

2017 Delta Dental PPO plan benefit summary



Delta Dental of Oregon & Alaska

| PPO Flourish Plan 1000 50 | | | | |
|--------------------------------------|---|----------------------|-----------------------------------|----------------------|
| Calendar year costs | | | | |
| Deductible | \$50 per person / \$150 family | | | |
| Out-of-pocket maximum (under age 19) | \$350 for one member / \$700 for two or more members (in-network only) | | | |
| Annual maximum (age 19+) | \$1,000 | | | |
| Class 1 | In-network, members pay | | Out-of-network, members pay | |
| | Under age 19 | Ages 19+ | Under age 19 | Ages 19+ |
| Exams & X-rays | 0% | 0% | 20% | 10% |
| Cleanings | 0% | 0% | 20% | 10% |
| Sealants | 0% | 0% | 20% | 10% |
| Topical fluoride | 0% | 0% | 20% | 10% |
| Space maintainers | 0% | 0% | 20% | 10% |
| Class 2 | | | | |
| Restorative fillings | 40% after deductible | 10% after deductible | 40% after deductible | 30% after deductible |
| Oral surgery | 40% after deductible | 10% after deductible | 40% after deductible | 30% after deductible |
| Endodontics | 40% after deductible | 10% after deductible | 40% after deductible | 30% after deductible |
| Periodontics | 40% after deductible | 10% after deductible | 40% after deductible | 30% after deductible |
| Anesthesia | 40% after deductible | 10% after deductible | 40% after deductible | 30% after deductible |
| Class 3 | | | | |
| Restorative crowns | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| Partial & complete dentures | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| Implants & bridges | Not covered | 50% after deductible | Not covered | 50% after deductible |
| Orthodontia | 50% ¹ after deductible | Not covered | 50% ¹ after deductible | Not covered |
| Features | | | | |
| Provider network | Delta Dental PPO Network | | All other providers | |
| Balance bill | Participating dentists: no Nonparticipating dentists: yes | | | |
| Direct Option plan match | Direct Option 4E-EK | | | |

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

Limitations

Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a six-month period
- 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+
- 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 two 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 once in a two-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
- 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.