



2025 | Oregon dental plans

Bend Chamber of Commerce

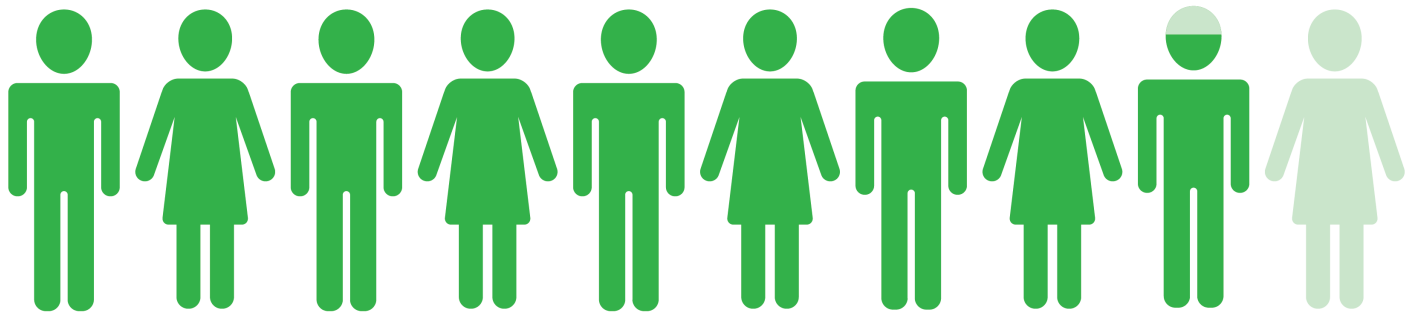


Dental benefits give your employees more

Providing dental benefits for your employees is about much more than just a great smile. Good oral health is essential to good overall health – and comprehensive dental plans often include screenings for larger health problems, such as diabetes, hypertension and heart disease.

In addition to helping keep your employees healthy, dental benefits are a great way to showcase to your employees you value and support their priorities. A 2022 study found that U.S. adults and children are increasingly making oral healthcare a priority*. By offering robust and affordable dental plans, you can show you care – giving you a competitive advantage with employee recruitment and retention.

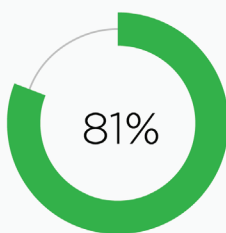
Value of Dental Insurance



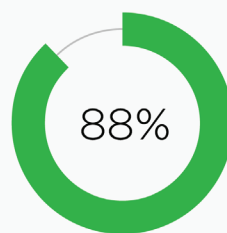
Almost 9 in 10 (89%) adults agree that having dental coverage*:

- Gives them peace of mind.
- Provides relief from worrying about what they would do in a dental emergency.

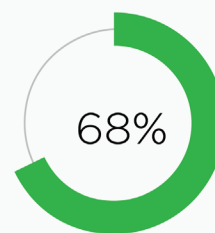
U.S. adults and parents concur that*:



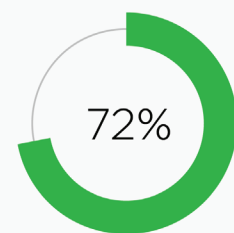
Adults



Parents



Adults



Parents

- having dental insurance during the pandemic has provided them peace of mind
- appreciated having dental insurance more than ever during the pandemic.

Welcome to Delta Dental of Oregon

This is the place you come when you want more than a dental plan — because good health is about more than just the plan details.



Quality coverage for your employees

With our dental plans, your employees will have access to the expansive Delta Dental network, a comprehensive set of benefits, backed by a knowledgeable customer service team, and the freedom to choose.



