

2026 Dental plan benefit table

Delta Dental PPO Bright Smiles	Age 0-18, members pay		Age 19+, members 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	\$450 for one member/\$900 for two or more members (in-network only)			
Annual maximum	None			
Class 1				
Exams and X-rays	0%	40%	Not covered	
Cleanings	0%	40%	Not covered	
Periodontal maintenance	0%	40%	Not covered	
Sealants	0%	40%	Not covered	
Topical fluoride	0%	40%	Not covered	
Class 2 ¹				
Space maintainers	75%	75%	Not covered	
Restorative fillings	75%	75%	Not covered	
Class 3 ²				
Oral Surgery	75%	75%	Not covered	
Endodontics	75%	75%	Not covered	
Periodontics	75%	75%	Not covered	
Restorative crowns	75%	75%	Not covered	
Bridges	Not covered	Not covered	Not covered	
Partial and complete dentures	75%	75%	Not covered	
Anesthesia	75%	75%	Not covered	
Orthodontia ³	75%	75%	Not covered	
Features				
Provider Network	Delta Dental PPO Network In-network: Delta Dental PPO dentists Out-of-network: Delta Dental Premier dentists and Non-participating dentists			
Balance bill	Delta Dental PPO dentists: No Delta Dental Premier Dentist: No for under age 19 Non-participating dentists: Yes			

¹ 6-month exclusion period applies for out-of-network services if 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.

² 12-month exclusion period applies for out-of-network services if 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.

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

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 is covered twice per tooth per year.
- Prophylaxis (cleaning) or periodontal maintenance is covered 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 covered once in any 12-month period for members 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 or when necessary due to concurrent medical. Oral anesthesia only used during an in-office procedure.
- Nightguard (occlusal guard) covered at 100 percent once in a 5-year period, up to \$200 maximum
- Porcelain crowns on back teeth are limited to the amount for a full metal crown.
- Scaling and root planing is limited to 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 for under age 19 in an in-office procedure and 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 for emergency care
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except for members with Intellectual Developmental & Disabilities benefits
- Orthodontia (exception 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
- Teledentistry, translation or sign language services are not covered as separate charges
- Temporomandibular joint syndrome (TMJ) and 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.