLY DETECTION SAVES LIVES

When oral cancer is not detected and treated in its early stages, the morbidity rate is high, treatment can be devastating and the associated medical costs average \$200,000. Unlike other cancers, the mortality rate of oral cancer has not decreased significantly in the past 30 years, primarily because of late detection. When oral cancer is caught early, five-year survival rates improve from 54 percent to 81 percent.

www.odscompanies.com

Summary of Benefits

CITY OF ALBANY
EFFECTIVE JULY 1, 2011

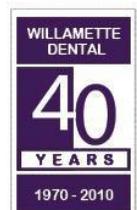


BENEFIT	CO-PAYMENT
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General Office Visit	\$5 per Visit
DIAGNOSTIC AND PREVENTIVE SERVICES	
Routine and Emergency Exams	Covered at 100%
All X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants	Covered 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	\$100
PROSTHETICS	
Complete Upper or Lower Denture	\$200
Bridge (per Tooth)	\$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	\$1,800
MISCELLANEOUS	
Local Anesthesia (Novocaine)	Covered at 100%
Dental Lab Fees	Covered at 100%
Nitrous Oxide	\$40 per Visit
Specialty Office Visit	\$30 per Visit
Emergency Office Visit	\$50 per Visit
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

Please refer to your Certificate of Coverage for limitations and exclusions.



Can I sign up for the Willamette Dental Plan and still go to my own dentist?

Your dental care will only be covered when it is provided by a dentist or specialist at a Willamette Dental office. Coverage is also provided if you are referred to an outside dentist or specialist by your Willamette Dental dentist. If referred to an outside dentist or specialist, your co-payments remain the same as shown in your Certificate of Coverage.

How do I schedule an appointment?

To schedule an appointment, please call our Appointment Center:

Toll Free (800) 461-8994
Portland Metro Area (503) 952-2100

Appointment Center Hours:

Monday - Thursday 7 a.m. to 8 p.m. PST
Friday 7 a.m. to 6 p.m. PST
Saturday 7 a.m. to 4 p.m. PST

How long does it generally take to get an appointment?

The length of wait-time for an appointment may vary based on your choice of provider, dental office location, appointment type and your desired day or time of appointment.

Please contact our Appointment Center at (800) 461-8994 for information regarding the next available appointment that meets your scheduling needs.

What can I expect at my first visit?

At your first visit to our office, you will receive a thorough dental examination that includes X-rays and comprehensive risk assessments. Your dentist will develop a Personal Dental Care Plan based on your immediate needs, current dental health and long term oral health goals. Your Personal Dental Care Plan will include recommendations for cleanings, restorations and preventive treatments.

Do office visit charges apply each time that I have an appointment?

Yes. The office visit co-payments, found in your Certificate of Coverage, apply to all visits, including visits for orthodontic treatment, if orthodontic treatment is covered under your plan. The office visit co-payment is in addition to other service co-payments that you may incur. Payments may be made by cash, personal check or credit card. All payments are due at the time of service.

Are orthodontia services available in every office?

Specialty services, including orthodontia for children and adults, are generally available on a regional basis. To find out if a specialty service is available in your area, simply contact our Appointment Center toll free at (800) 461-8994.

What if I have a dental emergency?

Willamette Dental provides emergency dental care during regular office hours. If you have a dental emergency, you should call the Appointment Center toll free at (800) 359-6019. If necessary, you will be scheduled to see a dentist within approximately 24 hours. You will pay an emergency office visit co-payment for this visit. After-hours, a dentist is available for dental emergency consultation over the telephone, at no cost.

Will I receive two cleanings per year?

Your Willamette Dental dentist will make a recommendation for your teeth cleaning and examination frequency based upon your risk factors and oral health condition. It could involve more than two or less than two appointments per year. Your Personal Dental Care Plan will outline the frequency and duration of your treatments and examinations. For example, the Personal Dental Care Plan for an enrollee with periodontal disease may include four or five therapeutic cleanings in a 1 year period, whereas the Personal Dental Care Plan for an enrollee with healthy teeth and gums may include one therapeutic cleaning in a 1 year period.

What if I have an emergency while I'm out of town? In Washington, Oregon or Idaho

If you're traveling in our service area, call the Appointment Center at (800) 359-6019 to make an appointment at a Willamette Dental office nearest you.

