

2024 | Oregon dental plans

Individual & family





Welcome to Delta Dental Plan 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.



We protect more smiles



One of the largest dental networks
Experience top-of-the-line dental care from one of the largest dental networks in Oregon and across the country



Easy enrollment
Confirm your eligibility, find the plan you like, and enroll at DeltaDentalOR.com/shop

Proven

with nearly 70 years of offering insurance plans





Quality coverage for your smile

Our plans come with dental insurance options to help you and your family achieve better oral health. With Delta Dental plans in Oregon, you'll have access to Delta Dental, one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country.



Savings from in-network dentists



Cleanings every six months



Superior customer service



Freedom to choose a dentist

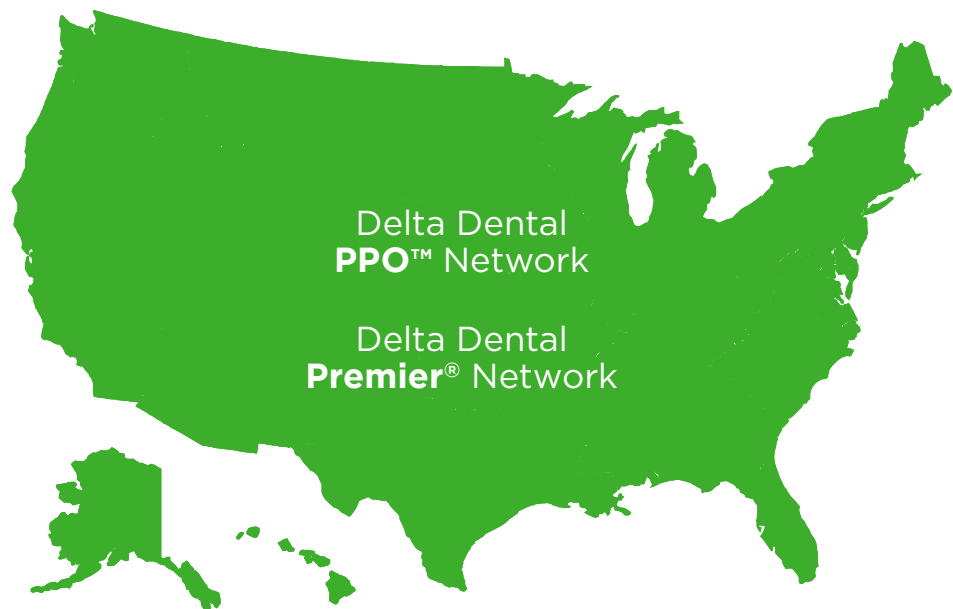
Our dental plans also include useful online tools, resources and special programs for those of you who may need extra attention for your pearly whites.



Ready to choose? Make your selection at DeltaDentalOR.com/shop

Delta Dental networks go where you go

With thousands of dentists across the state and country, In-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



The **Delta Dental PPO™** Network offers these dental plans:

- Delta Dental EPO ● Delta Dental PPO
- Delta Dental PPO MAC ● Delta Dental PPO Bright Smiles

The **Delta Dental Premier®** Network offers this dental plan:

Delta Dental Premier 1000

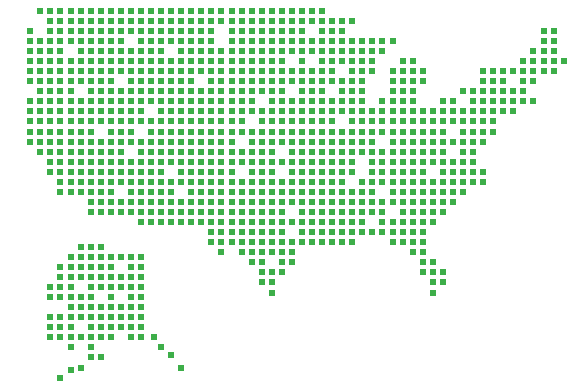


See if your dentist is in network at DeltaDentalOR.com
click on Find a provider > select your dental network

