2027 Delta Dental Plan Benefit Summary

Delta Dental of Oregon & Alaska

Delta Dental PPO, PF, 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+) (Class 1 services other than cone beam x-rays do not apply to maximum)	$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 Delta Dental Premier dentists: No 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.