

Dental plan premiums for Oregon

These premiums apply to members who live anywhere in Oregon.



Age	Ages 19+
Delta Dental Premier	\$42
Delta Dental PPO	\$31
Delta Dental Exclusive PPO	\$34

2017 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental Premier	Under age 19	Ages 19+
Calendar year costs		
Deductible per person		\$50
Out-of-pocket max per person (under age 19)	\$350 for one member; \$700 for two or more members	
Annual benefit max (age 19+)		\$1,000
Class 1		
Exams and X-rays	0%	0%
Cleanings	0%	0%
Periodontal maintenance	0%	0%
Sealants	0%	0%
Topical fluoride	0%	0% ¹
Class 2		
Space maintainers	30% after deductible	Not covered
Restorative fillings ²	30% after deductible	30% after deductible
Class 3		
Oral surgery ³	50% after deductible	50% after deductible
Endodontics ³	50% after deductible	50% after deductible
Periodontics ³	50% after deductible	50% after deductible
Restorative crowns ³	50% after deductible	50% after deductible
Bridges ³	Not covered	50% after deductible
Partial and complete dentures ³	50% after deductible	50% after deductible
Anesthesia ³	50% after deductible	50% after deductible
Orthodontia ⁴	50% after deductible	Not covered
Features		
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov	
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

1 Only covered once in a 12-month period 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 Six-month waiting period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.

3 12-month waiting period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.
 4 Only covered to treat cleft palate, with or without cleft lip

Limitations

Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a six-month period
- Fluoride once in a 6-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
- 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 2 additional periodontal maintenances per year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period

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. Over-the-counter athletic mouth guards are excluded.
- 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 50% once in a five year period, up to \$150 maximum. Over-the-counter night guards are excluded.
- Scaling and root planing is limited to once per quadrant in any 2-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide for adults
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate under age 19)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary

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

2017 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental PPO	Under age 19		Ages 19+	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
Calendar year costs				
Deductible per person	\$0			
Out-of-pocket max per person (under age 19)	\$350 for one member; \$700 for two or more members (in-network only)			
Annual benefit max (age 19+)	\$1,000			
Class 1				
Exams and X-rays	25%	50%	25%	50%
Cleanings	25%	50%	25%	50%
Periodontal maintenance	25%	50%	25%	50%
Sealants	25%	50%	25%	50%
Topical fluoride	25%	50%	25% ¹	50% ¹
Class 2				
Space maintainers	40%	50%	Not covered	Not covered
Restorative fillings ²	40%	50%	40%	50%
Class 3				
Oral surgery ³	50%	50%	50%	50%
Endodontics ³	50%	50%	50%	50%
Periodontics ³	50%	50%	50%	50%
Restorative crowns ³	50%	50%	50%	50%
Bridges ³	Not covered	Not covered	50%	50%
Partial and complete dentures ³	50%	50%	50%	50%
Anesthesia ³	50%	50%	50%	50%
Orthodontia ⁴	50%	50%	Not covered	Not covered
Features				
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov			
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers
Balance bill	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes

¹ Only covered once in a 12-month period 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 Six-month waiting period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.

³ 12-month waiting period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.

⁴ Only covered to treat cleft palate, with or without cleft lip

Limitations

Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a six-month period
- Fluoride once in a 6-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
- 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 2 additional periodontal maintenances per year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period

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. Over-the-counter athletic mouth guards are excluded.
- 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 50% once in a five year period, up to \$150 maximum. Over-the-counter night guards are excluded.
- Scaling and root planing is limited to once per quadrant in any 2-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide for adults
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
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2017 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental Exclusive PPO	Under age 19		Ages 19+	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
Calendar year costs				
Deductible per person	\$0			
Out-of-pocket max per person (under age 19)	\$350 for one member; \$700 for two or more members (in-network only)			
Annual benefit max (age 19+)	\$1,500			
Class 1				
Exams and X-rays	0%	Not covered	0%	Not covered
Cleanings	0%	Not covered	0%	Not covered
Periodontal maintenance	0%	Not covered	0%	Not covered
Sealants	0%	Not covered	0%	Not covered
Topical fluoride	0%	Not covered	0% ¹	Not covered
Class 2				
Space maintainers	30%	Not covered	Not covered	Not covered
Restorative fillings ²	30%	Not covered	30%	Not covered
Class 3				
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Endodontics ³	50%	Not covered	50%	Not covered
Periodontics ³	50%	Not covered	50%	Not covered
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Anesthesia ³	50%	Not covered	50%	Not covered
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Features				
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov			
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers
Balance bill	Delta Dental PPO Network: No	Yes	Delta Dental PPO Network: No	Yes

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