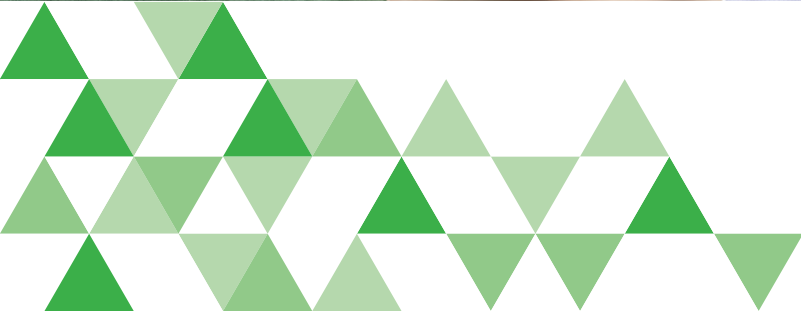


2026 | Oregon dental plans

Individual & family



Welcome to Delta Dental Plan of Oregon

This is the place you come to when you want more than a dental plan — because good health is about so much more than just the plan details.



We protect more smiles



One of the largest networks of dentists

Experience top-of-the-line dental care from one of the largest networks of dentists in Oregon and across the country.

Or choose our Willamette Dental Network for personalized care at predictable costs. (see pg. 7 for details)



Easy enrollment

Confirm your eligibility, find the plan you like, and enroll at DeltaDentalOR.com/shop

Proven

experience offering insurance
plans for over 70 years





Quality coverage *for your smile*

With Delta Dental, you'll have access to one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country. We also offer the Willamette Dental Network, a self-contained network of nearly 50 locations across the Pacific Northwest.



Savings from
in-network dentists



Annual
cleanings

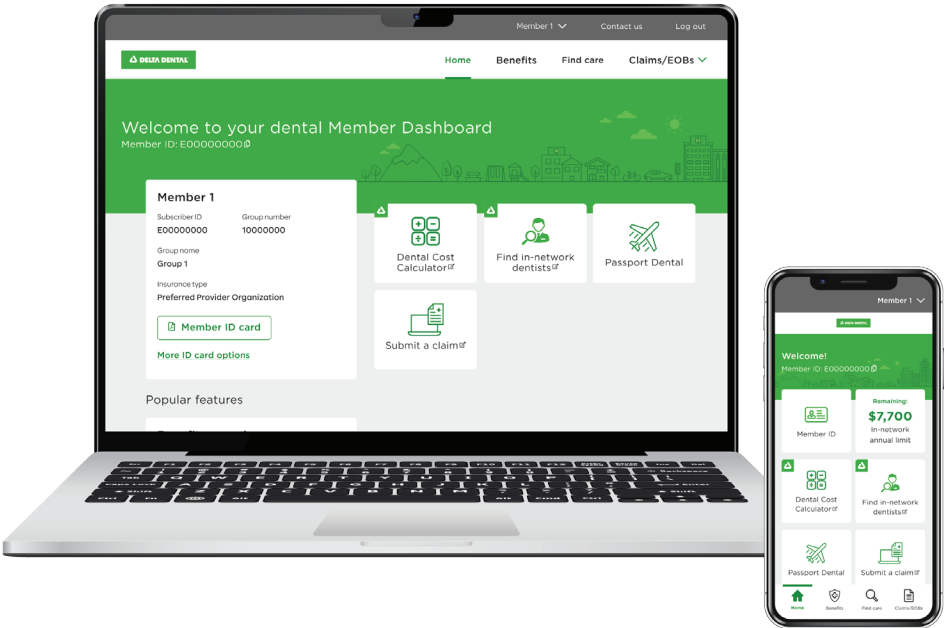


Superior
customer service



Freedom to
choose a dentist

Our dental plans include *useful online tools*, resources and special programs for those of you who may need extra attention for your pearly whites.



