

2019 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental PPOSM, Voluntary, 1000, 100*/90/50, 50

Calendar year costs				
Deductible per person/family	\$50 per person / \$150 per family			
Annual maximum plan payment limit (age 19+) (option for groups 10 – 50 only)	\$1,000			
Out-of-pocket maximum (under age 19)	\$350 for one member/\$700 for two or more members (in-network only)			
Class 1	What employees pay			
	Under age 19 In-network	Under age 19 Out-of-network	Ages 19+ In-network	Ages 19+ Out-of-network
Exams and X-rays	0%	20%	0%	10%
Cleanings	0%	20%	0%	10%
Periodontal maintenance	0%	20%	0%	10%
Sealants	0%	20%	0%	10%
Topical fluoride	0%	20%	0% ¹	10% ¹
Space maintainers	0%	20%	Not covered	Not covered
Class 2				
Restorative fillings	40% after deductible	50% after deductible	10% after deductible	30% after deductible
Oral surgery	40% after deductible	50% after deductible	10% after deductible	30% after deductible
Endodontics	40% after deductible	50% after deductible	10% after deductible	30% after deductible
Periodontics	40% after deductible	50% after deductible	10% after deductible	30% after deductible
Class 3				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia	50% after deductible ²	50% after deductible ²	Not covered	Not covered
Features				
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers
Balance bill	Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes	

¹ For ages 19 and over, covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

² Only medically necessary orthodontia is covered.

Limitations

Class 1

- Exam once in a 6-month period
- Bitewing X-rays once in a 6-month period under age 19 and once in a 12-month period age 19 and over
- Full-mouth or panoramic X-rays once in a 5-year period
- 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
- Fluoride once in a 6-month period under age 19
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period under age 19 and once in a 5-year period age 19 and over

Class 2 and Class 3

- Bridges and dentures once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- Crowns and other cast restorations once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- Crown over implant once in a 5-year period when dentally necessary under age 19 and once per lifetime per tooth space age 19 and over
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Scaling and root planing once in a 2-year period
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Night guard (occlusal guard) covered once per year between ages 13 and 19 at 100 percent and once every 5 years at 100 percent, up to a \$150 maximum for members age 19 and over
- 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 and over

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)
- Congenital or developmental malformations for age 19 and over
- Cosmetic services
- Duplication and interpretation of X-rays (exception for under age 19, only the interpretation of a diagnostic image by professional not associated with 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 under age 19 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
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Treatment of any disturbance of the temporomandibular joint (TMJ)
- 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.