

2021 | Oregon dental plans

# Individual & family



# Welcome to Delta Dental of Oregon

This is the place you come when you want more than a dental plan — because good health is about so much more than just the plan details.

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# Quality coverage for your smile

Healthy teeth are happy teeth. With our individual and family Delta Dental of Oregon plans, you'll have access to quality in-network dentists.

## Dental benefit highlights

Our Delta Dental of Oregon plans connect you with great benefits. You can count on:

- No waiting periods for Class 1 services
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

## Tools for better oral health

To get started, visit [DeltaDentalOR.com](https://www.deltadentalor.com) and log in to your Member Dashboard account. If you don't have an account, you can create one. Look for Dental tools. Dental tools help you manage your dental health, such as:

- Scheduling for virtual checkups
- Scheduling for emergency virtual consults
- Viewing your benefits dashboard
- Using a cost calculator

And much more.

# Choosing the plan that's right for you

We offer three types of dental plans. Getting the right coverage for you and your family has never been easier.

## Delta Dental PPO™ plan

This plan offers a broad range of both services and providers. You receive in-network benefits when seeing a Delta Dental PPO™ Network dentist. For out-of-network benefits, you can save money by seeing providers in the Delta Dental Premier® Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

## Delta Dental EPO™ plan

This plan gives you a higher level of benefits than the PPO plan, but you must see Delta Dental PPO™-contracted providers to receive a benefit. This exclusive provider option does not pay for services provided from a Premier or non-contracted dentist. Care from providers outside this network is not covered, except for emergency services.

## Delta Dental PPO™ Bright Smiles plan

This PPO plan is available for all individual members, but benefits only cover children under age 19. You receive in-network benefits when seeing a Delta Dental PPO™ Network dentist. For out-of-network benefits, you can save money by seeing providers in the Delta Dental Premier® Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

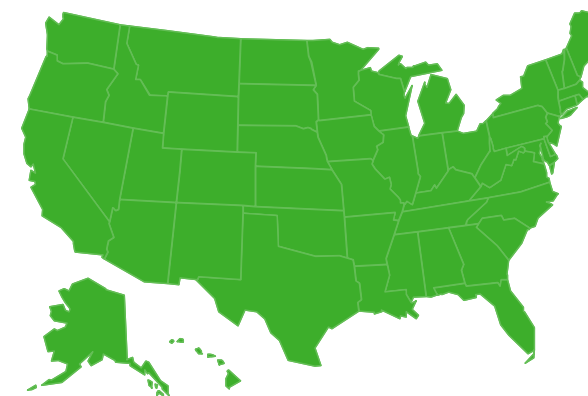
## Delta Dental® networks go where you go

Each Delta Dental of Oregon plan comes with a Delta Dental network. It includes thousands of dentists with statewide and national access.

In-network dentists agree to accept our contracted fees as full payment. This means they don't balance bill — the difference between the allowed amount and the dentist's billed charge. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

## Delta Dental PPO™ Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,300 participating providers in Oregon and offers access to over 114,000 Delta Dental PPO™ dentists nationwide.



### Is my dentist in the network?

To find out, visit [modahealth.com/PPOdentists](https://modahealth.com/PPOdentists). Choose a dental network and look for participating dentists in your area.

## How to enroll



### Confirm your eligibility

You must be an Oregon resident and live in Oregon at least six months out of the calendar year to be eligible to enroll.

Eligible members include you, your legal spouse or domestic partner and any children up to age 26.

### Find the plan you like

Browse and compare our 2021 dental plans in this brochure or at [DeltaDentalOR.com/shop](https://DeltaDentalOR.com/shop). The website also explains how health plans, healthcare reform and federal financial assistance work — so take a look!

When deciding on a plan, be sure to pick one with the benefit options you prefer.

### Enroll at [DeltaDentalOR.com/shop](https://DeltaDentalOR.com/shop)

To enroll during the new open enrollment period, beginning Feb. 15, 2021, visit [DeltaDentalOR.com/shop](https://DeltaDentalOR.com/shop) to enroll in 2021 Delta Dental of Oregon dental plans. If you qualify for federal financial assistance, we'll show you how to apply through the Marketplace, [HealthCare.gov](https://HealthCare.gov). If you are also enrolling for medical coverage, you need to apply for dental at the same time.

