

2026 BENEFITS SUMMARY

Delta Dental and Providence Health Provider Program Summary

Benefits outlined in this summary represent 2026 calendar year benefits for Providence Health Assurance Medicare Advantage plan beneficiaries. Please contact Delta Dental of Oregon at (833) 212-5036 or visit the Delta Dental of Oregon Provider Tools portal for more comprehensive information regarding member benefits.

About the Program

Delta Dental of Oregon has partnered with Providence Health Assurance** to provide covered supplemental dental services to Providence Health Medicare Advantage plan members. Providence Health Medicare Advantage plan dental benefits vary based on plan design and optional coverage enrollment. We have compiled a brief overview of available benefits, along with coverage limits, for your review. Please refer to Provider Tools for greater detail.

Provider Services and Contacts

Delta Dental dentists have many resources available to help provide quality care:

- Providers may call (833) 212-5036 or use Benefit Tracker for plan confirmation and to view member benefits [deltadentalor.com/provider/online-tools/benefit-tracker].
- Providers may also verify eligibility and benefits via the Provider Toolkit located on deltadental.com

Claims Submission

Delta Dental Claims Department
P.O. Box 40384
Portland, OR 97240

Customer Service Contacts

Customer Service: (833) 212-5036; TTY 711
M-F, 8 a.m.-8 p.m.
Provider Search: [deltadental.com]

ID Card Sample



**Providence Health Assurance is an HMO, HMO-POS contract. Enrollment in Providence Health Assurance depends on contract renewal.

Dental Benefit Overview

Members have specific preventive services included in their Providence Health Medicare Advantage plan. These services are referred to as "Embedded Preventive" benefits. Members of a Providence Medicare Advantage HMO plan must see a Delta Dental Medicare Advantage network provider for embedded preventive services to be covered. Providence Medicare Advantage HMO-POS (Point of Service) offers in- and out-of-network coverage.

Additionally, Providence Health Medicare Advantage plan members can elect to enroll in either the Providence Dental Basic or Providence Dental Enhanced plan for additional supplemental dental coverage. The Basic and Enhanced plans include an annual calendar year maximum benefit amount, which varies by plan. The costs of all covered supplemental dental services cannot exceed the plan's maximum coverage amount in a calendar year. Both the Basic and Enhanced plans allow for out-of-network benefits.

Benefit details (e.g., maximum allowance, number of procedures, frequency limits) are outlined below in the Benefit Summaries section of this document for easy reference.

Benefit Summaries

Embedded Preventive Dental

	In Network	Out of Network (HMO-POS plan only)
Deductible	\$0	\$0
Maximum coverage amount	Not applicable	
<ul style="list-style-type: none">• Two oral exams per calendar year• Two prophylaxis (cleanings) or up to two periodontic maintenance services (in lieu of standard prophylaxis services) per calendar year• Up to one bitewing series and up to one single-tooth X-ray per calendar year• One topical application of fluoride per calendar year	<p>HMO-POS plan 100%</p> <p>HMO plan 100%</p>	<p>HMO-POS plan 80%</p> <p>HMO plan 0%</p> <p>(no out-of-network benefits are allowed under this plan)</p>

Important note — the term HMO refers to the type of MA medical plan the member is covered under. For these plans, the term HMO does not apply to dental.

Providence Dental Basic

	In Network	Out-of-Network
Deductible*	\$50	\$150
Maximum coverage amount	\$1,000	
Diagnostic and Preventive Services*	In Network	Out-of-Network
Oral exams, cleanings, fluoride, and X-rays (1 bitewing series and 1 periapical)	Covered under Embedded Preventive benefits	
• Up to 10 periapical X-rays • Panoramic or full-mouth X-ray (1 every 5 years)	100%	80%
Basic Dental Care	In Network	Out-of-Network
• Fillings (composite) • Sealants	70% 100%	40% 80%
Major Restorative Care	In Network	Out-of-Network
• Crowns and bridges • Dentures • Simple extractions	50%	40%
• Oral surgery • Endodontics • Periodontics	Not covered	Not covered

Providence Dental Enhanced

	In Network	Out-of-Network
Deductible*	\$50	\$150
Maximum coverage amount	\$1,500	
Diagnostic and Preventive Services*	In Network	Out-of-Network
Oral exams, cleanings, fluoride, and X-rays (1 bitewing series and 1 periapical)	Covered under Embedded Preventive benefits	
• Up to 10 periapical X-rays • Panoramic or full-mouth X-ray (1 every 5 years)	100%	80%
Basic Dental Care	In Network	Out-of-Network
• Fillings (composite) • Sealants	70% 100%	40% 80%
Major Restorative Care	In Network	Out-of-Network
• Crowns and bridges • Dentures • Simple extractions	50%	40%
• Oral surgery • Endodontics • Periodontics	50%	40%

*Deductible does not apply