# 2027 Delta Dental Plan Benefit Summary

Delta Dental of Oregon & Alaska

| Delta Dental PPO, 1000B, 100/80/50, 50 | Age 0-18, members pay | | Age 19+, members pay | |
|---|---|---|---|---|
| | In-network | Out-of-network | In-network | Out-of-network |
| Calendar year costs | | | | |
| Deductible per person | $50 | | | |
| Deductible per family | $150 | | | |
| Out-of-pocket maximum (ages 0-18) | $450 for one member / $900 for two or more members (in-network only) | | | |
| Annual maximum (ages 19+) | $1,000 | | | |
| Class 1 | | | | |
| Exams and X-rays | 0% | 20% | 0% | 10% |
| Cleanings | 0% | 20% | 0% | 10% |
| Periodontal maintenance | 0% | 20% | 0% | 10% |
| Sealants | 0% | 20% | 0% | 10% |
| Space maintainers | 0% | 20% | Not covered | Not covered |
| Topical fluoride | 0% | 20% | 0% | 10% |
| Class 2 | | | | |
| Restorative fillings | 40% after deductible | 40% after deductible | 20% after deductible | 30% after deductible |
| Oral Surgery | 40% after deductible | 40% after deductible | 20% after deductible | 30% after deductible |
| Endodontics | 40% after deductible | 40% after deductible | 20% after deductible | 30% after deductible |
| Periodontics | 40% after deductible | 40% after deductible | 20% after deductible | 30% after deductible |
| Class 3 | | | | |
| Restorative crowns | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| Partial and complete dentures | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| Bridges | Not covered | Not covered | 50% after deductible | 50% after deductible |
| Implants | Not covered | Not covered | 50% after deductible | 50% after deductible |
| Orthodontia | 50% after deductible | 50% after deductible | Not covered | Not covered |
| Features | | | | |
| Provider Network | Delta Dental PPO | | | |
| Balance bill | Delta Dental PPO dentists: No<br>Delta Dental Premier dentists: No<br>Nonparticipating dentists: Yes | | | |
| Direct Option plan match | DO7NK | | | |

**Limitations**

Class 1

- Bitewing X-rays once in a 12-month period
- Exam twice per calendar year
- Fluoride twice per calendar year under age 19. For age 19+ once every 12 months if there is recent history of periodontal surgery or high risk of decay due to medical disease, chemotherapy or similar type of treatment
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application twice per tooth per year
- Prophylaxis (cleaning) or periodontal maintenance twice per calendar year. 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 5-year period except for evidence of clinical failure

Class 2 and Class 3

- Athletic mouthguard once in any 12-month period age 15 and under and once in any 2-year period age 16+
- Bridges once in a 7-year period age 19+
- Crowns and other cast restorations once in a 7-year period
- Crown over implant once per lifetime per tooth
- Dentures once in a 7-year period age 16+
- Implant once per lifetime per tooth space age 19+
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical condition. Oral anesthesia only for members under age 19 during an in-office procedure
- Nightguard (occlusal guard) once in a 5-year period, up to $200 maximum
- Scaling and root planing once per quadrant in any 2-year period

**Exclusions**

- Anesthetics, analgesics, nitrous oxide age 19+, hypnosis and most medications, except under Intellectual Developmental & Disabilities benefits
- 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 emergency care under age 19
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except under Intellectual Developmental & Disabilities benefits
- Orthodontia (except treatment of cleft palate under age 19)
- Over-the-counter nightguards and athletic mouthguards
- 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
- TMJ treatment, including cone beam imaging related to TMJ
- Treatment before coverage begins or after coverage ends
- Treatment not dentally necessary

These benefits and Delta Dental Plan of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control. Dental plans in Oregon provided by Delta Dental Plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Association.