Outside Our Service Area

If you are traveling 50 miles or more from a Willamette Dental office, you may obtain emergency treatment from any licensed dentist. Emergency dental treatment may be eligible for reimbursement up to the amount stated in your Certificate of Coverage. Upon arriving home, contact our Patient Relations Department for reimbursement. You will need to schedule your follow-up care with your Willamette Dental primary care dentist.

Are the dentists experienced in their field?

Yes, each clinical professional at Willamette Dental has to meet and maintain one of the highest credentialing standards in the dental industry. This ensures that providers have the professional qualifications, licenses, endorsements, certifications and permits required by law, as well as those that meet our internal standards. Additionally, peer reviews and chart audits are routinely performed to ensure that the highest level of quality care is being provided.

Can I get major work done right away?

There are no waiting periods for benefits. Our practice philosophy is to first diagnose and treat urgent conditions that pose an immediate threat to your oral health. The next priority is prevention; controlling the disease process and motivating you to be active in maintaining good oral health. This assists in preventing future deterioration of oral and dental tissues due to progressive decay or periodontal disease. Major restorative work is normally performed once you have achieved a satisfactory state of oral health where your teeth and supporting structures are stabilized, and when you have demonstrated a commitment to maintaining your oral health. This is the best way to ensure the long-term success of whatever major restorative work that you may need.

What if I need to reschedule an appointment?

If you need to reschedule or cancel an appointment, please call our Appointment Center toll free at (800) 461-8994 as soon as possible. A missed appointment fee is applied to your account for any appointment that you miss without a minimum of 24 hours notice.

Who do I call if I need more information?

Questions about your dental plan or service should be directed to the Willamette Dental Patient Relations Department. You can reach us:

Monday - Friday 8 a.m. to 5 p.m. PST
Phone (800) 460-7644
E-mail relations@willamettedental.com



Oregon Providers By Location

Appointments Portland Metro Area: 503-952-2100 Outside Portland: 1-800-461-8994
Customer Service Portland Metro: 503-952-2000 Outside Portland 1-800-460-7644

Albany

2225 Pacific Blvd. SE, Suite 201, Albany, OR 97321
Sherry Edwards, DDS
Karianna Peters, DMD
Monica Saldana, DDS

Bend

Apple Tree Office Park, Bldg. D
62968 O.B. Riley Road, Bend, OR 97701
John Armoskus, DDS
Roy Guerin, DDS, Oral Surgeon
Dinesh Reddy, DMD, Orthodontist
Christopher Williams, DMD

Corvallis

2420 NW Professional Dr., Suite 150 Corvallis, OR 97330
Dinesh Reddy, DMD, Orthodontist
Sylvia Moon, DMD
Amity Wrolstad, DMD

Eugene

2703 Delta Oaks Dr., Eugene, OR 97408
Robert Collins, DMD
Hafsteinn Eggertsson, DDS
Shannon English, DDS
Rita Feldmanis, DMD
Roy Guerin, DDS, Oral Surgeon
Paul Reznick, Denturist
Ivanna Tolmach, DDS

Grants Pass

2166 NW Vine St., Ste H, Grants Pass, OR 97526
Daniel Kaylin, DDS

Lincoln City

1105 SE Jetty, Ste. B, Lincoln City, OR 97367
James Garrett, DDS

Medford

773 Golf View Dr., Medford, OR 97504
Jennifer Callans, DMD
Robert Collins, DMD
Earl E. Gilder, DMD, Orthodontist
Bharathi Devi Myneni, BDS, Periodontist
Charles Wagner, DDS

Roseburg

2365 NW Stewart Pkwy., Roseburg, OR 97471
Brian Bogardus, DMD
Robert Collins, DMD
Gary Cooper, DDS
Earl E. Gilder, DMD, Orthodontist
Paul Reznick, Denturist

Salem – Lancaster

3490 Lancaster Dr. NE, Salem, OR 97305
Adam Diesburg, DDS
Sheriann Shimogaki, DDS, Orthodontist
Jeffrey Ulmer, DMD
Mary Yoo, DDS

Salem – Liberty

4755 Liberty Rd. S., Salem, OR 97302
Christopher Finlayson, DMD (ER Only)
Ronda Trotman-Reese, DMD
Klint Yeck, DMD

Springfield

2510 Game Farm Road, Springfield, OR 97477
Chirdeep Chandrakeerthi, BDS, Periodontist
Julia Francois, DMD
Dinesh Reddy, DMD, Orthodontist
Andrey Tolmach, DDS

