

# 2019 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Delta Dental Premier® Radiant Smiles Plan		
Calendar year costs		
Deductible per person/family	\$50 per person / \$150 per family	
Annual maximum plan payment limit	N/A	
Out-of-pocket maximum	\$350 for one member/\$700 for two or more members	
Class 1	What employees pay	
	Under age 19	Ages 19+
Exams and X-rays	0%	Not covered
Cleanings	0%	Not covered
Periodontal maintenance	0%	Not covered
Sealants	0%	Not covered
Topical fluoride	0%	Not covered
Space maintainers	0%	Not covered
Class 2		
Restorative fillings	40% after deductible	Not covered
Oral surgery	40% after deductible	Not covered
Endodontics	40% after deductible	Not covered
Periodontics	40% after deductible	Not covered
Class 3		
Restorative crowns	50% after deductible	Not covered
Partial and complete dentures	50% after deductible	Not covered
Implants	50% after deductible	Not covered
Orthodontia	50% after deductible <sup>1</sup>	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

<sup>1</sup> 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
- 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
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period

### Class 2 and Class 3

- Bridges and dentures once in a 5-year period
- Crowns and other cast restorations once in a 5-year period
- Crown over implant once in a 5-year period
- 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 at 100 percent
- 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 to 18

## 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)
- Cosmetic services
- Duplication and interpretation of X-rays (exception 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 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