Ready to choose?
Make your selection at DeltaDentalOR.com/shop

Dental networks *that work for you*

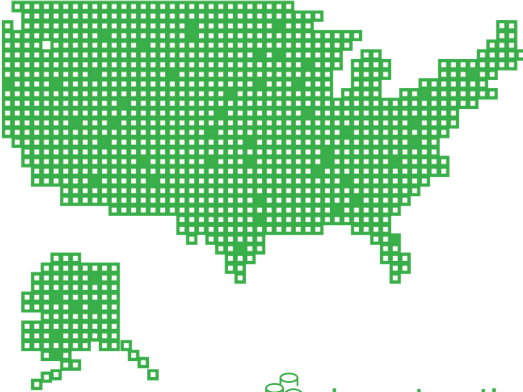
Delta Dental Networks

With thousands of dentists across the state and country, in-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.

Delta Dental **PPO**™ Network

bigger savings

The Delta Dental PPO™ Network offers these dental plans:
Delta Dental EPO • Delta Dental PPO™
Delta Dental PPO™ MAC
Delta Dental PPO™ Bright Smiles



 **Lowest cost!**

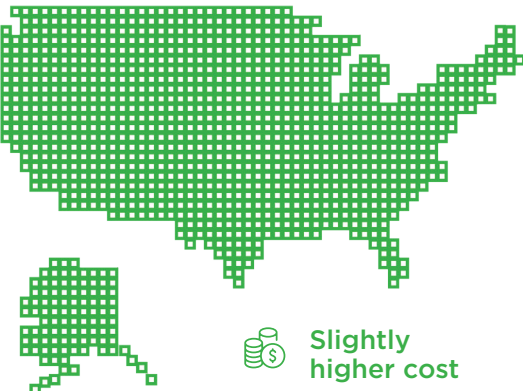
 **Large network of dentists**

OR

Delta Dental **Premier**® Network

more choice

The Delta Dental Premier® Network offers this dental plan:
Delta Dental Premier® 1000



 **Slightly higher cost**

 **Largest dental network in Oregon**

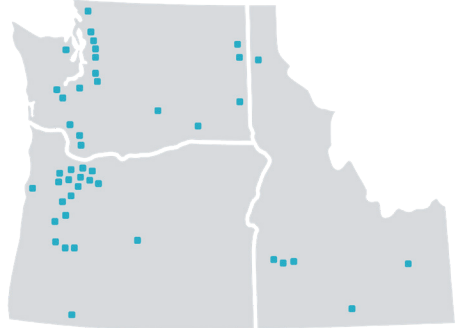
Willamette Dental Network

Visit any Willamette Dental dentist at nearly 50 offices across the Pacific Northwest for personalized care at predictable costs. You'll feel at ease knowing exactly what to expect.

Willamette Dental Network

predictable costs

The Willamette Dental Network offers this plan:
Willamette EPO





 **Fixed, known costs**

 **Connected network for a consistent experience**



See if your dentist is in-network at DeltaDentalOR.com/DentistSearch
click on Search now > select your dental network



