

2026 Dental plan benefit table

Delta Dental PPO MAC	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 (ages 0-18)	\$450 for one member/\$900 for two or more members (in-network only)			
Annual maximum (ages 19+)	\$1,200			
Class 1				
Exams and X-rays	0%	20%	0%	20%
Cleanings	0%	20%	0%	20%
Periodontal maintenance	0%	20%	0%	20%
Sealants	0%	20%	0%	20%
Topical fluoride	0%	20%	0%	20%
Class 2 ¹				
Space maintainers	30%	50%	Not covered	Not covered
Restorative fillings	30%	50%	40%	50%
Class 3 ²				
Oral Surgery	50%	50%	50%	50%
Endodontics	50%	50%	50%	50%
Periodontics	50%	50%	50%	50%
Restorative crowns	50%	50%	50%	50%
Bridges	Not covered	Not covered	50%	50%
Partial and complete dentures	50%	50%	50%	50%
Anesthesia	50%	50%	50%	50%
Orthodontia ³	50%	50%	Not covered	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: Yes up to the contracted rate Non-participating 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.
- 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 under age 19 and once every 12 months if there is recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment for age 19 and over
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year. For age 19 and over, many restorations are not covered within 2 months of interim caries arresting medicament application.
- 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 and over
- Bridges once in a 7-year period age 19 and over
- Crowns and other cast restorations once in a 7-year period
- Crown over implant once per lifetime per tooth
- Dentures once in a 7-year period age 16 and over
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical. Oral anesthesia only for members under age 19 used during an in-office procedure.
- Nightguard (occlusal guard) covered at 100 percent once in a 5-year period, up to \$200 maximum
- Periodontal surgical procedures by the same dentist at the same site are covered once in a 3-year period for members 19 and over.
- 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

- Anesthetics, analgesics, nitrous oxide for age 19 and over, hypnosis and most medications, except oral anesthesia for under age 19 in an in-office procedure and Intellectual Developmental & Disabilities benefits
- 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 for members under age 19
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except for Intellectual Developmental & Disabilities benefits
- Orthodontia (exception for treatment of cleft palate under age 19)
- 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.