If you make changes to your medical plan, you must reselect your dental plan or you will lose your dental coverage.

Be sure to enroll before the new open enrollment period ends on May 15, 2021.



# 2021 Dental plan benefit table

	Delta Dental PPO™				Delta Dental EPO™				Delta Dental PPO™ Bright Smiles			
	Ages 0 - 18		Ages 19+		Ages 0 - 18		Ages 19+		Ages 0 - 18		Ages 19+	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>												
Deductible per person	\$0				\$0				\$0			
Out-of-pocket max per person (ages 0 - 18)	\$350 for one member / \$700 for two or more members (in-network only)				\$350 for one member / \$700 for two or more members (in-network only)				\$350 for one member / \$700 for two or more members (in-network only)			
Annual benefit max (age 19+)	\$1,000				\$1,500				N/A			
<b>Class 1</b>												
Exams and X-rays	0%	40%	25%	50%	0%	Not covered	0%	Not covered	0%	40%	Not covered	
Cleanings	0%	40%	25%	50%	0%	Not covered	0%	Not covered	0%	40%	Not covered	
Periodontal maintenance	0%	40%	25%	50%	0%	Not covered	0%	Not covered	0%	40%	Not covered	
Sealants	0%	40%	25%	50%	0%	Not covered	0%	Not covered	0%	40%	Not covered	
Topical fluoride	0%	40%	25% <sup>1</sup>	50% <sup>1</sup>	0%	Not covered	0% <sup>1</sup>	Not covered	0%	40%	Not covered	
<b>Class 2</b>												
Space maintainers	75%	75%	Not covered	Not covered	30%	Not covered	Not covered	Not covered	75%	75%	Not covered	
Restorative fillings <sup>2</sup>	75%	75%	40%	50%	30%	Not covered	30%	Not covered	75%	75%	Not covered	
<b>Class 3</b>												
Oral surgery <sup>3</sup>	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Endodontics <sup>3</sup>	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Periodontics <sup>3</sup>	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Restorative crowns <sup>3</sup>	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Bridges <sup>3</sup>	Not covered	Not covered	50%	50%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	Not covered	
Partial and complete dentures <sup>3</sup>	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Anesthesia <sup>3</sup>	75%	75%	50%	50%	50%	Not covered	50%	Not covered	75%	75%	Not covered	
Orthodontia <sup>4</sup>	75%	75%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	75%	75%	Not covered	
<b>Features</b>												
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	N/A	
Balance bill	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Delta Dental PPO Network: No	Yes	Delta Dental PPO Network: No	Yes	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	N/A	

1. Covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

2. Six-month exclusion period for ages 19 and over if member does not have 12 continuous months of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2021 Delta Dental policy.

3. 12-month exclusion period for ages 19 and over if member does not have 12 continuous months of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2021 Delta Dental policy.

4. Only medically necessary orthodontia to treat cleft palate is covered.



Plan Rates

# Calculate what you pay each month

Our plans offer competitive premiums — the amount you pay each month for coverage. If you want great benefits and value, you’re in good hands.

**What affects your premium?**

The plan, your age and the ages of your dependents may affect your premium amount. If you have more than three dependents under age 21 on the plan, you will only be charged a premium for the first three. Child dependents ages 21 through 25 have a premium based on their actual age.

Having a birthday during a plan year won’t affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

**Yearly premium updates**

We adjust premiums for individual and family plans each year. You’ll receive a renewal notice prior to the new plan effective date explaining any changes to your plan and premium.

**How your premium could change**

2021 premiums are effective Jan. 1, 2021 through Dec. 31, 2021. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member.

**Dental plan premiums**

These premiums apply to members who live anywhere in Oregon.

