

2021 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental Premier®, Voluntary, 1500, 100*/80/50, 50

Calendar year costs		
Deductible	\$50 per person / \$150 family	
Out-of-pocket maximum (under age 19)	\$350 for one member / \$700 for two or more members	
Annual maximum (age 19+)	\$1,500	
Minimum number of subscribers	N/A	
Class 1	What employees pay	
	Ages 0 – 18	Ages 19+
Exams & X-rays	10%	0%
Cleanings	10%	0%
Sealants	10%	0%
Topical fluoride	10%	0% ¹
Space maintainers	10%	Not covered
Class 2		
Restorative fillings	30% after deductible	20% after deductible
Oral surgery	30% after deductible	20% after deductible
Endodontics	30% after deductible	20% after deductible
Periodontics	30% after deductible	20% after deductible
Anesthesia	30% after deductible	20% after deductible
Class 3		
Restorative crowns	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible
Implants & bridges	Not covered	50% after deductible
Orthodontia ²	50% after deductible	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Participating dentists: no Nonparticipating dentists: yes	
Direct Option plan match	DO3H-HK	

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

² Only covered to treat cleft palate, with or without cleft lip for ages under 19.

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 two 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 at 50%, 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 space
- Dentures once in a seven-year period age 16 and over
- IV sedation or general anesthesia only with surgical procedures
- Night guard (occlusal guard) covered at 100% once in a five year period, up to \$150 maximum
- Oral anesthesia medication permitted for members under age 19 when used during an in-office procedure
- 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 once in a two-year period

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide for adults
- Bridges not covered under age 19
- 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 under age 19
- 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 athletic mouth guards and night guards are excluded
- Precision attachments
- 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
- Temporomandibular joint syndrome (TMJ)
- Teledentistry, translation or sign language services are not covered as separate charges
- Treatment before coverage begins or after coverage ends
- Treatment not dentally necessary

These benefits and Delta Dental of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This is a summary of the dental plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.