2027 Dental plan benefit table

Delta Dental of Oregon & Alaska

Delta Dental Premier Preventive Mandated Plan	Age 0-18, members pay	Age 19+, members pay
	In-network and out-of-network	
Calendar year costs		
Deductible per person	$25	
Deductible per family	$75	
Out-of-pocket maximum	NA	
Annual maximum	$500	
Class 1		
Exams and X-rays	0%	0%
Cleanings	0%	0%
Periodontal maintenance	0%	0%
Sealants	0%	0%
Space maintainers	0%	Not covered
Topical fluoride	0%	0%
Class 2		
Restorative fillings	90% after deductible	90% after deductible
Oral Surgery	90% after deductible	90% after deductible
Endodontics	90% after deductible	90% after deductible
Periodontics	90% after deductible	90% after deductible
Class 3		
Restorative crowns	90% after deductible	90% after deductible
Partial and complete dentures	90% after deductible	90% after deductible
Bridges	90% after deductible	90% after deductible
Implants	90% after deductible	90% after deductible
Orthodontia	Not covered	Not covered
Features		
Provider Network	Delta Dental Premier	
Balance bill	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	
Direct Option plan match		

Limitations

Class 1

- Bitewing X-rays once in a 12-month period
- Exam twice per calendar year
- Fluoride twice per calendar under age 19, and for age 19+ 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.
- Prophylaxis (cleaning) or periodontal maintenance twice per calendar year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 5-year period
- Space maintainers once per space, but not covered for anterior primary teeth or missing permanent teeth or for age 14+

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 7-year period
- Crowns and other cast restorations once in a 7-year period
- IV sedation, general anesthesia or nitrous oxide only with covered surgical procedures in a dental office or when necessary due to a concurrent medical condition
- Implants once per lifetime per tooth space
- Nightguard (occlusal guard) once per year age 13-18, and once every 5 years to $200 age 19+
- Scaling and root planing once per quadrant in any 2-year period

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
- Cosmetic services
- Duplication and interpretation of X-rays or records
- 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
- 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.