Tillamook

800 Main Avenue, Ste B, Tillamook, OR 97141
Gurmeet Case, DDS
James Garrett, DDS

PORTLAND AREA OFFICES:

Beaverton

14425 SW Allen, Beaverton, OR 97005

Crystal Kriswandi, DMD
Phuong Luu, DMD
Miles Morris, DMD
William Tainter, DMD
Barry Taylor, DMD
Mimi Whittemore, DMD
Miroslaw Zychla, Denturist

Eastport

4104 SE 82nd Ave., Suite 450, Portland, OR 97266

Paula Censoni, DMD
Megan Coker, DDS (ER Only)
Jose Javier, DDS
Aziz Karam, DMD
Jill Renton, DMD (ER Only)

Gresham

1107 NE Burnside, Gresham, OR 97030

Jeanine Herzog, DMD
Sushilpa Mangineni, DDS

Hillsboro

5935 SE Alexander St., Hillsboro, OR 97123

Samira Ghorbani, DMD
Nicole Luong, DDS
Johnny Meyer Jr., DMD
Matthew Park, DMD

Jefferson

1933 SW Jefferson St., Portland, OR 97201

Donald Chen, DDS
Dennis Deming, DDS, Orthodontist
Sandra Hazard, DMD
Tracy Herion, DDS, Orthodontist
Yun Kyung, DMD
William Metz, DMD
Eugene Skourtes, DMD
Miroslaw Zychla, Denturist

Milwaukie

6902 SE Lake Rd, Ste. 200, Milwaukie, OR 97267

Donald Chen, DDS
Irin Sahuon, DMD
Chanda Scott, DMD
Miroslaw Zychla, Denturist

Stark Street

13255 SE Stark St., Portland, OR 97233

Philip Mills, DMD
Justin Nelson, DMD
Robert Wilde, DMD
Miroslaw Zychla, Denturist

Tigard Multi-Specialty

7095 SW Gonzaga St., Tigard, OR 97223

Salwan Adjaj, DMD, Endodontist
Dennis Bershaw, DMD (ER Only)
Megan Coker, DDS (ER Only)
George Drury, DMD
Jovan Gvozden, DMD
Mahmoud Maghsoudlou, DMD (ER Only)
Bharathi Devi Myneni, BDS, Periodontist
Jeffery E. Reddicks, DMD, Oral Surgery
Bill Scharwatt, DMD, Endodontist
Gitanjali Thanik, DDS (ER Only)

Tualatin

17130 SW Upper Boones Fy., Durham, OR 97224

Thao Chu, DDS
Melanie Grant, DMD
Tristan Martin, DMD

Weidler Street

220 NE Weidler St., Portland, OR 97232

Joshua Even, DMD
Yi "Lucy" Liu, DDS

VANCOUVER, WASHINGTON OFFICES:

Vancouver - Hazel Dell

910 NE 82nd Street, Vancouver, WA 98665

Jennifer Hough, DMD
Susan Nordstrom, DMD, Orthodontist
Karyn Tindal, DMD

Vancouver – Mill Plain

9609 Mill Plain Blvd., Vancouver, WA 98664

Marwan Adjaj, DMD
Robert Bruechert, DMD (ER Only)
David Morrison, DMD
Tan Pham, DMD (ER Only)

WILLAMETTE DENTAL SPECIALTY OFFICES:

Beaverton Specialty

14495 SW Allen Blvd, Beaverton, OR 97005

Tracy Herion, DDS, Orthodontist
Charles R. Staley, DMD, Pediatric
Mark Van Dusen, DMD, Orthodontist

Gateway Specialty

1320 NE 106th, Portland, OR 97220

Rajiv Paonaskar, DDS, Orthodontist

Stark Specialty

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Appointment Scheduling

Questions & Answers

Willamette Dental Group, P.C., is committed to providing exceptional and convenient dental care. We offer an improved scheduling approach called Advanced Access that allows for flexible and timely appointments. This change improves value to our patients and supports our commitment to continuing our preventive, evidence-based approach to care.

What is Advanced Access?

Advanced Access is an innovative scheduling method that provides more scheduling options and gives you appointment choices to fit your lifestyle.

How does it work?

Call us when you want to be seen and we will schedule you sooner than ever before. You will no longer need to call months in advance for an appointment. By providing every type of appointment with your general dentist every day, we can get you in quicker. You will love the timely appointments!

Why are you changing?

You spoke, we listened!

