




	Delta Dental EPO ^{1, 2, 3, 8}		Delta Dental PPO ^{1, 2, 3, 8}		Delta Dental PPO MAC ^{1, 2, 3, 8}		Special Youth-Only Plan ^{4, 8}		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	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 except Grant, Harney, Union and Wheeler		Statewide		Only in Grant, Harney, Union and Wheeler		Statewide		Statewide

Plan highlights

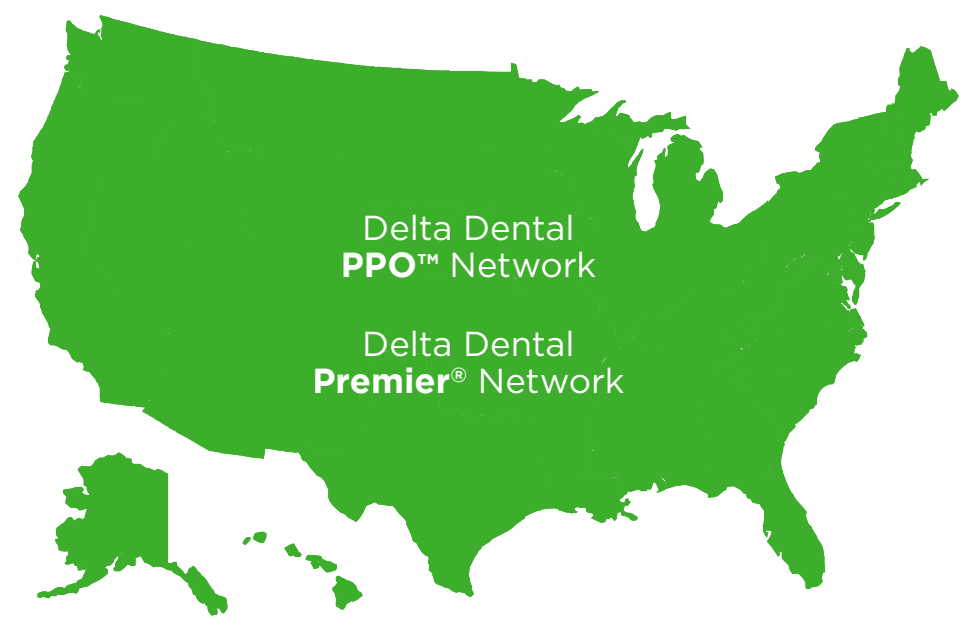
- Bright Smiles**
 Bright Smiles is a special youth-only Delta Dental Premier® plan for ages 0-18. No benefits will be paid for members 19+ enrolled in this plan.
- Premier 1000 Plan**
 Delta Dental Premier 1000 is a Non-Certified dental plan, that does not include the ACA Pediatric benefits. Members 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 maintainers not covered for age 14 and older.



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

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**

