

2026 Dental plan benefit table

Delta Dental Premier Shining Smiles	Ages 0-18, employees pay		Ages 19+, employees pay	
Calendar year costs				
Deductible	\$50 per person / \$150 per family			
Annual maximum (age 19+)	N/A			
Out-of-pocket maximum (under age 19)	\$450 for one member / \$900 for two or more members			
Class 1				
Exams and X-rays	10%		Not covered	
Cleanings	10%		Not covered	
Sealants	10%		Not covered	
Topical fluoride	10%		Not covered	
Space maintainers	10%		Not covered	
Class 2				
Restorative fillings	30% after deductible		Not covered	
Oral Surgery	30% after deductible		Not covered	
Endodontics	30% after deductible		Not covered	
Periodontics	30% after deductible		Not covered	
Anesthesia	30% after deductible		Not covered	
Class 3				
Restorative crowns	50% after deductible		Not covered	
Partial and complete dentures	50% after deductible		Not covered	
Implants & bridges	Not covered		Not covered	
Orthodontia ¹	50% after deductible		Not covered	
Features				
Provider Network	Delta Dental Premier Network			
Balance bill	Delta Dental Premier dentists: no Nonparticipating dentists: yes			
Direct Option plan match	N/A			

¹ 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
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year
- 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 age 15 and under and once in any 2-year period age 16 and over
- Crowns and other cast restorations once in a 7-year period and a maximum of 4 crowns 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
- 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 when used during an in-office procedure
- 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

- All services for members age 19 and over
- Anesthetics, analgesics, hypnosis and medications, except for oral anesthesia in an in-office procedure and nitrous oxide; Intellectual Developmental & Disabilities benefits
- Bridges
- 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
- Implants
- 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)
- 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.