2027 Dental plan benefit table

Delta Dental of Oregon & Alaska

Delta Dental Premier Shining Smiles	Age 0-18, members pay	Age 19+, members pay
	In-network and out-of-network	
Calendar year costs		
Deductible per person	$50	
Deductible per family	$150	
Out-of-pocket maximum (ages 0-18)	$450 for one member / $900 for two or more members	
Annual maximum (ages 19+)	NA	
Class 1		
Exams and X-rays	10%	Not covered
Cleanings	10%	Not covered
Periodontal maintenance	10%	Not covered
Sealants	10%	Not covered
Space maintainers	10%	Not covered
Topical fluoride	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
Class 3		
Restorative crowns	50% after deductible	Not covered
Partial and complete dentures	50% after deductible	Not covered
Bridges	Not covered	Not covered
Implants	Not covered	Not covered
Orthodontia	50% after deductible	Not covered
Features		
Provider Network	Delta Dental Premier	
Balance bill	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	
Direct Option plan match	NA	

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 twice per tooth per year
- Prophylaxis (cleaning) or periodontal maintenance twice per calendar year. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 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 age 15 and under and once in any 2-year period age 16-18
- Crowns and other cast restorations once in a 7-year period and 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 16-18
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical condition. Oral anesthesia during an in-office procedure
- Nightguard (occlusal guard) once in a 5-year period, up to $200 maximum
- Scaling and root planing once per quadrant in any 2-year period

Exclusions

- All services for age 19+
- Anesthetics, analgesics, hypnosis and most medications, except under 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 emergency care
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except under Intellectual Developmental & Disabilities benefits
- Orthodontia (except treatment of cleft palate)
- Over-the-counter nightguards and athletic mouthguards
- 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
- TMJ treatment, including cone beam imaging related to TMJ
- 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.