Savings from in-network dentists



Cleanings twice per calendar year

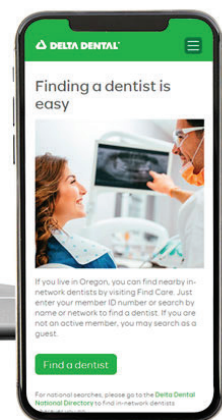
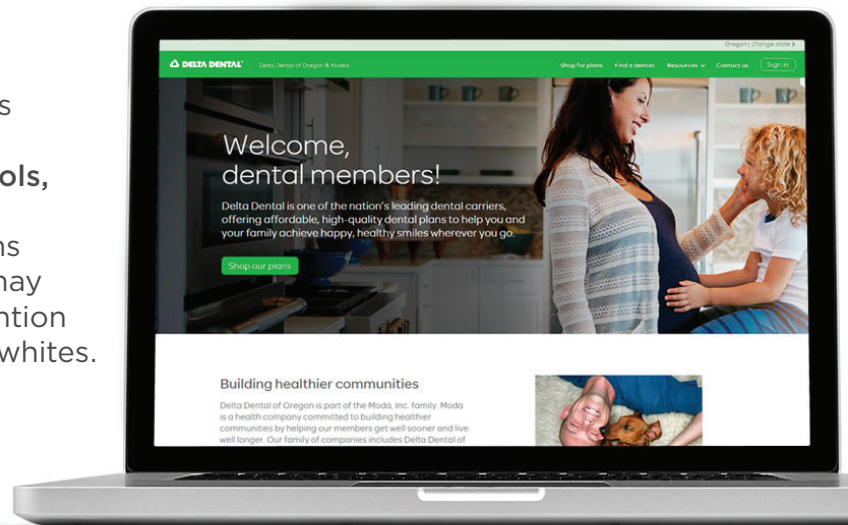


Superior customer service



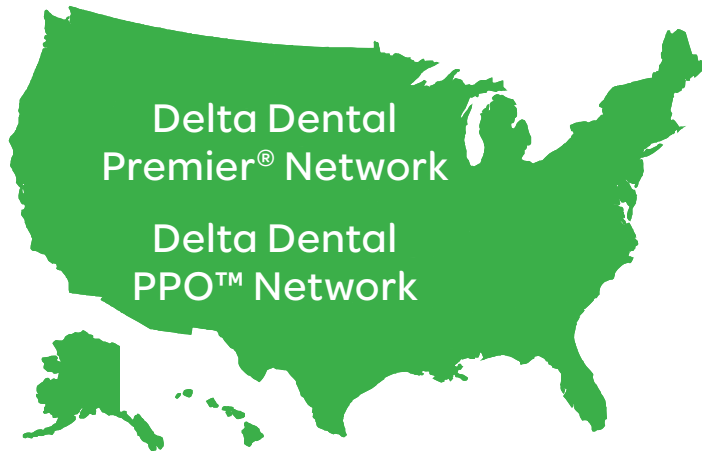
Freedom to choose a dentist

Our dental plans also include **useful online tools, resources and special programs** for those who may need extra attention for their pearly whites.



Delta Dental networks go where you go

With thousands of dentists across the state and country. In-network dentists agree to accept our contracted fees as full payment, saving your employees out-of-pocket costs.



Willamette Dental Group

Delta Dental Direct Option with Willamette Dental Group

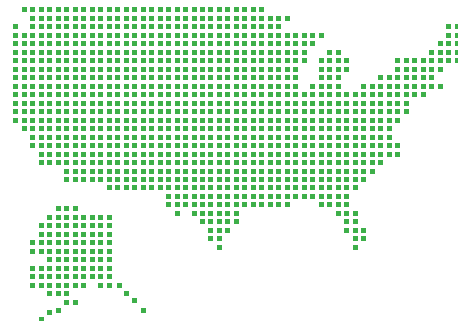
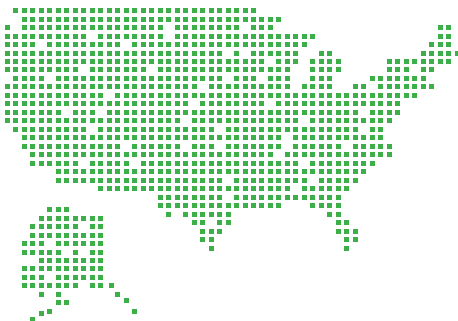
We partner with Willamette Dental Group and offer a EPO dental product paired with the Delta Dental plans. We manage the enrollment, billing, claims and customer service for both plans making administration easy for everyone.

