

2027 Delta Dental Plan Benefit Summary

Delta Dental PPO Bright Smiles	Age 0-18, you pay		Age 19+, you pay	
	In-network	Out-of-network	In-network	Out-of-network
Calendar year costs				
Deductible per person	\$0			
Deductible per family	\$0			
Out-of-pocket maximum (ages 0-18)	\$450 for one member / \$900 for two or more members (in-network only)			
Annual maximum (ages 19+)	\$0			
Class 1				
Exams and X-rays	0%	40%	Not covered	Not covered
Cleanings	0%	40%	Not covered	Not covered
Periodontal maintenance	0%	40%	Not covered	Not covered
Sealants	0%	40%	Not covered	Not covered
Topical fluoride	0%	40%	Not covered	Not covered
Class 2 ¹				
Space maintainers	75%	75%	Not covered	Not covered
Restorative fillings	75%	75%	Not covered	Not covered
Class 3 ²				
Oral Surgery	75%	75%	Not covered	Not covered
Endodontics	75%	75%	Not covered	Not covered
Periodontics	75%	75%	Not covered	Not covered
Restorative crowns	75%	75%	Not covered	Not covered
Bridges	Not covered	Not covered	Not covered	Not covered
Partial and complete dentures	75%	75%	Not covered	Not covered
Implants	Not covered	Not covered	Not covered	Not covered
Anesthesia	75%	75%	Not covered	Not covered
Orthodontia	75%	75%	Not covered	Not covered
Features				
Provider Network	Delta Dental PPO In-network: Delta Dental PPO dentists Out-of-network: Delta Dental Premier dentists and nonparticipating dentists			
Balance bill	Delta Dental PPO dentists: No Delta Dental Premier dentists: Yes, for age 19+ Nonparticipating dentists: Yes			

- ¹ 6-month exclusion period applies except for in-network services for under age 19 or if member has one year of prior dental coverage with 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.
- ² 12-month exclusion period applies except for in-network services for under age 19 or if member has one year of prior dental coverage with 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.

Limitations

Class 1

- Bitewing X-rays once in a 12-month period
- Exam twice per calendar year
- Fluoride twice per calendar year
- 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. 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 5-year period except for evidence of clinical failure

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 to 18
- Crowns and other cast restorations once in a 7-year period and maximum of 4 crowns in a 7-year period
- Crown over implant once per lifetime per tooth
- Dentures once in a 7-year period age 16 to 18
- IV sedation or general anesthesia only with surgical procedures in a dental office or when necessary due to concurrent medical condition. Oral anesthesia only during an in-office procedure
- Nightguard (occlusal guard) once in a 5-year period, up to \$200 maximum
- Scaling and root planing once per quadrant in any 2-year period

Exclusions

- All services for members age 19 or over
- Anesthetics, analgesics, hypnosis and most medications (exception for nitrous oxide, oral anesthesia in an in-office procedure and under Intellectual Developmental & Disabilities benefits)
- 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 emergency care
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except under Intellectual Developmental & Disabilities benefits
- Orthodontia (except for treatment of cleft palate)
- 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 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. Dental plans in Oregon provided by Delta Dental Plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Association.