

# 2022 Delta Dental PPO Benefit Summary



Delta Dental of Oregon & Alaska

## Multnomah County

Group ID: 10001684

	PPO provider	Premier provider	Non-participating provider
<b>Calendar year costs</b>			
Calendar year maximum, per member		\$1,500	
Calendar year deductible, per member		\$25	
Calendar year maximum deductible, per family		\$75	
<b>Class 1*</b>			
Periodic examinations / x-rays	100%	100%	100%
Prophylaxis (cleanings) / periodontal maintenance	100%	100%	100%
Sealants	100%	100%	100%
Space maintainers	100%	100%	100%
Topical application of fluoride	100%	100%	100%
<b>Class 2</b>			
Restorative fillings	80%	80%	80%
Oral surgery (extractions & certain minor surgical procedures)	80%	80%	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%	80%	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%	80%	80%
<b>Class 3</b>			
Implants	50%	50%	50%
Crowns and other cast restorations	50%	50%	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%	50%	50%
Nightguards for treatment of TMJ or tooth grinding	50%	50%	50%

### Orthodontia

Members and their covered dependents

50% up to \$3000 lifetime maximum

\* Deductible does not apply to Class 1 services.

This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.

## How to use this dental plan

Through Delta Dental PPO and Premier networks, we set limits on what dentists can charge for certain services. You'll save the most when you visit a Delta Dental PPO provider. They agree to accept our lowest contracted rates as full payment. Both Delta Dental networks protect you from 'balance billing' the practice of billing you the difference between your dentist's fees and the rates your dental plan will pay.

## When the member visits:

### Delta Dental PPO Dentists:

When you visit a Delta Dental PPO dentist you will have the lowest cost and the most savings. Members are held harmless from balance billing.

### Delta Dental Premier Dentist, Non PPO:

When you visit a Delta Dental Premier dentist you will have slightly higher costs with some savings. Members are held harmless from balance billing.

### Non Participating Dentists:

When you visit a Non-participating dentist benefits are paid up to the maximum plan allowable (MPA). Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

## Limitations

If a more expensive treatment than is functionally adequate is performed, the Plan will pay the applicable percentage of the Maximum Plan Allowance for the least costly dentally sound treatment.

## Preventive (Class 1 Services)

- **Diagnostic** Routine or comprehensive examinations or consultations are covered at no frequency.
- **Preventive** Prophylaxis (cleaning) is covered at no frequency. Periodontal maintenance is limited to once in any 3-month period. Topical application of fluoride is covered for members under 23 years of age. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent bicuspid and molars. Benefits will be limited to one sealant, per tooth, during any 5-year period. Sealants are not covered when applied to primary (baby) teeth.

## Basic (Class 2 Services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Amalgam fillings on posterior teeth and composite fillings on anterior teeth for the treatment of decay. Composite, resin, or similar (tooth colored) restorations on posterior teeth are considered optional and the member is responsible for paying the difference.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any 2-year period.

## Major (Class 3 Services)

- **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is limited to once per tooth space in any five (5) year period.
- **Restorative** Cast restorations (including pontics) are covered once in a five (5) year period on any tooth.
- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a five (5) year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the past five (5) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Nightguards** One nightguard is covered every 3 calendar years. Lost or broken nightguards will not be covered unless it has been 3 years since the original/initial/last purchase.

## Exclusions

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth except for occlusal guards.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in his or her office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed or broken appointments.
- Precision attachments.
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.

# Moda Health nondiscrimination notice

**Moda, Inc. complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.**

Moda provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, Moda also provides free, timely interpretation services and/or materials written in other languages.

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**If you need any of the services listed above, contact:**

**Customer Service,**  
888-217-2363 (TDD/TTY 711)

**If you believe that Moda has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:**

Moda, Inc.  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

**If you need assistance filing a grievance, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone to:

U.S. Department of Health  
and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD).

Office for Civil Rights complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**Moda's efforts to assure nondiscrimination are coordinated by:**

Tom Bikales, VP Legal Affairs  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

Health plans in Oregon and Alaska provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. 15019019 (8/16)



Delta Dental of Oregon & Alaska



ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229(TTY:711) tiin bilbilaa.



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