We received an overwhelming number of requests for more timely appointments. We are implementing Advanced Access to reduce your wait times for appointments. This is similar to models used by other leading health care organizations.

With a commitment to innovation, Willamette Dental has become the largest multi-state dental practice to implement Advanced Access.

How do I know that there will be time available when I need it?

We modified our schedules to accommodate every type of appointment every day. This transition offers a majority of appointments within days of calling. We will do everything we can to accommodate your needs as quickly as possible.

What if I need to schedule in advance?

Our goal is to work with your schedule and to provide you with dental care when you need it. Call us when you wish to be seen and we will make every effort to meet your particular needs. Advanced Access scheduling allows us to provide greater appointment options.

You will notice these and other changes over the next few months as we fully implement Advanced Access and other patient centric initiatives.



Why is this better?

- More timely appointments
- Preventive care in fewer visits
- Less time away from work
- Reduces patient costs
- Saves patients' time
- Expands appointment options

How do I schedule an appointment?

As always, we provide you with two options. You may call our Appointment Center or schedule an appointment while at your dental office. The Appointment Center maintains flexible hours to accommodate work schedules:

Monday-Thursday	7am — 8pm PST
Friday	7am — 6pm PST
Saturday	7am — 4pm PST

WA 800.359.6019 | ID 800.603.1738 | OR 800.461.8994

Does this change emergency appointments?

No, scheduling guidelines remain the same. Just call us and a doctor will see you within 48 hours.

Will I be charged if I need to cancel?

We understand that unforeseen events happen. Please provide 24 hours prior notice to avoid a late cancellation fee and to provide us an opportunity to fill the appointment. When you call to reschedule, we will do our best to get you in as soon as possible.

Will I still get a reminder call?

We will continue to provide a courtesy reminder call three days before your appointment.





NOTICE OF PRIVACY PRACTICES

WE CARE ABOUT YOUR PRIVACY

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

At ODS, we respect the privacy of your protected health information and will maintain its confidentiality in a responsible and professional manner. Protected health information includes any information regarding your health care that can identify you as the recipient of the health care services. We are required by law to provide you with this notice and abide by its terms.

This notice explains how we gather and use information about you and when we can share information with others. It also describes your rights as our valued customer and how you can exercise these rights.

HOW WE COLLECT AND PROTECT INFORMATION:

We collect information from enrollment or application forms. Examples of information gathered are: Member name, address and Social Security number, general health status information, employment and other information relevant to coverage. We also collect information from insurance transactions with ODS and our affiliates. This includes information such as claims, service authorization requests, deductible and co-payments. While most information we collect is in writing, we may also gather information in person, by telephone or electronically.

We ensure the security of your information through physical, technical and procedural safeguards. All information collected is treated in a confidential and secure manner whether you are a prospective, current or former customer.

HOW WE USE OR SHARE INFORMATION:

We use protected health information and may share it with others to assist in your treatment, payment for your treatment, and our business operations.

- We will use the information to pay your health care bills that have been submitted to us by dentists, doctors, hospitals and others.
- We may share your information with healthcare professionals to help them provide medical and dental care to you. For example, we may send medical information about you to a specialist as part of a referral.
- We may use or share your information with others to help manage your health care. For example, we may talk to your doctor to suggest a disease management or wellness program that could help improve your health.

PROVIDING HEALTHCARE INFORMATION WHERE IT'S NEEDED

WE MAY USE INFORMATION ABOUT YOU:

- To give you information about alternative medical treatments and programs or about health related products and services you may be interested in. For example, we sometimes send out newsletters to let you know about "healthy living" alternatives such as smoking cessation or weight loss programs.
- For underwriting or other activities relating to the issuance of a contract for health insurance.

WE MAY SHARE YOUR INFORMATION:

- With a family member or friend to the extent necessary to help with your health care or with payment for your health care when you are unable to provide authorization due to, for example, a medical emergency.
- With authorized private or public entities to assist in disaster relief efforts.
- With other individuals or companies who perform business functions on our behalf, for example, a company that does data entry on our behalf.
- With the plan sponsor, agent or consultant of the employee benefit plan through which you receive health benefits to permit the sponsor to perform plan administration functions.

