

# 2019 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental Premier® Shining Smiles		
<b>Calendar year costs</b>		
Deductible	\$50 per person / \$150 family	
Out-of-pocket maximum (under age 19)	\$350 for one member / \$700 for two or more members	
Annual maximum (age 19+)	N/A	
Minimum number of subscribers	N/A	
<b>Class 1</b>		
	What employees pay	
	Ages 0 – 18	Ages 19+
Exams & X-rays	10%	Not covered
Cleanings	10%	Not covered
Sealants	10%	Not covered
Topical fluoride	10%	Not covered
Space maintainers	10%	Not covered
<b>Class 2</b>		
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
<b>Class 3</b>		
Restorative crowns	50% after deductible	Not covered
Partial & complete dentures	50% after deductible	Not covered
Implants & bridges	Not covered	Not covered
Orthodontia	50% after deductible <sup>1</sup>	Not covered
<b>Features</b>		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: no Nonparticipating dentists: yes	
Direct Option plan match	N/A	

## Limitations

### Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a six-month period
- Fluoride once in a six-month period
- Full-mouth or panoramic X-rays once in a five-year period
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any six-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 five-year period except for evidence of clinical failure

### Class 2 and Class 3

- Athletic mouth guard covered at 50%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over
- Crowns and other cast restorations once in a seven-year period
- Crown-over-implant once per lifetime per tooth space
- Dentures once in a seven-year period age 16 and over
- IV sedation or general anesthesia only with surgical procedures
- Night guard (occlusal guard) covered at 100% once in a five year period, up to \$150 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 two-year period

## Exclusions

- Anesthetics, analgesics, hypnosis and medications
- Bridges not covered
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care except for emergency care for members under age 19
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate)
- Over-the-counter athletic mouth guards and night guards are excluded
- 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
- Temporomandibular joint syndrome (TMJ)
- 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 is a summary of the dental plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.*