Age	2021 Delta Dental PPO™ Rate	2021 Delta Dental EPO™ Rate	2021 Delta Dental PPO™ Bright Smiles Rate
0-18	\$36	\$40	\$36
19-21	\$27	\$29	
22-24	\$27	\$29	
25-29	\$27	\$29	
30-34	\$29	\$31	
35-39	\$32	\$35	
40-44	\$33	\$36	
45-49	\$34	\$37	
50-54	\$37	\$40	
55-59	\$42	\$44	
60-63	\$45	\$48	
64+	\$47	\$50	

*Premiums effective Jan. 1, 2021 through Dec. 31, 2021*

# Answers to your questions

## What payment methods do you accept?

We accept electronic funds transfer (EFT) from a savings or checking account, and ACH (automated clearing house) payments, checks and money orders. Just select the billing and payment option that is best for you:

- **Paper bill.** We'll send you a paper bill in the mail every month. You can mail back your payment in the enclosed envelope or make a payment through electronic funds transfer or eBill.
- **Electronic funds transfer (EFT).** There are three ways to sign up for EFT. You may complete the online application form, the paper application, or contact us and we can help you complete the authorization form. EFT takes place around the fifth of the month and typically takes one or two days to post to your account. Your initial payment may occur on a later date if the enrollment is processed after the fifth of the month. Your premium invoice will be paperless, located in the eBill section of your Member Dashboard.
- **eBill,** our electronic billing service. You can review your premium invoice and make payments online through your Member Dashboard, your personalized member website. You will be sent a paper bill and can go online to select paperless billing. You can set up recurring payments or initiate a payment each month. Visit [DeltaDentalOR.com](https://DeltaDentalOR.com) to log in to your Member Dashboard account. If you don't have an account, you can create one.

## How will I make my first premium payment?

You'll receive your first premium invoice prior to your effective date, either by mail or by email. If you enrolled directly through us, use the payment method you chose during enrollment to pay your premium. If you enrolled through the Marketplace, HealthCare.gov, make your payment using one of the methods listed in your welcome letter. Once your first invoice is ready, you can log in to your Member Dashboard to manage your payment method and set up recurring payments with eBill.

Future invoices will arrive around the tenth of each month and payments are due by the first of the following month.

## Can my employer pay for my individual coverage?

Individual plans cannot be employer-sponsored plans but small employers may offer a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) or Excepted Benefit Health Reimbursement Arrangement (EBHRA) to pay for individual plan premiums. Check with your employer if this option is available and how reimbursement is made. Otherwise, you will be responsible for paying your monthly premiums directly to Delta Dental of Oregon.

## Does it matter which dentist I see?

Yes. You'll save money by seeing an in-network provider for your plan.

## Can I switch to a different plan at any time?

No. You will only be able to change medical and/or dental plans during open enrollment. The open enrollment period for 2021 ended on Dec. 15, 2020. However, there is a new open enrollment period for 2021 from February 15, 2021 to May 15, 2021. If you experience a qualifying event, such as getting married or moving to a new state, you may be able to apply for special enrollment outside of the open enrollment period.

## Which plans can I purchase through the federal Marketplace?

You can enroll in all Moda Health individual medical plans through [DeltaDentalOR.com/shop](https://DeltaDentalOR.com/shop) and HealthCare.gov. To enroll in a Delta Dental plan through HealthCare.gov, you must enroll in a medical plan at the same time. If you make changes to your medical plan, you must reselect your dental plan or you will lose your dental coverage.





# Healthcare lingo explained

We realize that health plans can be confusing, so we've made you a cheat sheet of sorts. To find even more definitions, visit the Learning Center at [DeltaDentalOR.com/shop](https://DeltaDentalOR.com/shop).

## Balance billing

Charges for out-of-network care beyond what your dental plan allows. Out-of-network providers may bill members the difference between the maximum plan allowance and their billed charges. In-network providers don't do this for covered services.

## Coinsurance

The percentage members pay for a covered dental service after they meet their deductible, if any. For example, they may pay 30 percent of an allowed \$200 charge, or \$60.

## Deductible

The amount members pay in a calendar year for care that requires a deductible before the dental plan starts paying. Disallowed charges do not apply toward the deductible.