PROTECTING YOUR PERSONAL HEALTHCARE INFORMATION

Additional types of disclosures: We will not use or disclose your protected health information unless we are allowed or required by law to do so. The following are additional types of disclosures we make:

- To state and federal agencies who regulate us. (For example, the U.S. Department of Health and Human Services and the State Insurance Department).
- To authorized public health agencies. For instance, we may report concerns to the Food and Drug Administration regarding prescription drug and medical device problems.
- To appropriate authorities if we believe you are a victim of child abuse or neglect, domestic violence or other crimes.
- To the appropriate agencies if we believe there is a serious health or safety threat to you or others.

- To health oversight agencies for activities authorized by law including audits, criminal investigations, licensure or disciplinary actions.
- To law enforcement agencies for identification and location of a suspect, fugitive, material witness, crime victim or missing person.
- To a court or administrative agency in response to a search warrant, subpoena or other lawful process.
- To coroners, medical examiners and organ procurement entities and for research in limited cases.
- To military authorities and authorized federal officials for intelligence, counterintelligence, and other national security activities.
- To the extent necessary to comply with laws relating to worker's compensation or other similar programs.

Your authorization is required for uses and disclosures other than those allowed or required by law. If you provide authorization for the use and disclosure of your information and later change your mind, you may revoke the authorization.

KNOW YOUR RIGHTS

YOUR RIGHTS:

- You have the right to request that we not use or disclose your protected health information for treatment, payment, or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. The request must be made in writing. While we will consider your request for restrictions, we are not required to agree to these restrictions.
- You have the right to request that your protected health information be communicated to you in a confidential manner such as sending mail to an address other than your home. The request must be made in writing. We will accommodate reasonable requests.
- In most cases, you have the right to inspect and obtain a copy of protected health information records that we use to make decisions about your care. Your request must be made in writing. We may charge a reasonable fee for copying and postage.
- If you believe that the protected health information in your record is incorrect or if important information is missing, you have the right to request that we amend the records. Your request must be in writing and include the basis for your request. We may deny your request if the information was not created by us, if it is not maintained by us, or if we determine that the record is accurate.
- You have the right to receive an accounting of certain disclosures of your information made by us during the six years prior to your request. The accounting will not include disclosures:
 - › For treatment, payment, and health care operations purposes

- › Made to you
- › Incident to a use or disclosure otherwise permitted
- › Made pursuant to your authorization
- › To persons involved in your care
- › For national security or intelligence purposes
- › To correctional institutions or law enforcement agencies
- › Made as part of a limited data set for research, public health, or health care operations purposes
- › Made prior to April 14, 2003

We will provide at no charge one accounting upon request every 12 months. We may charge a fee for an additional accounting within 12 months. We will inform you in advance of the fee and allow you to withdraw or modify your request.

EXERCISING YOUR RIGHTS:

- You have a right to receive a paper copy of this notice upon request at any time. Log on to www.odscpanies.com to access this notice.
- If you have any questions about this notice or about how we use or disclose information, please contact the ODS Privacy Office at 503-243-4492 or 800-852-5195 extension 4492. The office is open Monday through Friday from 8:30 a.m. to 4:30 p.m.
- If you believe your privacy rights have been violated, you may send a complaint to:

ODS

**Attn: Privacy Office
601 S.W. Second Avenue
Portland, OR 97204**

- You may also file a written complaint with the Department of Health and Human Services (DHHS), Office of Civil Rights. Log on to www.hhs.gov/ocr to find the contact information. You may also contact our office for more specific information.
- We will not take any action against you for filing a complaint.

CHANGES TO OUR NOTICE:

This notice is effective on April 14, 2003. We reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will notify you that a change has been made through your member newsletter and post the notice on our website, www.odscpanies.com.

Insurance products provided by ODS Health Plan, Inc., Oregon Dental Service and ODS Community Health, Inc.



