

2018 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental PPO SM	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+)	\$1,000			
Annual benefit max (under age 19)	\$1,000 (out-of network only)			
Class 1				
Exams and X-rays	10%	50%	25%	50%
Cleanings	10%	50%	25%	50%
Periodontal maintenance	10%	50%	25%	50%
Sealants	10%	50%	25%	50%
Topical fluoride	10%	50%	25% ¹	50% ¹
Class 2				
Space maintainers	70%	70%	Not covered	Not covered
Restorative fillings ²	70%	70%	40%	50%
Class 3				
Oral surgery ³	70%	70%	50%	50%
Endodontics ³	70%	70%	50%	50%
Periodontics ³	70%	70%	50%	50%
Restorative crowns ³	70%	70%	50%	50%
Bridges ³	Not covered	Not covered	50%	50%
Partial and complete dentures ³	70%	70%	50%	50%
Anesthesia ³	70%	70%	50%	50%
Orthodontia ⁴	70%	70%	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 dentists: No	Delta Dental Premier dentists: No Nonparticipating: Yes	Delta Dental PPO dentists: No	Delta Dental Premier dentists: No Nonparticipating: 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 6-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 2018 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 2018 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
- 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
- Scaling and root planing is limited to once per quadrant in any 2-year period
- Tooth colored fillings on back teeth are limited to the amount allowed for an amalgam restoration.
- Porcelain crowns on back teeth are limited to the amount for a full metal crown.

Exclusions

- 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
- 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 are excluded
- 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.