Delta Dental **PPO**™ Network

Delta Dental **Premier**® Network

Potential savings in-network = \$\$\$

Potential savings in-network = \$\$



Helping your employees find quality dentists

In today's digital world, online ratings matter. Through our partnership with DentaQual, your employees can now see the ratings for our network dentists in Find Care, our online provider search tool.



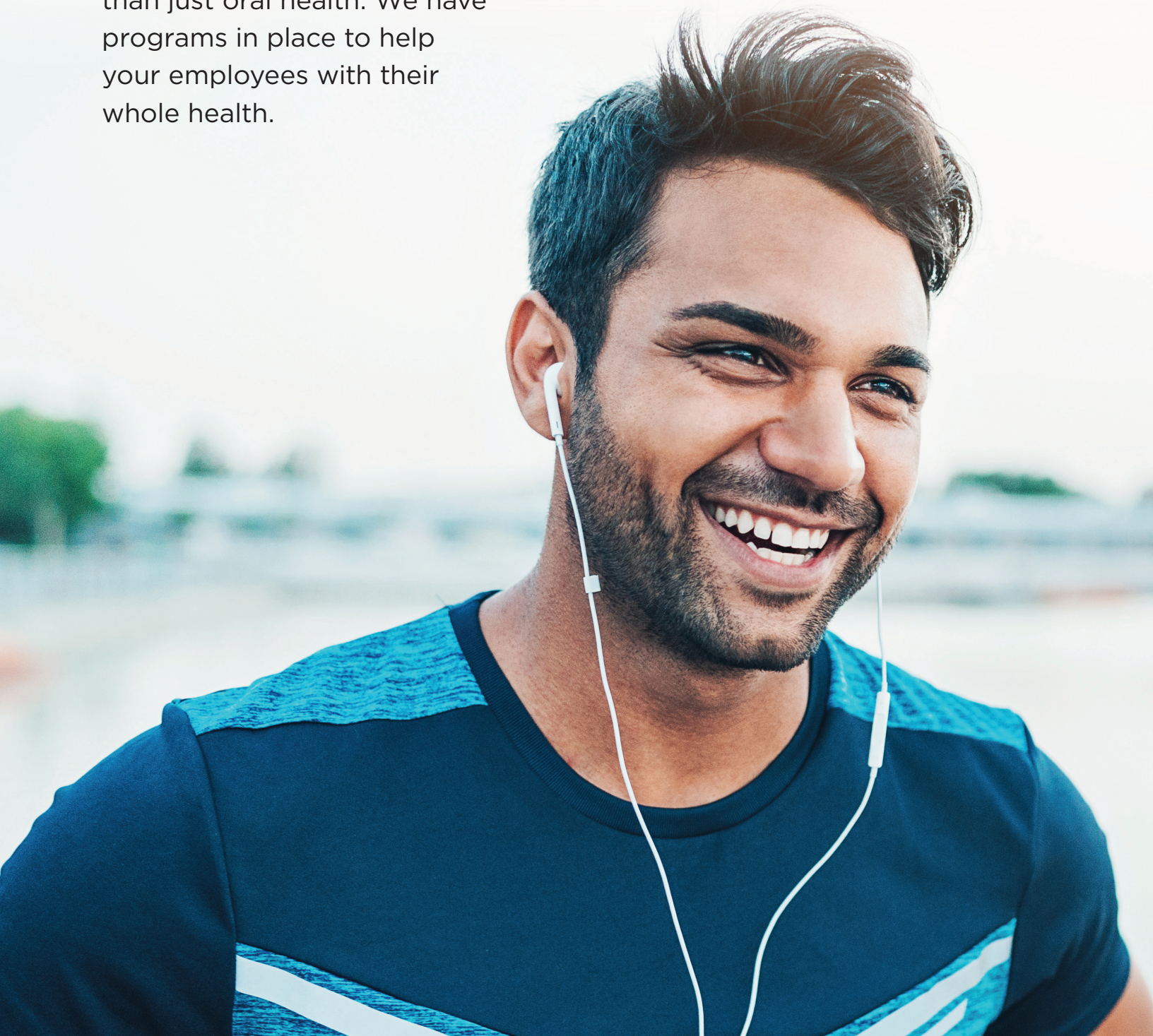
Over 40 key performance measurements across five assessment categories are used to calculate each provider's score, including:

- 1 Treatment outcomes
- 2 Commitment to best practices
- 3 Cost-effectiveness
- 4 Patient retention
- 5 Treatment recommendations

Each provider rating will appear in the provider detail section of Find Care.