See Willamette Dental locations at locations.willamettedental.com

2026 Dental plan benefit table

									
							Special Youth-Only Plan	Direct Only Non-Certified Plan	
	Delta Dental EPO ^{1,2,3}		Delta Dental PPO TM 1,2,3		Delta Dental PPO TM MAC ^{1,2,3}		Delta Dental PPO TM Bright Smiles ³	Delta Dental Premier 1000 Direct Only Non Certified Plan ^{1,2,4}	
Benefits covered for	Age 0-18	Age 19+	Age 0-18	Age 19+	Age 0-18	Age 19+	Age 0-18	Age 19+	All ages
What you pay for the in-network care you receive each year — out-of-network services may be covered at a different rate									
Deductible (per person/family)	\$0		\$0		\$0		\$0	Not covered	\$50 / \$150 for all ages
Annual maximum (ages 19+)	\$1,500		\$1,000		\$1,200		N/A	Not covered	\$1,000 for all ages
Out-of-pocket maximum per person (ages 0-18)	\$450 for 1 member / \$900 for 2+ members (in-network only)		\$450 for 1 member / \$900 for 2+ members (in-network only)		\$450 for 1 member / \$900 for 2+ members (in-network only)		\$450 for 1 member / \$900 for 2+ members (in-network only)	Not covered	N/A
Out-of-network benefits available	✕		✓		✓		✓	Not covered	✓
Class 1									
General office visit	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Specialist office visit	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Exams and X-rays	0%	0%	0%	25%	0%	0%	0%	Not covered	0%
Cleanings	0%	0%	0%	25%	0%	0%	0%	Not covered	0%
Periodontal maintenance	0%	0%	0%	25%	0%	0%	0%	Not covered	0%
Sealants	0%	0%	0%	25%	0%	0%	0%	Not covered	0%
Topical fluoride	0%	0%	0%	25%	0%	0%	0%	Not covered	0%
Class 2									
Space maintainers	30%	Not covered	75%	Not covered	30%	Not covered	75%	Not covered	20% after deductible
Restorative fillings	30%	30%	75%	40%	30%	40%	75%	Not covered	20% after deductible
Class 3									
Oral surgery	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Endodontics	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Periodontics	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Restorative crowns	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Bridges	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	Not covered	50% after deductible
Partial and complete dentures	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Implants	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Anesthesia	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible
Orthodontia	50%	Not covered	75%	Not covered	50%	Not covered	75%	Not covered	Not covered
Features									
Provider network (in-network)	Delta Dental PPO TM Network		Delta Dental PPO TM Network		Delta Dental PPO TM Network		Delta Dental PPO TM Network		Delta Dental Premier [®] Network
Service area	All <i>except</i> Grant, Harney, Union and Wheeler		Statewide		<i>Only</i> in Grant, Harney, Union and Wheeler		Statewide		Statewide

Plan highlights



Bright Smiles

Bright Smiles is a special youth-only Delta Dental PPO™ plan for ages 0-18. No benefits will be paid for members 19+ enrolled in this plan.



Premier® 1000 Plan

Delta Dental Premier® 1000 is a non-certified dental plan, that does not include the ACA Pediatric benefits. Members of any age can enroll in this plan. Only available direct at DeltaDentalOR.com/shop.



Out-of-network available

For out-of-network benefits, scan the QR code, then click on Oregon to view Summaries of Benefits (SOBs) with detailed information on each plan.



1 For Class 2 services, 6-month exclusion period applies for ages 19 and over. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19. For Non Certified plan, the exclusion period applies to all ages.

2 For Class 3 services, 12-month exclusion period applies for ages 19 and over. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19. For Non Certified plan, the exclusion period applies to all ages.

3 Only medically necessary orthodontia to treat cleft palate is covered.

4 Pediatric limitations do not apply. Follow Delta Dental standard limitations.

These benefits and Delta Dental Plan 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.

8

9

Great value for individuals and families

Discover the value of personalized, evidence-based care and predictable costs. Willamette Dental makes dental care better and easier for individuals and families.

When selecting your dental plan, you want to know:



What will my dental costs be?

With this plan, you always know your out-of-pocket costs. No surprises, no guessing. It's clear and simple.



What if I need more than preventive dental care?

This plan has no annual maximum.



Does this plan cover braces for me and my kids?

This is our only Delta Dental plan that covers orthodontic treatment for both kids and adults. Everyone's covered for braces and more, no matter your age.



What happens if I visit a different dentist in the network?

Every Willamette Dental dentist in the network is connected and follows the same philosophy of care. This way, whatever dentist or location you choose, you don't have to fill out new forms or answer extra questions. It's easy and familiar every time.



