

2017 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental PPO Bright Smiles	Under age 19		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 (under age 19)	\$350 for one member; \$700 for two or more members (in-network only)			
Annual benefit max (age 19+)	NA			
Class 1				
Exams and X-rays	25%	50%	Not covered	
Cleanings	25%	50%	Not covered	
Periodontal maintenance	25%	50%	Not covered	
Sealants	25%	50%	Not covered	
Topical fluoride	25%	50%	Not covered	
Class 2				
Space maintainers	40%	50%	Not covered	
Restorative fillings	40%	50%	Not covered	
Class 3				
Oral surgery	50%	50%	Not covered	
Endodontics	50%	50%	Not covered	
Periodontics	50%	50%	Not covered	
Restorative crowns	50%	50%	Not covered	
Bridges	Not covered	Not covered	Not covered	
Partial and complete dentures	50%	50%	Not covered	
Anesthesia	50%	50%	Not covered	
Orthodontia ¹	50%	50%	Not covered	
Features				
Plan enrollment options	Direct through choosemoda.com only			
Provider network	Delta Dental PPO Network	All other providers	All other providers	
Balance bill	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Yes	

¹ Only covered to treat cleft palate, with or without cleft lip

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 2 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 not covered
- 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 is limited to once per quadrant in any 2-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
- 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
- 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 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.