## Annual benefit maximum

The maximum dollar amount a dental plan will pay toward the cost of dental care for members ages 19 and over within a calendar year.

## Marketplace

Also called an Exchange, a health plan Marketplace is where people can buy health coverage and apply for federal financial assistance. Oregon residents use the federal Marketplace, [HealthCare.gov](https://HealthCare.gov).

## Maximum plan allowance (MPA)

MPA is the maximum amount that we will reimburse providers. A non-contracted provider may bill a member for any amount over and above the MPA. This may leave members with a high out-of-pocket balance.

## Out-of-pocket costs

What members pay in a calendar year for care after their dental plan pays its portion. These expenses may include deductibles, coinsurance for covered expenses and cost of care after the dental annual maximum has been exhausted.

## Out-of-pocket maximum

The most members (ages 0-18 only) pay in a calendar year for pediatric dental care services before benefits are paid in full, up to the allowable amount or up to any visit limit. Once members meet the out-of-pocket maximum, the plan covers eligible expenses at 100 percent. The out-of-pocket maximum includes deductible and coinsurance. It does not include disallowed charges or balance billing from out-of-network dentists.

## PPO dentist

A dentist contracted in the Delta Dental PPO network. By enrolling in a PPO plan and choosing a PPO dentist, members' out-of-pocket expenses will be less than if they choose a dentist outside of the PPO network.

## Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2021 Delta Dental of Oregon individual and family dental plans. For a full list of limitations and exclusions per plan or for copies of plan summaries, please see back cover for our sales and service team contact information.

## Limitations

### Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a six-month period
- Fluoride once in a six-month period under age 19 and once every 12 months if there is recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment for age 19+
- Full-mouth or panoramic X-rays once in a five-year period
- Interim caries arresting medicament application is covered twice per tooth per year. Many restorations are not covered within 3 months of interim caries arresting medicament application.
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any six-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period except for evidence of clinical failure

### Class 2 and Class 3

- Athletic mouth guard covered once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over
- Bridges once in a seven-year period age 19 and over
- Crowns and other cast restorations once in a seven-year period
- Crown over implant once per lifetime per tooth.
- Dentures once in a seven-year period age 16 and over
- IV sedation or general anesthesia only with surgical procedures. Oral anesthesia only for members under age 19 used during an in-office procedure.
- Night guard (occlusal guard) covered at 100 percent once in a five year period, up to \$150 maximum. Repair and relining of occlusal guard are covered once every 12-month period. One occlusal guard adjustment is covered every 12-month period.

- Periodontal surgical procedures by the same dentist at the same site are covered once in a 3 year period for members 19 and over.
- Porcelain crowns on back teeth are limited to the amount for a full metal crown.
- Scaling and root planing is limited to once per quadrant in any 2-year period

## Exclusions

- Anesthetics, analgesics, hypnosis and most medications, including nitrous oxide for adults
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays or records
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care except for emergency care for members under age 19
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate under age 19)
- Over-the-counter night guards and athletic mouth guards
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Teledentistry, translation or sign language services are not covered as separate charges
- Temporomandibular joint syndrome (TMJ)
- Treatment before coverage begins or after coverage ends
- Treatment not dentally necessary

# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

**If you need any of the above, call Customer Service at:**

**888-217-2365 (TDD/TTY 711)**

**If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:**

Delta Dental of Oregon and Alaska  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

**If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201

800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**Dave Nessler-Cass coordinates our nondiscrimination work:**  
Dave Nessler-Cass,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں (URDU) توجہ دیں: اگر آپ اردو تو سانی اعانت آپ کے لیے بلا معاوضہ 1-877-605-3229 (TTY: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 تماس بگیرید. (TTY: 711)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर काल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

અગત્યનું: જો તમે (સાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કાલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសា ហើយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)



Individual & family

Small group

Large group

## Questions? *We're here to help.*

Contact a Delta Dental-appointed agent,  
or call us toll-free at 855-718-1767.  
TTY users, please call 711.

**DeltaDentalOR.com**