2027 Delta Dental Plan Benefit Summary

DELTA DENTAL
Delta Dental of Oregon & Alaska

Delta Dental PPO, PF, +2500, 100/90/50, 50	Age 0-18, members pay		Age 19+, members pay	
	In-network	Out-of-network	In-network	Out-of-network
Calendar year costs				
Deductible per person	$50			
Deductible per family	$150			
Out-of-pocket maximum (ages 0-18)	$450 for one member / $900 for two or more members			
Annual maximum (ages 19+) (Class 1 services other than cone beam x-rays do not apply to maximum)	$2,500			
Class 1				
Exams and X-rays	0%	20%	0%	10%
Cleanings	0%	20%	0%	10%
Periodontal maintenance	0%	20%	0%	10%
Sealants	0%	20%	0%	10%
Space maintainers	0%	20%	Not covered	Not covered
Topical fluoride	0%	20%	0%	10%
Class 2				
Restorative fillings	0%	50% after deductible	10% after deductible	30% after deductible
Oral Surgery	0%	50% after deductible	10% after deductible	30% after deductible
Endodontics	0%	50% after deductible	10% after deductible	30% after deductible
Periodontics	0%	50% after deductible	10% after deductible	30% after deductible
Class 3				
Restorative crowns	0%	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	0%	50% after deductible	50% after deductible	50% after deductible
Bridges	0%	50% after deductible	50% after deductible	50% after deductible
Implants	0%	50% after deductible	50% after deductible	50% after deductible
Orthodontia	0%	50% after deductible	Not covered	Not covered
Features				
Provider Network	Delta Dental PPO			
Balance bill	Delta Dental PPO dentists: No Delta Dental Premier dentists: No Nonparticipating dentists: Yes			

Limitations

Class 1

- Bitewing X-rays once in a 6-month period under age 19 and once in a 12-month period age 19+
- Exam twice per calendar year
- Fluoride twice per calendar year under age 19. For age 19+ once every 12 months if there is recent history of periodontal surgery or high risk of decay due to medical disease, chemotherapy or similar type of treatment
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application twice per tooth per year. For age 19+, many restorations are not covered within 2 months of interim caries arresting medicament application.
- Prophylaxis (cleaning) or periodontal maintenance twice per calendar year. 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 3-year period under age 19 and once in a 5-year period age 19+

Class 2 and Class 3

- Athletic mouthguard once in any 12-month period age 15 and under and once in any 2-year period age 16+
- Bridges and dentures once in a 5-year period under age 19 and once in a 7-year period age 19+
- Crowns and other cast restorations once in a 5-year period under age 19 and once in a 7-year period age 19+
- Crowns over implant once per tooth space in a 5-year period under age 19 and once per lifetime age 19+
- Implant when dentally necessary and at least 5 years from the last cast restoration
- IV sedation or general anesthesia only with covered surgical procedures in a dental office or when necessary due to a concurrent medical condition.
- Nitrous oxide after a 12-month exclusion period and when in conjunction with a covered dental procedure done in a dental office
- Occlusal guard (nightguard) covered at 100% once per year age 13 – 18, and once every 5 years to a $200 age 19+
- Scaling and root planing once per quadrant in any 2-year period
- Space maintainers once per space, but not covered for primary anterior teeth or missing permanent teeth or for age 19+

Exclusions

- Anesthetics, analgesics, hypnosis and medications, except IV sedation or general anesthesia with surgical procedures and under Intellectual & Developmental Disabilities benefits
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for age 19+
- Cosmetic services
- Duplication and interpretation of diagnostic images or records except for under age 19 the interpretation of a diagnostic image by a different dentist than the one who took the image
- 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 under Intellectual Developmental & Disabilities benefits
- Orthodontia (except for medically necessary orthodontia under age 19)
- Over-the-counter nightguards and athletic mouthguards
- 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
- TMJ treatment, including cone beam imaging related to TMJ
- Treatment before coverage begins or after coverage ends
- 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 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.