



2026 | Delta Dental Plan of Oregon



Welcome to Delta Dental Plan of Oregon

This is the place you come when you want more than a dental plan — because a healthy smile and better overall health are about so much more than just the plan details.

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Quality coverage for your smile

Healthy teeth are happy teeth. With the Delta Dental Plan of Oregon, you'll have access to quality in-network dentists.

Dental benefit highlights

Our Delta Dental Plan of Oregon connects you with great benefits. You can count on:

- Freedom to choose a dentist
- No waiting periods for preventive care
- Savings from in-network dentists
- Cleanings twice a year
- Predetermination of benefits if requested
- Fast and accurate claims payment
- Superior customer service

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

Delta Dental networks go wherever you go

The Delta Dental Plan of Oregon comes with the Delta Dental network. It includes thousands of dentists with statewide and national access.

You can access the Delta Dental PPO or Delta Dental Premier network with your plan. However, your benefit dollar goes further on the Delta Dental PPO™ Network.

Delta Dental Premier® Network

- Broader choice of providers
- The largest dental network nationally and one of the largest in Oregon
- Access to nearly 2,400 providers in Oregon and over 154,000 dentists nationwide

Delta Dental PPO™ Network

- More cost control
- One of the largest PPO networks in Oregon and nationwide
- Access to more than 1,300 participating dentists in Oregon and over 116,000 dentists nationwide




Save when you stay in network

In-network dentists agree to accept our contracted fees as full payment, which means they don't balance bill. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

How do I find a dentist in the network?

To find a participating dentist in your area, visit Find Care on modahealth.com/pers.

Delta Dental Plan of Oregon

Dental plan benefits		 Subject to balance billing
Providers/Network	Premier and PPO Delta Dental providers	Non-participating providers ¹
Member pays		
Calendar year deductible	\$25 per individual (deductible waived for preventive services)	
Calendar year benefit maximum	\$1,750 per individual ²	
Preventive care <i>available twice in a calendar year</i>		
Exams	Covered in full ²	Covered in full ²
Cleanings	Covered in full ²	Covered in full ²
Diagnostic	Covered in full ^{2, 3}	Covered in full ^{2, 3}
Basic services		
Restorative	20% after deductible ⁴	20% after deductible ⁴
Oral surgery (extractions)	20% after deductible ⁴	20% after deductible ⁴
Endodontic/periodontic	20% after deductible ⁴	20% after deductible ⁴
Major services		
Crowns	50% after deductible ⁴	50% after deductible ⁴
Cast restorations	50% after deductible ⁴	50% after deductible ⁴
Dentures/bridge work	50% after deductible ⁴	50% after deductible ⁴
Implants	50% after deductible ⁴	50% after deductible ⁴
Out-of-area coverage	Worldwide for emergency services only ⁴	

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the health plan document, the information in the health plan document shall prevail.

¹ For non-participating providers, the maximum amount is based on the PPO fee allowable. Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable charge.

² Charges for preventive services do not apply to the calendar year benefit maximum.

³ Some limitations apply.

⁴ There is a 12-month waiting period for basic and major services following enrollment unless you have had continuous dental coverage for the previous 12 months immediately preceding PHIP dental enrollment.

Please note that there are some common limitations and exclusions for our 2026 Delta Dental Plan of Oregon. For a full list of limitations and exclusions, please see your member handbook.

Tools for your health journey

The Delta Dental Plan of Oregon comes with tools and resources to help you manage your oral health and well-being. Once you are an active member, use these care resources to help you be your healthy best!



Cost Calculator

Learn the cost of dental care before the bill arrives. The Cost Calculator offers you a simple way to understand:

- Procedure costs
- Cost comparisons across providers
- Your specific out-of-pocket costs

Use this tool to shop for cost-effective alternatives and make better, well-informed decisions.



Member Dashboard

Your member dashboard is a personalized member website that gives you access to health tools and resources to help you manage your health and benefits. As a member, simply log in to your member dashboard at modahealth.com/pers to:

- Find in-network providers
- See your benefits and Member Handbook
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- Download your member ID card



Extra care!

We want to make sure all our members receive the care they need. That’s why we offer two special programs just for those who may need extra dental care.

Health through Oral Wellness®

When it comes to oral health, we know some people need more care than others. Delta Dental of Oregon’s Health through Oral Wellness® program offers extra benefits to members who have a greater risk for oral diseases.

