



What does my dental insurance cover?

While more than 3 out of 4 Americans have dental insurance¹, many don't fully understand what dental insurance does and doesn't cover. This quick guide to dental insurance can help you get a better understanding of how coverage usually works.

The purpose of dental coverage

Dental insurance is designed to help you offset the cost of your dental care and to help you maintain good overall oral health. That's why we focus on preventive care to catch signs and symptoms of dental disease early. This could reduce the chance that you will need more complex treatment later.

If an issue does arise, dental insurance will usually help cover a portion of the treatment cost, so you don't have to pay the full bill yourself. This combination of preventive services covered at 100% and lower out-of-pocket costs makes dental insurance a valuable benefit.

What is covered: 100-80-50 coverage structure

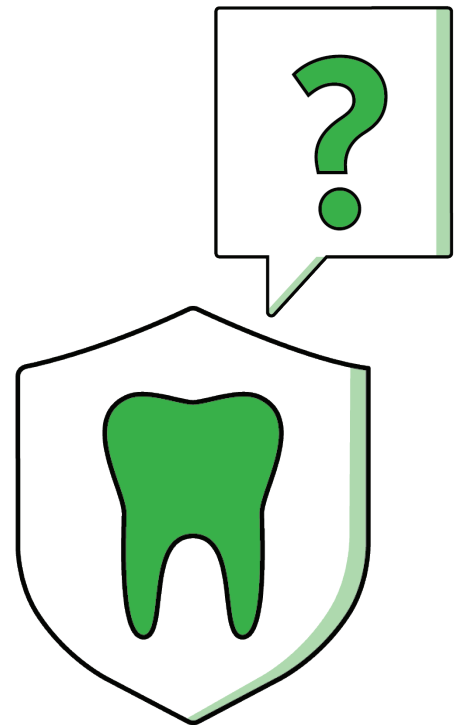
The emphasis on preventive coverage and sharing of costs on other procedures is reflected in the structure for most dental insurance plans. As part of this structure, your dental insurance usually covers:

100% of routine preventive and diagnostic care such as cleanings and exams.

80% of basic procedures such as fillings, root canals and tooth extractions.

50% of major procedures such as crowns, bridges and implants.

Be aware that a deductible — the amount you pay before your dental insurance kicks in — may apply to these services, although it is usually waived for preventive and diagnostic services.



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What may not be covered

Select procedures: While it differs from plan to plan, some dental insurance may not cover select procedures such as orthodontia.

Cosmetic procedures: Coverage for cosmetic dental procedures like teeth whitening may not be covered by employer plans and is rarely covered by any type of dental insurance.

Pre-existing conditions: Some policies don't cover certain pre-existing conditions such as missing teeth. If you had a condition before you got your dental plan, you may be required to pay treatment costs out of pocket.

Additional plan information: These limitations may also apply to your dental insurance:

Waiting period: This is the period of time before you are eligible to receive benefits for all or certain dental treatments. Waiting periods are more common with individual plans² but also apply to employer-sponsored plans in some industries. This can sometimes be waived if you prove you had no gap in your dental coverage before purchasing a plan.

Other restrictions: In addition to some procedures not being available right away, your plan may require time limits between services like fillings, crowns and bridges on the same tooth or fluoride treatments for children. For example, a policy may only pay for a full set of X-rays once every three years³.

Annual maximum: This is the total amount your dental insurance will pay for your coverage during a 12-month period. For instance, if your annual maximum is \$1,500, you pay for all additional costs after your dental insurance has paid \$1,500 for your care. However, only 2% to 4% of Americans typically exceed their annual maximums⁴.

While there are many different options for dental insurance, most people have coverage through employer-sponsored plans. You can also purchase individual dental insurance or a dental discount plan, which offers discounts on treatment in exchange for a membership fee*.

For more details about what dental insurance covers, check the coverage on your policy or a policy that you may be considering. And learn more about the cost of dental care by using our Delta Dental Cost Estimator.

*There can be variations in available offerings and coverages from plan to plan. Check your plan for these details.

1. 2018 National Association of Dental Plans Dental Benefits Report

2. 6 dental insurance plans no waiting period. Investopedia

3. Dental insurance coverage - WedMD

4. Is Dental Insurance Worth It - Money Under 30



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