Enrollment Application and Change of Information Form

Dental Only 100+

ODS use only

Group Number _____

Subscriber Number _____

***Group/Employer** _____ ***Group ID:** _____ ***Subgroup ID or Name:** _____ ***Class:** _____

<p>* Coverage:</p> <p><input checked="" type="checkbox"/> Dental Coverage</p> <p><input type="checkbox"/> ODS Dental</p> <p><input type="checkbox"/> Direct Option (Willamette Dental)</p> <p><input type="checkbox"/> Vision Coverage</p>	<p>Type of Application</p> <p><input type="checkbox"/> New Enrollment or Rehire Effective Date: _____</p> <p><input type="checkbox"/> Open Enrollment</p> <p><input type="checkbox"/> Term Dependent Effective Date: _____ Reason: _____</p> <p>List Dependent(s) to Term in Dependent section.</p> <p><input type="checkbox"/> COBRA Effective Date: _____ Reason: _____</p>	<p>Changes</p> <p><input type="checkbox"/> Address Change <input type="checkbox"/> Name Change</p> <p>Old Name: _____ New Name: _____</p> <p><input type="checkbox"/> Add Dependent(s) - List Dependent(s) to add in Dependent section. Dependent adds require a qualifying event date unless added during open enrollment.</p> <p>Newborn Birth Date: _____ Court-Appointed Guardian Date: _____ Oregon Registered Domestic Partner Date: _____</p> <p>Adoption Placement Date: _____ (Adoption paperwork required with enrollment) (Registered Domestic Partnership Certificate required with enrollment)</p> <p>Marriage Date: _____ (Marriage certificate required with enrollment) Loss of Group Coverage Date: _____</p> <p>Domestic Partnership Affidavit Date: _____ (Domestic Partner Affidavit required with enrollment)</p>
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Please complete this form and sign on the back. Please type or print legibly in ink. Thank you!

* Employee First Name	* Last	* Birth Date mm/dd/yyyy	* Gender <input type="checkbox"/> M <input type="checkbox"/> F	* Date of Employment mm/dd/yyyy
* Employee Mailing Address	* City	* State	* Zip	* Employee Social Security #
Home Phone Number				
E-mail Address				
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____				

Relationship code: SP = Spouse, DP = Domestic Partner, RDP = Registered Domestic Partner (DP and RDP only if applicable to your plan)

Add Term	* Name * First	M.I.	* Last	* Birth date	* Gender	* Relationship	* Social Security Number	Primary Language (if different from employee)	E-mail Address
<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Spouse <input type="checkbox"/> DP <input type="checkbox"/> RDP				
<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F Child	Child	N/A		N/A
<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F Child	Child	N/A		N/A
<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F Child	Child	N/A		N/A
<input type="checkbox"/>					<input type="checkbox"/> M <input type="checkbox"/> F Child <input type="checkbox"/> Child <input type="checkbox"/> Ward		N/A		N/A

Other Insurance (Coordination of Benefits)

Will employee or any dependents have other insurance? Dental No Other Dental Insurance

ODS Enrollment Application

It is VERY important that the employee sign and date below. Thank you!

Are any of the dependent(s) a full-time college student and/or not living with the employee? If yes, please provide the state, zip code and school name if applicable.

Dependent name: _____

School Name _____

Covered Dependent Children Definition

An unmarried child is eligible for coverage if he/she meets the dependent eligibility requirements of the employee's plan. See your Member Handbook for details. **The following are eligible dependent children:**

- Your natural child
- Your step-child or adopted child
- Children placed with you for adoption
- Newborns born to a covered dependent, for whom you are financially responsible (legal guardianship is required for coverage after the first 31 days)
- Children related by blood or marriage for whom you are the legal guardian. (You will need to attach a signed court order showing legal guardianship)
- Your domestic partner's natural child or adopted child (if applicable to your employer plan)
- Your Registered domestic partner's natural child or adopted child (if applicable to your employer plan)

Please read and sign below.

I acknowledge and understand my health plan may request or disclose health information about me or my dependents (persons who are listed for benefits coverage on the enrollment form) from time to time for the purpose of facilitating health care treatment, payment or for the purpose of business operations necessary to administer health care benefits; or as required by law.* Health information requested or disclosed may be related to treatment or services performed by:

- A physician, dentist, pharmacist or other physical or behavioral health care practitioner;
- A clinic, hospital, long term care or other medical facility;
- Any other institution providing care, treatment, consultation, pharmaceuticals or supplies or;
- An insurance carrier or group health plan.

I certify that the information provided on this form is true and correct to the best of my knowledge. I acknowledge that my enrollment form will be delayed if all the red fields are not filled out entirely.

*** X**

Health information requested or disclosed may include, but is not limited to: claims records, correspondence, medical records, billing statements, diagnostic imaging reports, laboratory reports dental records, or hospital records (including nursing records and progress notes).

This acknowledgement does not apply to obtaining information regarding HIV/AIDS, Psychotherapy Notes, Alcohol/Drug and Genetic Testing. A separate authorization will be used for information related to these health conditions.

* For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Notice of Privacy Practices. A copy is available by calling the Privacy Office at 503-243-4492.

*** Date:** _____