Delta Dental **PPO™** Network

bigger savings

- Lowest cost!
- Large network of dentists

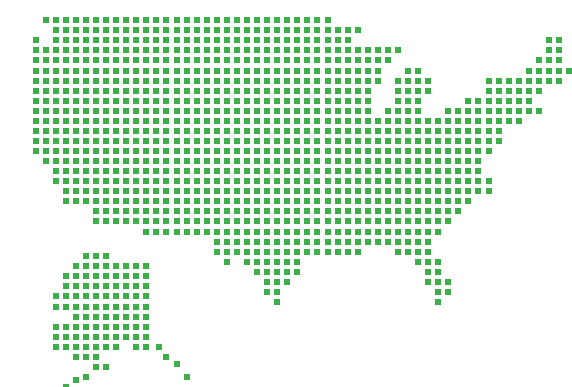


OR

Delta Dental **Premier®** Network

more choice

- Slightly higher cost
- Choose Premier network dentists



2024 Dental plan benefit table

	Delta Dental EPO ^{1, 2, 3}		Delta Dental PPO ^{1, 2, 3}		Delta Dental PPO MAC ^{1, 2, 3}		Special Youth-Only Plan ⁴		Direct Only Non-Certified Plan
Benefits covered for	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18 only (adults not covered)	Ages 19+ (not covered)	All ages
What you pay for the in-network care you receive each year — out-of-network services may be covered at a different rate									
Deductible (per person/family)	\$0		\$0		\$0		\$0	Not covered	\$50 / \$150
Annual maximum (age 19+)	\$1,500		\$1,000		\$1,200		N/A	Not covered	\$1,000 for all ages
Out-of-pocket maximum (under age 19)	\$400 for 1 member \$800 for 2+ members		\$400 for 1 member \$800 for 2+ members		\$400 for 1 member \$800 for 2+ members		\$400 for 1 member \$800 for 2+ members	Not covered	N/A
Out-of-network benefits available	✗		✓		✓		✓	Not covered	✓
Class 1									
Exams & X-rays	0%	0%	0%	25%	0%	0%	0%	Not covered	0%
Cleanings	0%	0%	0%	25%	0%	0%	0%	Not covered	0%
Periodontal maintenance	0%	0%	0%	25%	0%	0%	0%	Not covered	0%
Sealants	0%	0%	0%	25%	0%	0%	0%	Not covered	0%
Topical fluoride	0%	0%	0%	25%	0%	0%	0%	Not covered	0%
Class 2									
Space maintainers	30%	Not covered	75%	Not covered	30%	Not covered	75%	Not covered	20% after deductible
Restorative fillings	30%	30%	75%	40%	30%	40%	75%	Not covered	20% after deductible
Class 3									
Oral surgery	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Endodontics	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Periodontics	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Restorative crowns	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Bridges	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	Not covered	50% after deductible
Partial and complete dentures	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Anesthesia	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Orthodontia ⁸	50%	Not covered	75%	Not covered	50%	Not covered	75%	Not covered	Not covered
Features									
Provider network (in-network)	Delta Dental PPO network		Delta Dental PPO network		Delta Dental PPO dentists		Delta Dental PPO network		Delta Dental Premier network
Service area	All <i>except</i> Grant, Harney, Union and Wheeler		Statewide		<i>Only</i> in Grant, Harney, Union and Wheeler		Statewide		Statewide

Plan highlights

Bright Smiles

Bright Smiles is a special youth-only Delta Dental Premier® plan for ages 0-18. No benefits will be paid for members 19+ enrolled in this plan.

Premier 1000 Plan

Delta Dental Premier 1000 is a Non-Certified dental plan, that does not include the ACA Pediatric benefits. Members of any age can enroll in this plan. Only available direct at DeltaDentalOR.com/shop.

Out-of-network available

For out-of-network benefits, scan the QR code, then click the Summary of Benefits (SOB) link for detailed information on each plan.

1 Topical fluoride is covered once in a 6-month period for under age 19 and once in a 12-month period for ages 19 and older only 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 For Class 2 services, 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. 3 For Class 3 services, 12-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. 4 Topical fluoride is covered once in a 6-month period. 5 For Class 2 services, 6-month exclusion period for all ages if the member does not have one year 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 2024 Delta Dental policy. 6 For Class 3 services, 12-month exclusion period for all ages if the member does not have one year 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 2024 Delta Dental policy. 7 Pediatric limitations do not apply. Follow Delta Dental standard limitations. 8 Only medically necessary orthodontia to treat cleft palate is covered. 9 Space maintainer not covered for age 14 and over.

These benefits and Delta Dental Plan 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.

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, 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:

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

Scott White coordinates our nondiscrimination work:

Scott White,
Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

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, 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.

DeltaDentalAK.com | DeltaDentalOR.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 تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

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 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल 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 (બાષાંતર કરેલ બાષા અહીં દર્શાવેલો) બોલો છો તો તે બાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ 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 ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIIISA: Yoo afaan Kshitik 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 togotia. 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. Zadzwonić: 1-877-605-3229 (obsługa TTY: 711)

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.





Individual & family

Small group

Large group

Questions? *We're here to help.*

Call one of our offices listed below.
TTY users, please call 711.

Portland office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156
855-718-1767
Monday through Friday, 7:30 a.m. to 4 p.m. Pacific time

DeltaDentalOR.com

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon.
Delta Dental is a trademark of Delta Dental Plans Associations.