Benefits that get you more

Our dental plans focus on more than just oral health. We have programs in place to help your employees with their whole health.



Preventive first dental plans

Delta Dental is offering preventive first dental plans. Under these plans, preventive services do not apply to your annual maximum.

PREVENTIVE SERVICES MAY INCLUDE



Routine exams/X-rays



Regular cleanings



Periodontal maintenance

Health through Oral Wellness

When it comes to oral health, we know some people need more care than others. Delta Dental of Oregon's Health through Oral Wellness[®] program offers extra benefits to members who have greater risk for oral diseases.

The program uses a clinical oral health assessment to understand a member's risk of tooth decay, gum disease and oral cancer. Based on that risk score, members may qualify for additional cleanings, fluoride treatments, sealants and periodontal maintenance.

WITH EXTRA BENEFITS AND RELATED CARE, MEMBERS CAN

- Take charge of their oral health
- Prevent oral health issues before they happen
- Access resources to manage their oral health
- Learn how to achieve and maintain better oral wellness



Oral health, total health

Dental benefits that protect more than just your smile

Our Oral Health, Total Health program offers diabetic members more ways to care for their teeth and mouth — so they can keep the rest of their body healthy, too.

Having diabetes increases the risk of cavities, periodontal (gum) disease, tooth loss, dry mouth and infection. Members diagnosed with this disease are eligible for four prophylactic (preventive) cleanings or periodontal maintenance visits per year through our Oral Health, Total Health program.

Pregnant members who have periodontal (gum) disease are more likely to have a premature and underweight baby. Bacteria can enter the bloodstream through the mouth, and the body's response to the infection can trigger early labor. If they have already had two cleanings for the year, they will be eligible for another cleaning or checkup during their third trimester. This added preventive (prophylactic) visit is covered regardless of normal plan frequency limits.

Easy plan administration

We want to make it easy for you to
enroll and manage your account.



ENROLLMENT, MADE EASY

1 To be eligible, your business must

- Be in Oregon
- Be a Bend Chamber Member or an affiliate member and a member of your local chamber
- Have at least 5 employees enrolled for standalone dental
- Have 2 employees enrolled for groups that have medical with the Bend Chamber

2 Choose an employee eligibility requirement for employees

Waiting period

1. Date of hire (true date of hire – prorated first month premium)
2. First of the month following date of hire
3. First of the month following 60 days
4. First of the month following 90 days (90 Calendar day - effective on the 91st calendar day)

Hourly requirement:

Full-time employees need to work a minimum of 17.5 hours per week to a maximum of 30 hours per week.

3 Make changes to plans upon renewal

Changes may include, but are not limited to, eligibility waiting periods, group plan choices, employer eligibility changes and contribution or participation amounts.

FASTER BENEFITS ADMINISTRATION

The Employer Dashboard was created to help you quickly access and manage the details of benefits administration.

It's self-service,
easy-to-use and
available 24/7.

- Review employee enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards



Dental care + insurance together and simplified

At Willamette Dental, we believe dental insurance should be simple so we've eliminated the guessing game. We blend preventive dental care with broad insurance coverage, making it affordable, with no annual maximum* or deductibles and predictable out-of-pocket costs.

We practice evidence-based dentistry and partner with our patients to help them practice healthy habits and we don't recommend any unnecessary treatments.

NEARLY 50 NORTHWEST LOCATIONS

Your employees will have access to our top-quality dental providers across our conveniently located dental offices. Learn more about our offices and providers at willamettedental.com, complete with unfiltered patient star ratings and comments.

CONVENIENT PLAN FEATURES

- No annual maximum*, deductible or waiting periods with predictable out-of-pocket costs
- Benefit coverage at all Willamette Dental Group locations
- Extended hours: Monday - Friday 7am - 5:30pm and rotating Saturdays regionally
- Easy appointment scheduling - just call 1.855.433.6825
- Emergency services available in-person in 48 hours or less and on-call 24/7
- All dental specialty services available, including orthodontics for all ages

*Benefits for implant surgery have a benefit maximum, if covered.