With Willamette Dental Network

Willamette EPO ^{1, 2, 3, 4, 5}	
Benefits covered for	All ages
What you pay for the in-network care you receive each year	
Deductible (per person/family)	\$0
Annual maximum (ages 19+)	No annual maximum
Out-of-pocket maximum per person (ages 0-18)	N/A
Out-of-network benefits available	Emergency only
Class 1	
General office visit	\$25 per visit
Specialist office visit	\$35 per visit
Exams and X-rays	\$0
Cleanings	\$0
Periodontal maintenance	\$0
Sealants	\$15 per tooth
Topical fluoride	\$15
Class 2	
Space maintainers	\$0
Restorative fillings	\$45 to \$80 per tooth
Class 3	
Oral surgery	\$50 to \$190 per tooth
Endodontics	\$70 to \$425 per tooth
Periodontics	\$100 to \$325 per quadrant
Restorative crowns	\$500 per tooth
Bridges	\$500
Partial and complete dentures	\$600
Implants	Not covered
Anesthesia	Not covered
Orthodontia	\$2,800
Features	
Provider network (in-network)	Willamette Dental Network
Service area	Oregon, Washington and Idaho locations



EPO

Our Willamette EPO plan offers a network of dentists that provide personalized care with predictable costs. You can visit any dentist or office in the Willamette Dental Network that's convenient for you and know what to expect — every time.



No annual maximum

Enjoy peace of mind with no annual maximum and predictable costs for covered services.



Orthodontic care for all ages

Need braces or aligners? Orthodontic treatment is covered for both kids and adults.



No out-of-network benefits

You must seek care from a Willamette Dental dentist or office to enjoy the benefits.

¹ General office visit copay applies to each office visit for emergency, general or orthodontic treatment.

² Specialist office visit copay applies to each office visit for specialty treatment including endodontic services, oral surgery, periodontic services or prosthodontic services.

³ Crowns, in-lays, onlays, dentures, bridges and orthodontic services available after a 12-month exclusion period. The exclusion period applies if the member does not have one year of prior dental coverage with no break in coverage on the effective date of the new Delta Dental policy.

⁴ Pre-orthodontic service copay applies to comprehensive orthodontia copay if the member accepts treatment plan.

⁵ Out-of-network benefit is only available for a dental emergency when the member is 50 miles or more from any Willamette Dental office.

These benefits and Delta Dental Plan 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.

Calculate what you *pay each month*

Our plans offer competitive premiums—the amount you pay each month for coverage. If you want great benefits and value, you’re in good hands.

When selecting your dental plan, you want to know:



Who are these premiums for?

These premiums apply to members who live in Oregon.

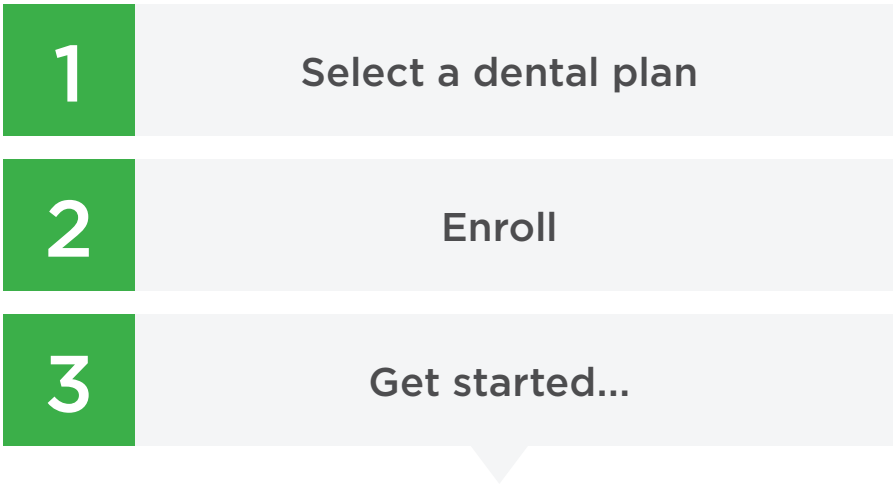


What affects my premium?

