

2018 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental Premier® Radiant Smiles Plan	Under age 19, members pay		Ages 19+, members pay	
	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay
Calendar year costs				
Deductible per person	\$50 per person / \$150 family			
Out-of-pocket maximum (under age 19)	\$350 for one member / \$700 for two or more members			
Annual maximum	N/A			
Class 1				
Exams and X-rays		0%		Not covered
Cleanings		0%		Not covered
Periodontal maintenance		0%		Not covered
Sealants		0%		Not covered
Topical fluoride		0%		Not covered
Space maintainers		0%		Not covered
Class 2				
Restorative fillings		40% after deductible		Not covered
Oral surgery		40% after deductible		Not covered
Endodontics		40% after deductible		Not covered
Periodontics		40% after deductible		Not covered
Class 3				
Restorative crowns		50% after deductible		Not covered
Partial and complete dentures		50% after deductible		Not covered
Implants		50% after deductible		Not covered
Orthodontia		50% after deductible ¹		Not covered
Features				
Provider network	Delta Dental Premier Network			
Balance bill	Delta Dental Premier dentists: No Nonparticipating dentists: Yes			

¹ Only medically necessary orthodontia is covered.

Limitations

Class 1

- Exam once in a 6-month period
- Bitewing X-rays once in a 6-month period
- Full-mouth or panoramic X-rays once in a 5-year period
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year.
- Fluoride once in a 6-month period
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period

Class 2 and Class 3

- Bridges and dentures once in a 5-year period
- Crowns and other cast restorations once in a 5-year period
- Crown over implant once in a 5-year period
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Scaling and root planing once in a 2-year period
- Tooth-colored fillings on back teeth are limited to the amount for an amalgam restoration. Porcelain crowns on back teeth are limited to the amount for a full metal crown.
- Night guard (occlusal guard) covered once per year at 100 percent
- Athletic mouth guard covered once in any 12-month period for members age 15 and under, and once in any 2-year period for ages 16 to 18

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide except for IV sedation or general anesthesia with surgical procedures
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Cosmetic services
- Duplication and interpretation of X-rays (exception only the interpretation of a diagnostic image by professional not associated with capture of the image is covered)
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for medically necessary treatment or when an orthodontia rider is included)
- Over-the-counter athletic mouth guards and over-the-counter night guards (occlusal guards)
- 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
- Treatment of any disturbance of the temporomandibular joint (TMJ)
- Treatment not dentally necessary