

WILAMETTE DENTAL INSURANCE, INC.

ORTHODONTIC SERVICES RIDER

To be eligible for orthodontic coverage the Member and his or her Dependents must be covered under the Contract for a period of six (6) consecutive months. This waiting period will be reduced by time covered under a prior orthodontic plan. Orthodontic treatment started prior to enrolling for coverage under the Contract will be pro-rated according to the extent of Orthodontic Services provided by the Company to complete the treatment plan. Orthodontic Services as described below will be provided by a Participating Dentist or a Specialist when a treatment plan is prepared by a Participating Dentist prior to rendering services. The treatment plan is based on an examination that must take place while the Member is covered under the Contract and the examination must show a diagnosis of an abnormal occlusion that can be corrected by orthodontic care. Services connected with orthodontic treatment will be provided subject to the service Co-pays listed below and the applicable service Co-pays listed in Exhibit A to this Contract. There are no limitations to the length of orthodontic treatment provided the Member remains covered under the Contract. Once active treatment ends, there will be no additional orthodontic service Co-pays for three (3) years provided that the post-treatment plan is followed and appointments are kept. No Benefits will be provided for appliances being replaced (such as headgear and retainers) or for Benefits provided prior to rendering such treatment. If coverage under the Contract terminates prior to completion of orthodontic treatment, there may be additional charges for Orthodontic Services rendered if treatment continues after the termination or change in the Member's dental coverage. Continuing orthodontic treatment will be pro-rated based on fee-for-service rates. If orthodontic treatment Benefits terminate before the end of the prescribed treatment period, Benefits will continue through the end of the month in which the orthodontic coverage was terminated.

Pre-Orthodontic Service Co-Pay: The Member will be responsible to pay the Co-pays listed below for Pre-Orthodontic Services provided:

- Initial orthodontic exam \$ 25
- Study models and x-rays \$125
- Case presentation \$ 0

The Pre-Orthodontic Co-pays will be deducted from the Orthodontic Service Co-pay listed below.

Orthodontic Service Co-Pay: The Member will be responsible to pay the Co-pay listed below for Orthodontic Services provided:

- Co-payment for all levels of comprehensive Orthodontic Services: \$ 1,200

- Co-payment for limited Orthodontic Services will be pro-rated based on the treatment rendered, provided that such Co-payment shall not exceed the Co-payment for comprehensive Orthodontic Services shown above.

Orthodontic Services Provided: The following are the Orthodontic Services provided pursuant to this Orthodontic Services Rider:

ADA Code	Procedure
D8020	Limited Orthodontic Treatment Transitional (Mixed dentition)
D8030	Limited Orthodontic Treatment Adolescent (Permanent Dentition & Growing)
D8040	Limited Orthodontic Treatment Adult (Permanent Dentition – not growing)
D8060	Interceptive Orthodontic Treatment/Transitional
D8070	Comprehensive Orthodontic Treatment Transitional (Mixed Dentition)
D8080	Comprehensive Orthodontic Treatment Adolescent (Permanent Dentition & Growing)
D8090	Comprehensive Orthodontic Treatment Adult (Permanent Dentition – not growing)
D8691	Repair of Orthodontic Appliance