

30. Both plans organize the covered services into classes. The rate of reimbursement varies by class. Services in class I are covered at 100% of the recognized charge, and no deductible must be satisfied. For services in class II and class III, a \$50 deductible applies. After the deductible is satisfied, services in class II are covered at 80% of the recognized charge, and services in class III are covered at 50% of the recognized charge.

31. The 2014 amendments did not change the overall organization of the plan into three classes or the reimbursement rate for each class. A few services were moved to a different class.

32. Based on the trial evidence, the court finds the following as to the respective coverages and changes:

Service	2013 Plan	2014 Plan	Change
Oral exam	Covered – no express limitations	Covered once in 6 months	Imposes a frequency limitation
X-rays for diagnosis	Covered – no express limitations	States both that it covers "only" intra-oral x-rays, and that it covers only panoramic, periapical, occlusal, and bite-wing x-rays	Imposes limitations on types of x-rays covered
Routine full-mouth x-rays	Covered once per year	Covered once in 5 years	Imposes a frequency limitation
Routine bite-wing x-rays	Covered – no express limitations	Covered once/year	Imposes a frequency limitation
Diagnostic casts and study models	Covered	Not covered	Deletes coverage

Topical fluoride	Covered – no express limitations	Covered once in 6 months for persons 18 and under; if 19 or older, covers once in 6 months if there is a recent history of periodontal surgery, or high risk of decay due to disease, chemotherapy, or similar treatment	Imposes a frequency limitation for all ages; deletes coverage for adults except for specified dental conditions
Prophylaxis	Covered – no express limitations	Covered once in 6 months; also covers up to 3/year for person in third trimester of pregnancy and up to 4/year for person with diabetes, periodontal disease, or when determined dentally necessary by Moda	Imposes a frequency limitation; allows specified exceptions based on dental condition or if Moda determines it is dentally necessary
Sealants	Covered through age 18	Covered once in 5 years, with no age limitation, but limited to the unrestored occlusal surface of a permanent molar	Deletes age limitation; imposes a frequency limitation and a tooth limitation
Periodontal maintenance	Covered – no express limitations	Covers prophylaxis or periodontal maintenance once in 6 months; allows up to 2 periodontal maintenance treatments per year in addition to two prophylactic treatments if person is pregnant or has diabetes or periodontal disease	Changes from Class II to Class I; imposes frequency limitations, with higher limits for certain specified conditions

Space maintainers	Covered – no express limitations	Covered only if under age 14 and only once per tooth space, with no coverage for primary anterior teeth or missing permanent teeth	Changes from Class II to Class I; imposes age limitation, tooth limitation, and frequency limitation
Fillings	Covered	Covered	No change
Bridges and dentures – repair and relining	Covered – no express limitations	No coverage within 6 months of initial placement; subsequent relining is limited to one/year	Changes from Class II to Class III; imposes time and frequency limitations
Palliative emergency care	Covered – no express limitations	No coverage	Deletes coverage
Extractions and other oral surgery	Covered – no express limitations	Covered; precludes separate charge for alveoplasty	Deletes coverage for alveoplasty as a separate charge
Brush biopsy	Covered	Covers 2/year (but not the lab services)	No change
Root canal and retreatment	Covered – no express limitations	Covered, but no coverage for retreatment by the same dentist within 24 months	Imposes frequency limitation
Pulp capping	Covered – no express limitations	Covers direct but not indirect pulp capping	Deletes coverage for indirect pulp capping
Apicoectomy	Covered – no express limitations	Not mentioned	Deletes coverage
Periodontal scaling and root planing	Covered – no express limitations	Covered once per quadrant in 24 months	Imposes frequency limitation
Periodontal splinting	Covered if approved by ADE	Not covered	Deletes coverage
Gold foil restoration	Covered – no express limitations	Not covered	Deletes coverage

Full-mouth debridement	Covered – no express limitations	Covered once in 3 years but only if there was no prophylaxis within 2 years	Imposes frequency limitation
Local and general anesthesia	General anesthesia covered as necessary for dental procedures	General anesthesia covered only for surgical procedures or if needed due to a medical condition	Imposes restrictions on use of general anesthesia
Nitrous oxide	Covered	Covered	No change
Crowns and onlays	Covered with no time limitations; extra cost for porcelain not covered for 2d or 3d molar	Covered once per 7 years; extra cost for porcelain not covered for upper 2d or 3d molar and lower 1st to 3d molar	Imposes frequency limitation and a material limitation for first lower molar
Inlays	Covered with no time limits; extra cost for porcelain not covered for certain teeth	Not covered	Deletes coverage
Bridges	Covered – no express limitation; temporary bridges also covered	Covered once in 7 years, and only if there was no crown; temporary bridges not covered	Imposes frequency limitation; deletes coverage for temporary bridge
Dentures (full)	Covered – no express limitation; temporary full denture also covered	Covered once in 7 years and only if there was no crown; temporary complete denture is not covered	Imposes frequency limitation; deletes coverage for temporary complete denture
Dentures (partial)	Covered – no express limitation; temporary partial denture also covered	Covered; temporary partial denture covered only if placed within 2 months of tooth extraction	Imposes a time limitation for temporary partial denture

Denture adjustment, repair, and relining	Covered – no express limitation	Covered, but no coverage within 6 months of initial placement; subsequent adjustments covered at 2 per denture in 12 months; relining covered once per 12 months	Changes from class II to class III; imposes time and frequency limitations
Denture replacement	Covered after 5 years, if denture cannot be repaired	Covered after 7 years, if denture cannot be repaired	Increases the frequency limitation
Tissue conditioning	Covered – no express limitation	Covered 2 times per denture within 36 months	Imposes a frequency limitation
Implants	Covered for the making of the artificial tooth, when medical plan covered the surgery when implant is needed due to accident or disease	Covered once per tooth for the making of the artificial tooth, when the medical plan covers the surgery when implant is needed due to accident or disease; covers implants not covered by the medical plan	May expand coverage, but the record does not establish when implants would be needed and are not covered by the medical plan
Athletic mouthguard	Not covered	Covered once in 12 months if patient is 15 or younger; covers once in 24 months if patient is 16 or older	Adds a new coverage

33. The changes, individually and collectively, affect thousands of people. The clearest evidence concerned fluoride treatment for adults. The number of approved claims for fluoride treatment for adults dropped from over 7000 in 2013 to under 1250 (and most likely to no more than about 750) in 2014.

34. In addition to changing coverage for particular services as described above, the 2014 plan introduced a network with steerage, which was not a part of the 2013 plan.