2025 Dental plan benefit table

| Plan Name | Calendar year costs | | |
|--|-----------------------------------|--------------------------------------|--------------------------------------|
| | Calendar year maximum, per member | Calendar year deductible, per member | Calendar year deductible, per family |
| Delta Dental PPO Plan - Super Plan (Preventive First) | | | |
| PPO provider | \$3,000 | \$0 | \$0 |
| Premier provider | \$0 | \$50 | \$50 |
| Out-of-network non-participating provider | \$0 | \$150 | \$150 |
| Custom Plan #1 - High Plan* | | | |
| PPO provider | \$1,500 | \$0 | \$0 |
| Premier provider | \$1,500 | \$50 | \$150 |
| Out-of-network non-participating provider | \$1,500 | \$50 | \$150 |
| Custom Plan #2 - Mid Plan* | | | |
| PPO provider | \$1,000 | \$0 | \$0 |
| Premier provider | \$1,000 | \$50 | \$150 |
| Out-of-network non-participating provider | \$1,000 | \$50 | \$150 |
| Custom Plan #3 - Low Plan* | | | |
| PPO provider | \$1,000 | \$0 | \$0 |
| Premier provider | \$1,000 | \$50 | \$150 |
| Out-of-network non-participating provider | \$1,000 | \$50 | \$150 |

* Groups of 10 or more enrolled employees may purchase orthodontia coverage with any of the above dental plans. This coverage pays 50% of the charge for orthodontics up to a \$1,000 lifetime maximum.

2025 Dental plan benefit table

| Plan Name | Class 1 | | | | |
|--|----------------|-----------|----------|-------------------|---------------------------------|
| | Exams & X-rays | Cleanings | Sealants | Space maintainers | Topical application of fluoride |
| Delta Dental PPO Plan - Super Plan (Preventive First) | | | | | |
| PPO provider | | | 100% | | |
| Premier provider | | | 100% | | |
| Out-of-network non-participating provider | | | 100% | | |
| Custom Plan #1 - High Plan* | | | | | |
| PPO provider | | | 100% | | |
| Premier provider | | | 100% | | |
| Out-of-network non-participating provider | | | 100% | | |
| Custom Plan #2 - Mid Plan* | | | | | |
| PPO provider | | | 100% | | |
| Premier provider | | | 100% | | |
| Out-of-network non-participating provider | | | 100% | | |
| Custom Plan #3 - Low Plan* | | | | | |
| PPO provider | | | 80% | | |
| Premier provider | | | 80% | | |
| Out-of-network non-participating provider | | | 80% | | |

* Groups of 10 or more enrolled employees may purchase orthodontia coverage with any of the above dental plans. This coverage pays 50% of the charge for orthodontics up to a \$1,000 lifetime maximum.

2025 Dental plan benefit table

| Plan Name | Class 2 | | | |
|--|----------------------|--------------|-------------|--------------|
| | Restorative fillings | Oral surgery | Endodontics | Periodontics |
| Delta Dental PPO Plan - Super Plan (Preventive First) | | | | |
| PPO provider | | | 80% | |
| Premier provider | | | 80% | |
| Out-of-network non-participating provider | | | 80% | |
| Custom Plan #1 - High Plan* | | | | |
| PPO provider | | | 80% | |
| Premier provider | | | 80% | |
| Out-of-network non-participating provider | | | 80% | |
| Custom Plan #2 - Mid Plan* | | | | |
| PPO provider | | | 80% | |
| Premier provider | | | 80% | |
| Out-of-network non-participating provider | | | 80% | |
| Custom Plan #3 - Low Plan* | | | | |
| PPO provider | | | 50% | |
| Premier provider | | | 50% | |
| Out-of-network non-participating provider | | | 50% | |

* Groups of 10 or more enrolled employees may purchase orthodontia coverage with any of the above dental plans. This coverage pays 50% of the charge for orthodontics up to a \$1,000 lifetime maximum.

