

# 2017 Dental plan benefit table



Delta Dental of Oregon & Alaska

Delta Dental Premier Healthy Smiles	Under age 19, members pay	Ages 19+, members pay
<b>Calendar year costs</b>		
Deductible per person	\$0	
Out-of-pocket maximum per person (under age 19)	\$350 for one member; \$700 for two or more members	
Annual benefit maximum	NA	
<b>Class 1</b>		
Exams and X-rays	20%	Not covered
Cleanings	20%	Not covered
Periodontal maintenance	20%	Not covered
Sealants	20%	Not covered
Topical fluoride	20%	Not covered
<b>Class 2</b>		
Space maintainers	35%	Not covered
Restorative fillings	35%	Not covered
<b>Class 3</b>		
Oral surgery	50%	Not covered
Endodontics	50%	Not covered
Periodontics	50%	Not covered
Restorative crowns	50%	Not covered
Bridges	50%	Not covered
Partial and complete dentures	50%	Not covered
Anesthesia	50%	Not covered
Orthodontia <sup>1</sup>	50%	Not covered
<b>Features</b>		
Location	All areas	
Plan enrollment options	Direct through ShopModaPlans.com only	
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

<sup>1</sup> Only medically necessary orthodontia is covered

## Limitations

- Delta Dental Premier Healthy Smiles with benefits for under age 19

### Class 1

- Bitewing X-rays once in a 6-month period
- Exam once in a 6-month period
- Flouride covered once in a 6-month period
- Full-mouth or panoramic X-rays once in a 5-year period
- Prophylaxis or periodontal maintenance is covered once in any 6-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 3-year period

### 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. Over-the-counter athletic mouth guards are excluded
- Bridges and dentures once in a 5-year period
- Crowns and other cast restorations once in a 5-year period
- IV sedation or general anesthesia only when in conjunction with a covered surgical procedure performed in a dental office or when necessary due to concurrent medical conditions
- Occlusal guard (nightguard) covered once per year between ages 13 and 19. Over-the-counter nightguard's are excluded
- Only medically necessary orthodontia is covered
- Scaling and root planing once per quadrant in a 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 except for IV sedation or general anesthesia with surgical procedures
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Cosmetic services
- Coverage for members age 19 and older
- Duplication and interpretation of X-rays
- Experimental or investigational procedures
- Hospital costs or other fees for facility or home care
- Implants (except when dentally necessary)
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services for age 19 and older
- 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 of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.*