The plan, your age and the ages of your dependents may affect your premium amount. If you have more than three dependents under age 21 on the plan, you will only be charged a premium for the first three. Child dependents ages 21 through 25 have a premium based on their actual age. Having a birthday during a plan year won’t affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

2026 plan rates						
(Premiums effective Jan. 1, 2026 through Dec. 31, 2026)						
Age	Delta Dental EPO	Delta Dental PPO™	Delta Dental PPO™ MAC	Delta Dental PPO™ Bright Smiles	Delta Dental Premier® 1000	Willamette EPO
0-18	\$46.00	\$41.00	\$40.00	\$41.00	\$42.00	\$49.49
19-24	\$34.00	\$28.00	\$27.00	N/A	\$39.00	\$49.49
25	\$34.00	\$28.00	\$27.00	N/A	\$39.00	\$49.49
26-29	\$34.00	\$28.00	\$27.00	N/A	\$39.00	\$53.92
30-34	\$36.00	\$30.00	\$29.00	N/A	\$42.00	\$53.92
35-39	\$39.00	\$33.00	\$32.00	N/A	\$46.00	\$59.77
40-44	\$40.00	\$34.00	\$33.00	N/A	\$47.00	\$59.77
45-49	\$41.00	\$35.00	\$34.00	N/A	\$48.00	\$70.03
50-54	\$44.00	\$38.00	\$37.00	N/A	\$52.00	\$70.03
55-59	\$48.00	\$41.00	\$40.00	N/A	\$57.00	\$82.65
60-63	\$52.00	\$45.00	\$44.00	N/A	\$62.00	\$82.65
64+	\$55.00	\$48.00	\$47.00	N/A	\$66.00	\$82.65

Ready to choose better dental health?



Shop our plans at DeltaDentalOR.com/shop



Call us at [855-718-1767](tel:855-718-1767) or your agent to enroll



Enroll online at DeltaDentalOR.com/shop

What happens after you enroll?

1. **After you enroll...** You'll get your welcome materials and member ID card in the mail. It tells you what's in your plan and how to use it to get the most out of your benefits. Be sure to keep your ID card handy when you visit your dentist.

2. **Create your Member Dashboard account...** Go to DeltaDentalOR.com > Online tools > Member Dashboard > Create an account. Your personal dashboard helps you see your claims, search for dentists and manage your plan. It's quick and easy to set up.

3. **Pay your first bill...** After you sign up, we'll send you an invoice. Your first payment starts your plan, so make sure to pay it on time to start your coverage.

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-605-3229 (TTY: 711) или обратитесь к своему поставщику услуг.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-605-3229 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libheng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (TTY: 711) або зверніться до свого постачальника».

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电（文本电话：1-877-605-3229 (TTY: 711) ）或咨询您的服务提供商。

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-605-3229 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ - 1-877-605-3229 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ ”

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-605-3229 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि:शुल्क उपलब्ध छन्। 1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

ശ്രദ്ധിക്കുക: നിങ്ങൾ മലയാളം ഭാഷ സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകാനുള്ള ഉചിതമായ അനുബന്ധ സഹായങ്ങളും സേവനങ്ങളും കൂടെ സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229 (TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ നിങ്ങളുടെ ദാതാവിനോട് സംസാരിക്കുക.

PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-877-605-3229 (TTY: 711) wenno makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी नि:शुल्क उपलब्ध हैं। 1-877-605-3229 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

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AKIYESI: Ti o ba so Yorùbá, awọn işe iranlọwọ ede ofẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ ati awọn işe lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-877-605-3229 (TTY: 711) tabi sọrọ si olupese rẹ.

MAKINIKAI: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-605-3229 (TTY: 711) au zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-605-3229 (TTY: 711) ou fale com seu provedor.



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