

# 2026 Dental plan benefit table

| Delta Dental PPO, Voluntary, 1000, 100/90/50, 50 | Age 0-18, employees pay                                                     |                      | Age 19+, employees pay |                      |
|--------------------------------------------------|-----------------------------------------------------------------------------|----------------------|------------------------|----------------------|
|                                                  | In-network                                                                  | Out-of-network       | In-network             | Out-of-network       |
| Calendar year costs                              |                                                                             |                      |                        |                      |
| Deductible                                       | \$50 per person / \$150 per family                                          |                      |                        |                      |
| Out-of-pocket maximum (under age 19)             | \$450 for one member / \$900 for two or more members (in-network only)      |                      |                        |                      |
| Annual maximum plan payment limit (ages 19+)     | \$1,000                                                                     |                      |                        |                      |
| Class 1                                          |                                                                             |                      |                        |                      |
| Exams and X-rays                                 | 0%                                                                          | 20%                  | 0%                     | 10%                  |
| Cleanings                                        | 0%                                                                          | 20%                  | 0%                     | 10%                  |
| Sealants                                         | 0%                                                                          | 20%                  | 0%                     | 10%                  |
| Topical fluoride                                 | 0%                                                                          | 20%                  | 0%                     | 10%                  |
| Space maintainers                                | 0%                                                                          | 20%                  | Not covered            | Not covered          |
| Class 2                                          |                                                                             |                      |                        |                      |
| Restorative fillings                             | 40% after deductible                                                        | 40% after deductible | 10% after deductible   | 30% after deductible |
| Oral Surgery                                     | 40% after deductible                                                        | 40% after deductible | 10% after deductible   | 30% after deductible |
| Endodontics                                      | 40% after deductible                                                        | 40% after deductible | 10% after deductible   | 30% after deductible |
| Periodontics                                     | 40% after deductible                                                        | 40% after deductible | 10% after deductible   | 30% after deductible |
| Anesthesia                                       | 40% after deductible                                                        | 40% after deductible | 10% after deductible   | 30% after deductible |
| Class 3                                          |                                                                             |                      |                        |                      |
| Restorative crowns                               | 50% after deductible                                                        | 50% after deductible | 50% after deductible   | 50% after deductible |
| Partial and complete dentures                    | 50% after deductible                                                        | 50% after deductible | 50% after deductible   | 50% after deductible |
| Implants & bridges                               | Not covered                                                                 | Not covered          | 50% after deductible   | 50% after deductible |
| Orthodontia <sup>1</sup>                         | 50% after deductible                                                        | 50% after deductible | Not covered            | Not covered          |
| Features                                         |                                                                             |                      |                        |                      |
| Provider Network                                 | Delta Dental PPO Network                                                    |                      |                        |                      |
| Balance bill                                     | Delta Dental PPO and Premier dentists: no<br>Nonparticipating dentists: yes |                      |                        |                      |
| Direct Option plan match                         | DO7MK                                                                       |                      |                        |                      |

<sup>1</sup> 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 two 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 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 space
- Dentures once in a 7-year period age 16 and over
- Implant once per lifetime per tooth space for age 19 and over
- IV sedation or general anesthesia only with surgical procedures
- Nightguard (occlusal guard) covered at 100% once in a 5 year period, up to \$200 maximum
- Oral anesthesia medication for members under age 19 when used during an in-office procedure
- 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 once in a 2-year period

## Exclusions

- Anesthetics, analgesics, hypnosis and medications, except for oral anesthesia in an in-office procedure and nitrous oxide for under age 19; Intellectual Developmental & Disabilities benefits
- Bridges not covered under age 19
- 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 under age 19
- 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 athletic mouthguards and nightguards
- Precision attachments
- 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
- Temporomandibular joint syndrome (TMJ) and cone beam imaging related to TMJ
- Teledentistry, translation or sign language services are not covered as separate charges
- 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.