# 2027 Delta Dental Plan Benefit Summary

Delta Dental of Oregon & Alaska

| Delta Dental PPO, PF, Voluntary, 2000, 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) | $2,000 | | | |
| 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<br>Delta Dental Premier dentists: No<br>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.
- 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, nitrous oxide, 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.