

# 2024 Dental plan benefit table

Delta Dental Premier Shining Smiles	Ages 0-18, employees pay	Ages 19+, employees pay
Calendar year costs		
Deductible	\$50 per person / \$150 family	
Annual maximum (age 19+)	N/A	
Out-of-pocket maximum (under age 19)	\$400 for one member \$800 for two or more members	
Class 1 <sup>1</sup>		
Exams and X-rays	10%	Not covered
Cleanings	10%	Not covered
Sealants	10%	Not covered
Topical fluoride	10%	Not covered
Space maintainers	10%	Not covered
Class 2		
Restorative fillings	30% after deductible	Not covered
Oral Surgery	30% after deductible	Not covered
Endodontics	30% after deductible	Not covered
Periodontics	30% after deductible	Not covered
Anesthesia	30% after deductible	Not covered
Class 3		
Restorative crowns	50% after deductible	Not covered
Partial and complete dentures	50% after deductible	Not covered
Implants & bridges	Not covered	Not covered
Orthodontia <sup>2</sup>	50% after deductible	Not covered
Features		
Provider Network	Delta Dental Premier Network	
Balance bill	Participating dentists: no Nonparticipating dentists: yes	
Direct Option plan match	n/a	

<sup>1</sup> Deductible waived for class 1 services.

<sup>2</sup> Only medically necessary orthodontia to treat cleft palate is covered.

## Limitations

### Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a 6-month period
- Fluoride once in a 6-month period
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year. Many restorations are not covered within 2 months of interim caries arresting medicament application.
- Prophylaxis (cleaning) 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 5-year period except for evidence of clinical failure

### Class 2 and Class 3

- Athletic mouthguard once in any 12-month period for age 15 and under and once in any 2-year period age 16 and over
- Crowns and other cast restorations once in a 7-year period
- Crown-over-implant once per lifetime per tooth space
- Dentures once in a 7-year period age 16 and over
- IV sedation or general anesthesia only with surgical procedures
- Nightguard (occlusal guard) covered at 100% once in a 5-year period, up to \$200 maximum
- Oral anesthesia medication permitted when used during an in-office procedure
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Scaling and root planing once in a 2-year period

## Exclusions

- All services for members age 19 and over
- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide except for IV sedation or general anesthesia with dental procedures
- Bridges
- Charges above the maximum plan allowance
- 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 except for emergency care
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate)
- Over-the-counter athletic mouthguards and nightguards
- 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
- Services received out-of-network except for emergency services
- Temporomandibular joint syndrome (TMJ)
- Translation or sign language services are not covered as separate charges
- Treatment before coverage begins or after coverage ends
- Treatment not dentally necessary

These benefits and Delta Dental of Oregon 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 Oregon provided by Delta Dental of Oregon. Delta Dental is a trademark of Delta Dental Plans Association.