2016 Delta Dental Premier plan benefit summary

DELTA DENTAL

Delta Dental of Oregon

Premier Elite Plan 2000 25		
Calendar year costs		
Deductible	$25 per person / $75 family	
Out-of-pocket maximum (under age 19)	$350 for one member; $700 for two or more members	
Annual maximum (age 19+)	$2,000	
Class 1	Under age 19, members pay	Ages 19+, members pay
Exams & X-rays	0%	0%
Cleanings	0%	0%
Sealants	0%	0%
Topical fluoride	0%	0%
Space maintainers	0%	0%
Class 2		
Restorative fillings	40% after deductible	20% after deductible
Oral surgery	40% after deductible	20% after deductible
Endodontics	40% after deductible	20% after deductible
Periodontics	40% after deductible	20% after deductible
Anesthesia	40% 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	50%[1] after deductible	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Participating dentists: no Nonparticipating dentists: yes	
Direct Option plan match	Direct Option 1D-DK	

1 *Only covered to treat cleft palate, with or without cleft lip for ages 18 and under.*

Limitations

Class 1

- Exam once in a six-month period
- Bitewing X-rays once in a 12-month period
- 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 four cleanings per year.
- 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+
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period

Class 2 and Class 3

- Bridges and dentures once in a seven-year period age 19 and over
- Dentures once in a seven-year period under age 19
- Crowns and other cast restorations once in a seven-year period
- Crown-over-implant once per lifetime per tooth space.
- IV sedation or general anesthesia only with surgical procedures
- Scaling and root planing once in a two-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration
- Night guard (occlusal guard) covered at 50% once in a five year period, up to $150 maximum. Over-the-counter night guards are excluded.
- 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.

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
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- 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)
- 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 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.