

2020 Dental plan benefit summary



Delta Dental of Oregon & Alaska

| Delta Dental EPO | Ages 0 – 18 | | Ages 19+ | |
|--|--|-------------------------|------------------------------|-------------------------|
| | In-network, you pay | Out-of-network, you pay | In-network, you pay | Out-of-network, you pay |
| Calendar year costs | | | | |
| Deductible per person | \$0 | | | |
| Out-of-pocket max per person (ages 0 – 18) | \$350 for one member / \$700 for two or more members (in-network only) | | | |
| Annual benefit max (age 19+) | \$1,500 | | | |
| Class 1 | | | | |
| Exams and X-rays | 0% | Not covered | 0% | Not covered |
| Cleanings | 0% | Not covered | 0% | Not covered |
| Periodontal maintenance | 0% | Not covered | 0% | Not covered |
| Sealants | 0% | Not covered | 0% | Not covered |
| Topical fluoride | 0% | Not covered | 0% ¹ | Not covered |
| Class 2 | | | | |
| Space maintainers | 30% | Not covered | Not covered | Not covered |
| Restorative fillings ² | 30% | Not covered | 30% | Not covered |
| Class 3 | | | | |
| Oral surgery ³ | 50% | Not covered | 50% | Not covered |
| Endodontics ³ | 50% | Not covered | 50% | Not covered |
| Periodontics ³ | 50% | Not covered | 50% | Not covered |
| Restorative crowns ³ | 50% | Not covered | 50% | Not covered |
| Bridges ³ | Not covered | Not covered | 50% | Not covered |
| Partial and complete dentures ³ | 50% | Not covered | 50% | Not covered |
| Anesthesia ³ | 50% | Not covered | 50% | Not covered |
| Orthodontia ⁴ | 50% | Not covered | Not covered | Not covered |
| Features | | | | |
| Provider network | Delta Dental PPO Network | All other providers | Delta Dental PPO Network | All other providers |
| Balance bill | Delta Dental PPO Network: No | Yes | Delta Dental PPO Network: No | Yes |

¹ Covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

² Six-month exclusion period for ages 19 and over if member does not have 12 continuous months of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2020 Delta Dental policy.

³ 12-month exclusion period for ages 19 and over if member does not have 12 continuous months of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2020 Delta Dental policy.

⁴ Only medically necessary orthodontia to treat cleft palate is covered.

Limitations

Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a six-month period
- Fluoride once in a 6-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
- Interim caries arresting medicament application is covered twice per tooth per year. Many restorations are not covered within 3 months of interim caries arresting medicament application.
- 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 2 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 once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over
- 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.
- Dentures once in a seven-year period age 16 and over
- IV sedation or general anesthesia only with surgical procedures. Oral anesthesia only for members under age 19 used during an in-office procedure.
- Night guard (occlusal guard) covered at 100 percent once in a five year period, up to \$150 maximum
- Periodontal surgical procedures by the same dentist at the same site are covered once in a 3 year period for members 19 and over.
- Porcelain crowns on back teeth are limited to the amount for a full metal crown.
- Scaling and root planing is limited to once per quadrant in any 2-year period

Exclusions

- Services provided out-of-network except for a problem focused exam or palliative care in the case of a dental emergency
- Anesthetics, analgesics, hypnosis and most medications, including nitrous oxide for adults
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays or records
- 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 under age 19)
- Over-the-counter night guards and athletic mouth guards
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Teledentistry, translation or sign language services are not covered as separate charges
- Temporomandibular joint syndrome (TMJ)
- Treatment before coverage begins or after coverage ends
- Treatment not dentally necessary

These benefits and Delta Dental policies are subject to change in order to be compliant with state and federal guidelines. This summary is not a contract. If there is any discrepancy between the summary and the contract, it is the contract that will control.