

2025 | Oregon dental plans

# Individual & family



*Required filings that relate to these 2025 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.*







# Welcome to Delta Dental Plan of Oregon

This is the place you come 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 dental networks

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

Prefer the predictability of a smaller, interconnected network? Choose our Willamette Dental Network! (see pg. 7 for details)



Easy enrollment

Confirm your eligibility, find the plan you like, and enroll at [DeltaDentalOR.com/shop](https://DeltaDentalOR.com/shop)

## Proven

with 70 years of offering insurance plans







# Quality coverage for your smile

Our plans come with dental insurance options to help you and your family achieve better oral health. With Delta Dental plans in Oregon, you'll have access to Delta Dental, 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

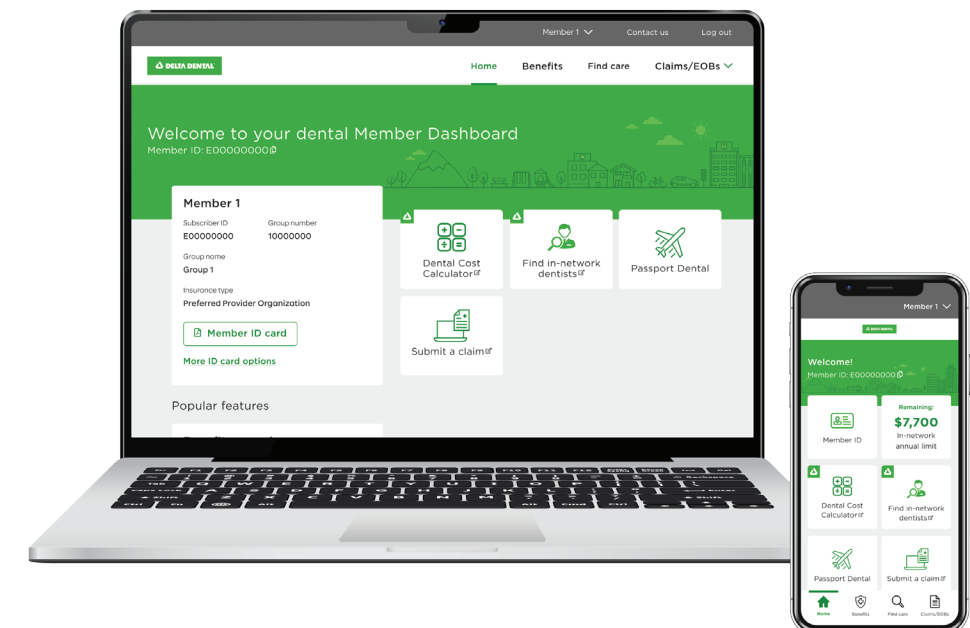


Superior customer service



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](https://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.

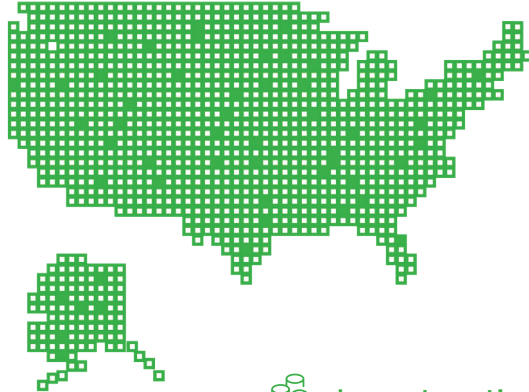
## Willamette Dental Network


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.

**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!



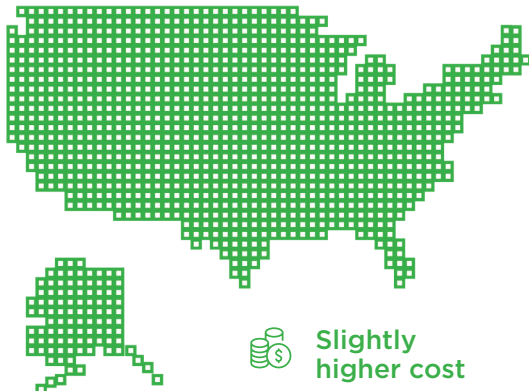
Large network of dentists


OR

**Delta Dental Premier® Network**


**more choice**

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





Slightly higher cost

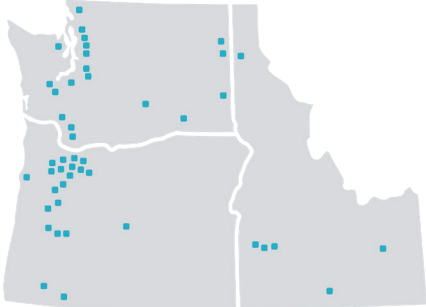



Largest dental network in Oregon


**Willamette Dental Network**

**predictable care**


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](https://DeltaDentalOR.com) click on Find a provider > select your dental network




