

2018 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental Premier® SHOP, 1000, 70*/60/50, 75

Calendar year costs		
Deductible (under age 19)	\$75 per person / \$225 family	
Out-of-pocket maximum (under age 19)	\$350 for one member / \$700 for two or more members	
Annual maximum (age 19+)	\$1,000	
Class 1		
	Under age 19, members pay	Ages 19+
Exams & X-rays	30%	30%
Cleanings	30%	30%
Sealants	30%	30%
Topical fluoride	30%	30%
Space maintainers	30%	Not covered
Class 2		
Restorative fillings	40% after deductible	40% after deductible
Oral surgery	40% after deductible	40% after deductible
Endodontics	40% after deductible	40% after deductible
Periodontics	40% after deductible	40% after deductible
Anesthesia	40% after deductible	40% 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% after deductible ¹	Not covered
Features		
Provider network	Delta Dental Premier Network	
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.