

2018 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental PPOSM SHOP, 1000, 100*/65/50, 50

| Calendar year costs | | | | |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------|-----------------------------------|----------------------|
| Deductible (under age 19) | \$50 per person / \$150 family ¹ | | | |
| Out-of-pocket maximum (under age 19) | \$350 for one member / \$700 for two or more members (in-network only) | | | |
| Annual maximum (under age 19): only out of network accrues toward annual maximum | \$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% | 50% | 50% |
| Cleanings | 0% | 0% | 50% | 50% |
| Sealants | 0% | 0% | 50% | 50% |
| Topical fluoride | 0% | 0% | 50% | 50% |
| Space maintainers | 0% | Not covered | 50% | Not covered |
| Class 2 | | | | |
| Restorative fillings | 35% after deductible | 35% after deductible | 50% after deductible | 50% after deductible |
| Oral surgery | 35% after deductible | 35% after deductible | 50% after deductible | 50% after deductible |
| Endodontics | 35% after deductible | 35% after deductible | 50% after deductible | 50% after deductible |
| Periodontics | 35% after deductible | 35% after deductible | 50% after deductible | 50% after deductible |
| Anesthesia | 35% after deductible | 35% after deductible | 50% after deductible | 50% 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% after deductible ¹ | Not covered | 50% after deductible ¹ | Not covered |
| Features | | | | |
| Provider network | Delta Dental PPO Network | | All other providers | |
| Balance bill | Participating dentists: no Nonparticipating dentists: yes | | | |

¹ Only covered to treat cleft palate, with or without cleft lip for ages under 19.

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
- 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 except for evidence of clinical failure

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
- 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 100% once in a five year period, up to \$150 maximum
- Oral anesthesia medication permitted when used during an in-office procedure
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Scaling and root planing once in a two-year period
- Tooth colored fillings on back teeth are limited to the amount allowed for an amalgam restoration

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide for adults.
- Bridges
- 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 except for emergency care for members under age 19
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate)
- Over-the-counter athletic mouth guards and night guards are excluded
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- 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.