See Willamette Dental locations at [locations.willamettedental.com](https://locations.willamettedental.com)




# 2025 Dental plan benefit table

	Delta Dental EPO <sup>1,2,3</sup>		Delta Dental PPO <sup>TM 1,2,3</sup>		Delta Dental PPO <sup>TM MAC 1,2,3</sup>		Special Youth-Only Plan 		Direct Only Non-Certified Plan 
Benefits covered for	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18 only (adults not covered)	Ages 19+ (not covered)	All ages
<b>What you pay for the in-network care you receive each year</b> — 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 (age 19+)	\$1,500		\$1,000		\$1,200		N/A	Not covered	\$1,000 for all ages
Out-of-pocket maximum (ages 0-18)	\$425 for 1 member \$850 for 2+ members (in-network only)		\$425 for 1 member \$850 for 2+ members (in-network only)		\$425 for 1 member \$850 for 2+ members (in-network only)		\$425 for 1 member \$850 for 2+ members (in-network only)	Not covered	N/A
Out-of-network benefits available	✗		✔		✔		✔	Not covered	✔
<b>Class 1</b>									
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%
<b>Class 2</b>									
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
<b>Class 3</b>									
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
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
<b>Features</b>									
Provider network (in-network)	Delta Dental PPO <sup>TM</sup> network		Delta Dental PPO <sup>TM</sup> network		Delta Dental PPO <sup>TM</sup> dentists		Delta Dental PPO <sup>TM</sup> network		Delta Dental Premier <sup>®</sup> 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 Premier<sup>®</sup> plan for ages 0-18. No benefits will be paid for members 19+ enrolled in this plan.



**Premier<sup>®</sup> 1000 Plan**  
Delta Dental Premier<sup>®</sup> 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](https://DeltaDentalOR.com/shop).



**Out-of-network available**  
For out-of-NR code benefits, scan the QR code, then click the Summary of Benefits (SOB) link for 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. 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. 3 Only medically necessary orthodontia to treat cleft palate is covered. 4 For Class 2 services, 6-month exclusion period applies if the member does not have 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. 5 For Class 3 services, 12-month exclusion period applies if the member does not have 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. 6 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.



# 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 maximums. It covers all the dental work you need, when you need it.



### 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 <sup>1, 2, 3, 4, 5</sup>
Benefits covered for	All ages
<b>What you pay for the in-network care you receive each year</b>	
Deductible (per person/family)	\$0
Annual maximum	No annual maximum
Out-of-pocket maximum per person	N/A
Out-of-network benefits available	Emergency only
<b>Class 1</b>	
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
<b>Class 2</b>	
Space maintainers	\$0
Restorative fillings	\$45 to \$80 per tooth
<b>Class 3</b>	
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
Anesthesia	Not covered
Orthodontia	\$2,800
<b>Features</b>	
Provider network (in-network)	Willamette Dental Network
Service area	Oregon, Washington, Idaho locations

### Plan highlights



#### EPO

Our Willamette EPO plan offers a network of dentists that provide quality, predictable care with no out-of-pocket surprises. 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.



**Value**  
Get great benefits and value with our plans

2025 plan rates (Premiums effective Jan. 1, 2025 through Dec. 31, 2025)						
Age	Delta Dental EPO	Delta Dental PPO™	Delta Dental PPO™ MAC	Delta Dental PPO™ Bright Smiles	Delta Dental Premier® 1000	Willamette EPO
0-18						
19-24						
25-29						
30-34						
35-39						
40-44						
45-49						
50-54						
55-59						
60-63						
64+						

Dental rates TBD



# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

## If you need any of the above, call:

888-217-2365 (TDD/TTY 711)

## If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Delta Dental of Oregon and Alaska  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

## Scott White coordinates our nondiscrimination work:

Scott White,  
Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
compliance@modahealth.com

## If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

[DeltaDentalAK.com](http://DeltaDentalAK.com) | [DeltaDentalOR.com](http://DeltaDentalOR.com)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

အကူအညီ: ဤကိစ္စ (အမျိုးအနွယ် အင်အားစွမ်းရည်) ဝါးဝါး ဝါးဝါး အမျိုးအနွယ် ကိစ္စကို မြင်ကွင်း မှုများ အပေး ဖြစ်ပါသည်။ 1-877-605-3229 (TTY: 711) ပြန် ခေါ်ပါ။

ໂປດຊາວ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIIISA: Yoo afaan Kshtik kan dubbattan ta’ e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA’AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le togotia. Vala’au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwonić: 1-877-605-3229 (obsługa TTY: 711)

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.







Individual & family

Small group

Large group

Questions? *We're here to help.*

Call one of our offices listed below.  
TTY users, please call 711.

**Portland office (corporate headquarters)**

601 SW Second Ave.  
Portland, OR 97204-3156  
855-718-1767

[DeltaDentalOR.com](http://DeltaDentalOR.com)

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