



	Delta Dental EPO ^{1,2,3}		Delta Dental PPO ^{TM 1,2,3}		Delta Dental PPO ^{TM MAC 1,2,3}		Delta Dental PPO ^{TM Bright Smiles 1,2,3}		Delta Dental Premier ^{® 1000 4,5,6}	Willamette EPO ^{7, 8, 9, 10, 11}
Benefits covered for	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18 only (adults not covered)	Ages 19+ (not covered)	All ages	All ages
What you pay for the in-network care you receive each year — out-of-network services may be covered at a different rate										
Deductible (per person/family)	\$0		\$0		\$0		\$0	Not covered	\$50 / \$150 for all ages	\$0
Annual maximum (age 19+)	\$1,500		\$1,000		\$1,200		N/A	Not covered	\$1,000 for all ages	No annual maximum
Out-of-pocket maximum (ages 0-18)	\$425 for 1 member \$850 for 2+ members (in-network only)		\$425 for 1 member \$850 for 2+ members (in-network only)		\$425 for 1 member \$850 for 2+ members (in-network only)		\$425 for 1 member \$850 for 2+ members (in-network only)	Not covered	N/A	N/A
Out-of-network benefits available	✗		✓		✓		✓	Not covered	✓	Emergency only
Class 1										
Exams and X-rays	0%	0%	0%	25%	0%	0%	0%	Not covered	0%	\$0
Cleanings	0%	0%	0%	25%	0%	0%	0%	Not covered	0%	\$0
Periodontal maintenance	0%	0%	0%	25%	0%	0%	0%	Not covered	0%	\$0
Sealants	0%	0%	0%	25%	0%	0%	0%	Not covered	0%	\$15 per tooth
Topical fluoride	0%	0%	0%	25%	0%	0%	0%	Not covered	0%	\$15
Class 2										
Space maintainers	30%	Not covered	75%	Not covered	30%	Not covered	75%	Not covered	20% after deductible	\$0
Restorative fillings	30%	30%	75%	40%	30%	40%	75%	Not covered	20% after deductible	\$45 to \$80 per tooth
Class 3										
Oral surgery	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	\$50 to \$190 per tooth
Endodontics	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	\$70 to \$425 per tooth
Periodontics	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	\$100 to \$325 per quadrant
Restorative crowns	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	\$500 per tooth
Bridges	Not covered	50%	Not covered	50%	Not covered	50%	Not covered	Not covered	50% after deductible	\$500
Partial and complete dentures	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	\$600
Anesthesia	50%	50%	75%	50%	50%	50%	75%	Not covered	50% after deductible	Not covered
Orthodontia	50%	Not covered	75%	Not covered	50%	Not covered	75%	Not covered	Not covered	\$2,800
Features										
Provider network (in-network)	Delta Dental PPO TM network		Delta Dental PPO TM network		Delta Dental PPO TM dentists		Delta Dental PPO TM network		Delta Dental Premier [®] network	Willamette Dental network
Service area	All <i>except</i> Grant, Harney, Union and Wheeler		Statewide		<i>Only</i> in Grant, Harney, Union and Wheeler		Statewide		Statewide	Oregon, Washington, Idaho locations

¹For Class 2 services, 6-month exclusion period applies for ages 19 and over. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19. ²For Class 3 services, 12-month exclusion period applies for ages 19 and over. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19. ³Only medically necessary orthodontia to treat cleft palate is covered. ⁴For Class 2 services, 6-month exclusion period applies if the member does not have one year of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy. ⁵For Class 3 services, 12-month exclusion period applies if the member does not have one year of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy. ⁶Pediatric limitations do not apply. Follow Delta Dental standard limitations. ⁷General office visit copay applies to each office visit for emergency, general or orthodontic treatment. ⁸Specialist office visit copay applies to each office visit for specialty treatment including endodontic services, oral surgery, periodontic services or prosthodontic services. ⁹Crowns, in-lays, onlays, dentures, bridges and orthodontic services available after a 12-month exclusion period. The exclusion period applies if the member does not have one year of prior dental coverage with no break in coverage on the effective date of the new Delta Dental policy. ¹⁰Pre-orthodontic service copay applies to comprehensive orthodontia copay if the member accepts treatment plan. ¹¹Out-of-network benefit is only available for a dental emergency when the member is 50 miles or more from any Willamette Dental office.

These benefits and Delta Dental Plan 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.

Delta Dental plans highlights

Bright Smiles
Bright Smiles is a special youth-only Delta Dental PPOTM plan for ages 0-18. No benefits will be paid for members 19+ enrolled in this plan.

Premier[®] 1000 Plan
Delta Dental Premier[®] 1000 is a Non-Certified dental plan, that does not include the ACA Pediatric benefits. Members of any age can enroll in this plan. Only available direct at DeltaDentalOR.com/shop.

Out-of-network available
For out-of-network benefits, scan the QR code, then click the Summary of Benefits (SOB) link for detailed information on each plan.



Willamette EPO plan highlights

EPO
Our Willamette EPO plan offers a network of dentists that provide quality, predictable care with no out-of-pocket surprises. You can visit any dentist or office in the Willamette Dental Network that's convenient for you and know what to expect — every time.

No annual maximum
Enjoy peace of mind with no annual maximum and predictable costs for covered services.

Orthodontic care for all ages
Need braces or aligners? Orthodontic treatment is covered for both kids and adults.

No out-of-network benefits
You must seek care from a Willamette Dental dentist or office to enjoy the benefits.



Dental networks that work for you

Delta Dental Networks

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

Delta Dental **PPO**™ Network

bigger savings

The Delta Dental PPO™ Network offers these dental plans:
Delta Dental EPO • Delta Dental PPO™
Delta Dental PPO™ MAC
Delta Dental PPO™ Bright Smiles



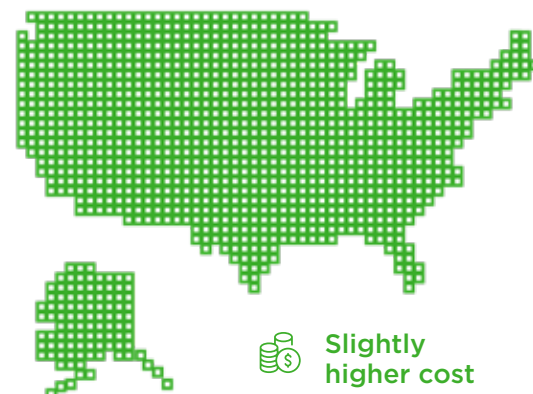
- Lowest cost!
- Large network of dentists

OR

Delta Dental **Premier**® Network

more choice

The Delta Dental Premier® Network offers this dental plan:
Delta Dental Premier® 1000



- Slightly higher cost
- Largest dental network in Oregon

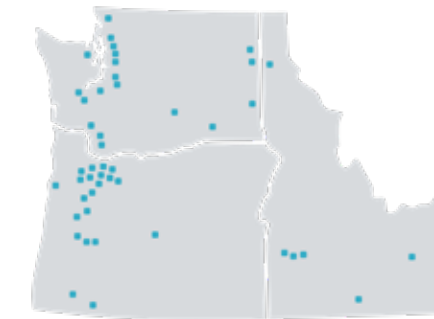
Willamette Dental Network

Visit any Willamette Dental dentist at nearly 50 offices across the Pacific Northwest for personalized care at predictable costs. You'll feel at ease knowing exactly what to expect.

Willamette Dental Network

predictable care

The Willamette Dental network offers this plan: Willamette EPO



- Fixed, known costs
- Connected network for a consistent experience

