

2019 Dental plan benefit table



Delta Dental of Oregon & Alaska

Delta Dental Premier® Healthy Smiles	Ages 0 – 18, members pay	Ages 19+, members pay
Calendar year costs		
Deductible per person	\$0	
Out-of-pocket maximum per person	\$350 for one member / \$700 for two or more members	
Annual maximum plan payment limit	N/A	
Class 1		
Exams and X-rays	30%	Not covered
Cleanings	30%	Not covered
Periodontal maintenance	30%	Not covered
Sealants	30%	Not covered
Topical fluoride	30%	Not covered
Class 2		
Space maintainers	70%	Not covered
Restorative fillings	70%	Not covered
Class 3		
Oral Surgery	70%	Not covered
Endodontics	70%	Not covered
Periodontics	70%	Not covered
Restorative crowns	70%	Not covered
Bridges	70%	Not covered
Partial and complete dentures	70%	Not covered
Anesthesia	70%	Not covered
Orthodontia ¹	70%	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier network: No Nonparticipating: Yes	

¹ Only medically necessary orthodontia is covered.

Limitations

Class 1

- Bitewing X-rays once in a 6-month period
- Exam once in a 6-month period
- Fluoride is 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 guards are covered once in any 12-month period for members age 15 and under and once in any 2-year period between ages 16 to 18
- 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
- Medically necessary orthodontia covered only for dependent children
- Occlusal guard (nightguard) covered at 100 percent once per year between ages 13 and 18
- Scaling and root planing once per quadrant in a 2-year period

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
- Duplication and interpretation of X-rays (exception only the interpretation of a diagnostic image by a professional not associated with the capture of the image is covered)
- 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)
- Over-the-counter athletic mouth guards and occlusal guards
- 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
- Treatment not dentally necessary
- Treatment of any disturbance of the temporomandibular joint (TMJ)

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 dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.