2025 Dental plan benefit table

| Plan Name | Class 3 | | |
|--|----------|--------------------|-------------------------------|
| | Implants | Restorative crowns | Partial and complete dentures |
| Delta Dental PPO Plan - Super Plan (Preventive First) | | | |
| PPO provider | | 50% | |
| Premier provider | | 50% | |
| Out-of-network non-participating provider | | 50% | |
| Custom Plan #1 - High Plan* | | | |
| PPO provider | | 50% | |
| Premier provider | | 50% | |
| Out-of-network non-participating provider | | 50% | |
| Custom Plan #2 - Mid Plan* | | | |
| PPO provider | | 50% | |
| Premier provider | | 50% | |
| Out-of-network non-participating provider | | 50% | |
| Custom Plan #3 - Low Plan* | | | |
| PPO provider | | 25% | |
| Premier provider | | 25% | |
| Out-of-network non-participating provider | | 25% | |

* Groups of 10 or more enrolled employees may purchase orthodontia coverage with any of the above dental plans. This coverage pays 50% of the charge for orthodontics up to a \$1,000 lifetime maximum.



2025 Dental plan benefit table

| Covered benefits | Copays |
|-------------------------------------|-------------------------------------|
| Annual Maximum | No Annual Maximum* |
| Deductible | No Deductible |
| General or Orthodontic Office Visit | You Pay \$20 per Visit |
| Diagnostic & Preventive Services | |
| Routine & Emergency Exams | Covered with the Office Visit Copay |
| X-rays | Covered with the Office Visit Copay |
| Teeth Cleaning | Covered with the Office Visit Copay |
| Fluoride Treatment | Covered with the Office Visit Copay |
| Sealants (per Tooth) | Covered with the Office Visit Copay |
| Head and Neck Cancer Screening | Covered with the Office Visit Copay |
| Oral Hygiene Instruction | Covered with the Office Visit Copay |
| Periodontal Charting | Covered with the Office Visit Copay |
| Periodontal Evaluation | Covered with the Office Visit Copay |
| Restorative Dentistry | |
| Fillings | You Pay a \$35 Copay |
| Porcelain-Metal Crown | You Pay a \$350 Copay** |
| PROSTHODONTICS | |
| Complete Upper or Lower Denture | You Pay a \$450 Copay** |
| Bridge (per Tooth) | You Pay a \$350 Copay** |
| ENDODONTICS & PERIODONTICS | |
| Root Canal Therapy - Anterior | You Pay a \$200 Copay |
| Root Canal Therapy - Bicuspid | You Pay a \$225 Copay |
| Root Canal Therapy - Molar | You Pay a \$275 Copay |
| Osseous Surgery (per Quadrant) | You Pay a \$250 Copay |
| Root Planing (per Quadrant) | You Pay a \$115 Copay |

*Benefits for implant surgery have a benefit maximum, if covered. **Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. ***Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.



Willamette
Dental Group

2025 Dental plan benefit table

| Covered benefits | Copays |
|--|--|
| ORAL SURGERY | |
| Routine Extraction (Single Tooth) | You Pay a \$35 Copay |
| Surgical Extraction | You Pay a \$150 Copay |
| ORTHODONTIA TREATMENT | |
| Pre-Orthodontia Treatment | You Pay a \$150 Copay*** |
| Comprehensive Orthodontia Treatment | You Pay a \$2,800 Copay |
| DENTAL IMPLANTS | |
| Dental Implant Surgery | Implant benefit maximum of \$1,500 per calendar year |
| MISCELLANEOUS | |
| Local Anesthesia | Covered with the Office Visit Copay |
| Dental Lab Fees | Covered with the Office Visit Copay |
| Nitrous Oxide | You Pay a \$40 Copay |
| Specialty Office Visit | You Pay \$30 per Visit |
| Out of Area Emergency Care Reimbursement | You pay charges in excess of \$100 |

*Benefits for implant surgery have a benefit maximum, if covered. **Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. ***Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.



deltadentalor.com/bcoc

Questions? Contact your agent, or your Delta Dental team today at bcoc@modahealth.com

Call our office. TTY users, please call 711.

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