



									
							Special Youth-Only Plan	Direct Only Non-Certified Plan	
	Delta Dental EPO ^{1,2,3}		Delta Dental PPO™ ^{1,2,3}		Delta Dental PPO™ MAC ^{1,2,3}		Delta Dental PPO™ Bright Smiles ^{1,2,3}	Delta Dental Premier® 1000 Direct Only Non Certified Plan ^{1,2,4}	
Benefits covered for	Age 0-18	Age 19+	Age 0-18	Age 19+	Age 0-18	Age 19+	Age 0-18	Age 19+	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 for all ages
Annual maximum (ages 19+)	\$1,500		\$1,000		\$1,200		N/A	Not covered	\$1,000 for all ages
Out-of-pocket maximum per person (ages 0-18)	\$450 for 1 member/ \$900 for 2+ members (in-network only)		\$450 for 1 member/ \$900 for 2+ members (in-network only)		\$450 for 1 member/ \$900 for 2+ members (in-network only)		\$450 for 1 member/ \$900 for 2+ members (in-network only)	Not covered	N/A
Out-of-network benefits available	✕		✓		✓		✓	Not covered	✓
Class 1									
Exams and 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
Implants	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
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™ Network		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

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.

Plan highlights



Bright Smiles

Bright Smiles is a special youth-only Delta Dental PPO™ 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 benefits available

For out-of-network benefits, scan the QR code, then click on Oregon to view Summaries of Benefits (SOBs) with detailed information on each plan.



1 For Class 2 services, 6-month exclusion period applies for ages 19 and over. 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 new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19. For Non Certified plan, the exclusion period applies to all ages. 2 For Class 3 services, 12-month exclusion period applies for ages 19 and over. 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 new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19. For Non Certified plan, the exclusion period applies to all ages. 3 Only medically necessary orthodontia to treat cleft palate is covered. 4 Pediatric limitations do not apply. Follow Delta Dental standard limitations.

	
	With Willamette Dental Network
	Willamette EPO ^{1, 2, 3, 4, 5}
Benefits covered for	All ages
What you pay for the in-network care you receive each year	
Deductible (per person/family)	\$0
Annual maximum (ages 19+)	No annual maximum
Out-of-pocket maximum per person (ages 0-18)	N/A
Out-of-network benefits available	Emergency only
Diagnostic and preventive services	
General office visit	\$30 per visit
Specialist office visit	\$40 per visit
Exams and X-rays	\$0
Cleanings	\$0
Periodontal maintenance	\$0
Sealants	\$15 per tooth
Topical fluoride	\$15
Space maintainers	\$0
Other services	
Restorative fillings	\$55 to \$85 per tooth
Oral surgery	\$50 to \$190 per tooth
Endodontics	\$70 to \$425 per tooth
Periodontics	\$115 to \$325 per quadrant
Restorative crowns	\$550 per tooth
Bridges	\$550
Partial and complete dentures	\$650
Implants	Not covered
Anesthesia	Not covered
Orthodontia	\$3,000
Features	
Provider network (in-network)	Willamette Dental Network
Service area	Oregon, Washington and Idaho locations

Plan highlights

 **EPO**

Our Willamette EPO plan offers a network of dentists that provide personalized care with predictable costs. You can visit any dentist or office in the Willamette Dental Network that's convenient for you and know what to expect — every time.

 **No annual maximum**

Enjoy peace of mind with no annual maximum and predictable costs for covered services.

 **Orthodontic care for all ages**

Need braces or aligners? Orthodontic treatment is covered for both kids and adults.

 **No out-of-network benefits**

You must seek care from a Willamette Dental dentist or office to enjoy the benefits.

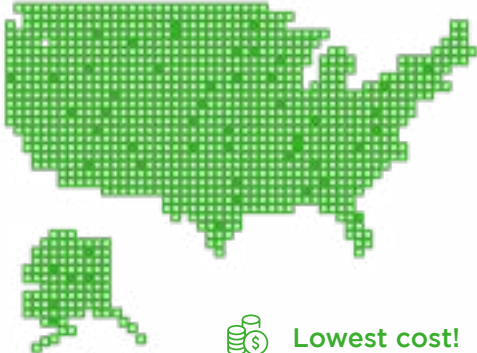
1 General office visit copay applies to each office visit for emergency, general or orthodontic treatment. 2 Specialist office visit copay applies to each office visit for specialty treatment including endodontic services, oral surgery, periodontic services or prosthodontic services. 3 Crowns, in-lays, onlays, dentures, bridges and orthodontic services available after a 12-month exclusion period. The exclusion period applies if the member does not have one year of prior dental coverage with no break in coverage on the effective date of the new Delta Dental policy. 4 Pre-orthodontic service copay applies to comprehensive orthodontia copay if the member accepts treatment plan. 5 Out-of-network benefit is only available for a dental emergency when the member is 50 miles or more from any Willamette Dental office.

Dental networks that work for you

Delta Dental PPO™ Network

bigger savings

The Delta Dental PPO™ Network offers these dental plans:
Delta Dental EPO • Delta Dental PPO™
Delta Dental PPO™ MAC
Delta Dental PPO™ Bright Smiles



 Lowest cost!

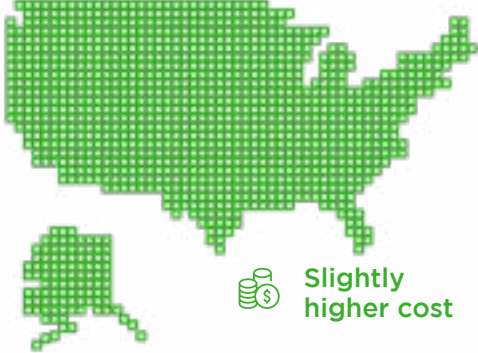
 Large network of dentists

OR

Delta Dental Premier® Network

more choice

The Delta Dental Premier® Network offers this dental plan:
Delta Dental Premier® 1000



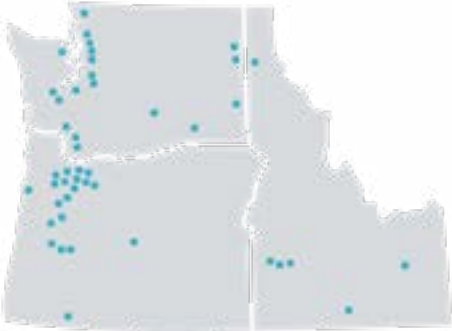
 Slightly higher cost

 Largest dental network in Oregon

Willamette Dental Network

predictable costs

The Willamette Dental Network offers this plan:
Willamette EPO



 Fixed, known costs

 Connected network for a consistent experience

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