2026 Dental plan benefit table

Delta Dental of Oregon & Alaska

Delta Dental Premier, +1500, 100/80/50, 50, PF	Age 0-18, employees pay	Age 19+, employees pay
Calendar year costs		
Deductible	$50 per person / $150 per family	
Out-of-pocket maximum (under age 19)	$450 for one member $900 for two or more members	
Annual maximum (ages 19+)	$1,500 Class 1 other than cone beam x-rays does not apply to maximum	
Class 1		
Exams and X-rays	0%	0%
Cleanings	0%	0%
Periodontal maintenance	0%	0%
Sealants	0%	0%
Topical fluoride	0%	0%
Space maintainers	0%	Not Covered
Class 2		
Restorative fillings	40% after deductible	20% after deductible
Oral Surgery	40% after deductible	20% after deductible
Endodontics	40% after deductible	20% after deductible
Periodontics	40% after deductible	20% after deductible
Class 3		
Restorative crowns	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible
Bridges	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible
Orthodontia[1]	50% after deductible	Not Covered
Features		
Provider Network	Delta Dental Premier Network	
Balance bill	Participating Dental Delta Premier dentists: No Nonparticipating dentists: Yes	

1 *Only medically necessary orthodontia is covered.*

Limitations

Class 1

- Bitewing X-rays once in a 6-month period under age 19 and once in a 12-month period age 19 and over
- Exam twice per calendar year
- Fluoride twice per calendar year under age 19 and once every 12 months if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment for age 19 and over
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year. For ages 19 and over, many restorations are not covered within 2 months of an interim caries arresting medicament application.
- Prophylaxis or periodontal maintenance is covered twice per calendar year. 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 under age 19 and once in a 5-year period age 19 and over.

Class 2 and Class 3

- Athletic mouthguard covered once in any 12-month period for members age 15 and under, and once in any 2-year period for ages 16 and over.
- Bridges and dentures once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- Crowns and other cast restorations once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- Crown over implant once in a 5-year period when dentally necessary under age 19 and once per lifetime per tooth space age 19 and over
- Implants when dentally necessary and at least 5 years after the last cast restoration
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Nitrous oxide after a 12-month exclusion period
- Occlusal guard (nightguard) covered once per year between ages 13 and 18 at 100 percent and once every 5 years at 100 percent, up to a $200 maximum for members age 19 and over.
- Periodontal surgical procedures by the same dentist to the same site are covered once in a 3-year period age 19 and over.
- Porcelain crowns on back teeth are limited to the amount for a full metal crown.
- Scaling and root planing once per quadrant in a 2-year period

Exclusions

- Anesthetics, analgesics, hypnosis and medications, except for IV sedation or general anesthesia with surgical procedures and Intellectual Developmental & Disabilities benefits
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for age 19 and over
- Cosmetic services
- Duplication and interpretation of diagnostic images or records (exception for under age 19, only the interpretation of a diagnostic image by a professional not associated with the capture of the image is covered)
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except for Intellectual Developmental & Disabilities benefits
- Orthodontia (exception for medically necessary treatment under age 19 or when an orthodontia rider is included)
- Over-the-counter athletic mouthguards and over-the-counter nightguards (occlusal guards)
- Precision attachments
- 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 a separate benefit.
- Treatment before coverage begins or after coverage ends
- Treatment not dentally necessary
- Treatment of any disturbance of the temporomandibular joint (TMJ) and cone beam imaging related to 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. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.