The program uses an oral health assessment to find out your risk of tooth decay, gum disease and oral cancer. Based on your risk score, you may qualify for additional cleanings, fluoride treatments, sealants, and periodontal maintenance.*

With extra benefits and related care, you can:

- Take charge of your oral health
- Prevent oral health issues before they happen
- Access resources to manage your oral health
- Learn how to achieve and maintain better oral wellness

Ready to get started?

Follow these simple steps to see if you qualify for extra benefits with the Health through Oral Wellness® Program:

1. Visit modahealth.com/pers to learn more about the program and take a free oral health risk self-assessment. You can choose to share your results with your dentist to start the conversation.
2. Talk to your dentist about the program. If they’re not registered, ask them to call our toll-free Health through Oral Wellness provider line at 844-663-4433. Once registered, they can perform an oral health risk exam and can let you know if you qualify.
3. To look for providers registered with the program, go to modahealth.com/pers and choose Find Care. Dental providers registered with Health through Oral Wellness will have a **badge icon** next to their name that looks like this:



Oral Health, Total Health

Seeing your dentist on a regular basis and keeping your mouth healthy are critical to keeping the rest of your body healthy. The Oral Health, Total Health program offers individuals diagnosed with diabetes additional cleanings throughout the year. To find out more, contact our dental customer service.



Healthcare lingo explained

Balance billing

Charges for out-of-network care beyond what your dental plan allows. Out-of-network providers may bill members the difference between the maximum plan allowance and their billed charges. In-network providers don't do this for covered services.

**Calendar year
benefit maximum**

The maximum dollar amount a dental plan will pay toward the cost of dental care within a calendar year.

Coinsurance

The percentage members pay for a covered dental service after they meet their deductible, if any. For example, they may pay 20 percent of an allowed \$200 charge, or \$40.

Deductible

The amount members pay in a calendar year for care that requires a deductible before the dental plan starts paying. Disallowed charges do not apply toward the deductible.

**Maximum plan
allowance (MPA)**

MPA is the maximum amount that we will reimburse providers. A non-contracted provider may bill a member for any amount over and above the MPA. This may leave members with a high out-of-pocket balance.

Out-of-pocket costs

What members pay in a calendar year for care after their dental plan pays its portion. These expenses may include deductibles, coinsurance for covered expenses and cost of care after the calendar year benefit maximum has been reached.

PPO dentist

A dentist contracted in the Delta Dental PPO™ network. By choosing a PPO dentist, members' out-of-pocket expenses will be less. As PPO dentists contract with us at lower rates, the savings can be passed on to you.

Premier dentist

A dentist contracted with Delta Dental who has agreed that their charges will not exceed their contracted rate with Delta Dental.

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711))번으로 전화하거나 서비스 제공업체에 문의하십시오.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-605-3229 (TTY: 711) или обратитесь к своему поставщику услуг.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-605-3229 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

ACHTUNG: Wenn Sie Deutsch spi kostenlose Sprachassistenzdienst kostenlose Sprachassistenzdienst Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (TTY: 711) або зверніться до свого постачальника».

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጾች ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电（文本电话：1-877-605-3229 (TTY: 711) ）或咨询您的服务提供商。

ເລື່ອງລາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາຕື 1-877-605-3229 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ - (TTY: 711) 1-877-605-3229 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ "

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-605-3229 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि:शुल्क उपलब्ध छन्। 1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

ശ്രദ്ധിക്കുക: നിങ്ങളി മലയാളം ഭാഷ സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. ആകസസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകാനുള്ള ഉചിതമായ അനുബന്ധ സഹായങ്ങളും സേവനങ്ങളും കൂടെ സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229 (TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ നിങ്ങളുടെ ദാതാവിനോട് സംസാരിക്കുക.

PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-877-605-3229 (TTY: 711) wenno makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-877-605-3229 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 877-605-3229 (TTY: 711) أو تحدث إلى مقدم الخدمة".

AKIYESI: Ti o ba sọ Yorùbá, awọn işe iranlọwọ ede ọfẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ ati awọn işe lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-877-605-3229 (TTY: 711) tabi sọrọ si olupese rẹ.

MAKINIKAI: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-605-3229 (TTY: 711) au zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-605-3229 (TTY: 711) ou fale com seu provedor.

Questions? *We're here to help.*

Contact us toll free at 844-827-7379.
TTY users, please call 711.

modahealth.com/pers



Delta Dental of Oregon & Alaska

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