

2022 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental Premier® Radiant Smiles Plan		
Calendar year costs		
Deductible per person/family	\$50 per person / \$150 per family	
Annual maximum plan payment limit	N/A	
Out-of-pocket maximum	\$375 for one member/\$750 for two or more members	
Class 1	What employees pay	
	Under age 19	Ages 19+
Exams and X-rays	0%	Not covered
Cleanings	0%	Not covered
Periodontal maintenance	0%	Not covered
Sealants	0%	Not covered
Topical fluoride	0%	Not covered
Space maintainers	0%	Not covered
Class 2		
Restorative fillings	40% after deductible	Not covered
Oral surgery	40% after deductible	Not covered
Endodontics	40% after deductible	Not covered
Periodontics	40% after deductible	Not covered
Class 3		
Restorative crowns	50% after deductible	Not covered
Partial and complete dentures	50% after deductible	Not covered
Implants	50% after deductible	Not covered
Orthodontia	50% after deductible ¹	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

¹ Only medically necessary orthodontia is covered.

Limitations

Class 1

- Bitewing X-rays once in a 6-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. For ages 19 and over, many restorations are not covered within 3 months of an 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 3-year period

Class 2 and Class 3

- Athletic mouth guard covered once in any 12-month period for members age 15 and under, and once in any 2-year period for ages 16 to 18
- Bridges and dentures once in a 5-year period
- Crowns and other cast restorations once in a 5-year period
- Crown over implant once in a 5-year period
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Night guard (occlusal guard) covered once per year at 100 percent
- 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 in a 2-year period

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide except for IV sedation or general anesthesia with surgical procedures
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Cosmetic services
- Duplication and interpretation of diagnostic images or records (exception 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)
- Orthodontia (exception for medically necessary treatment or when an orthodontia rider is included)
- Over-the-counter athletic mouth guards and over-the-counter night guards (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 of any disturbance of the temporomandibular joint (TMJ)
- Treatment before coverage begins or after coverage terminates
- 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.