

2023 Delta Dental PPO 50 Plan Benefit Summary



Multnomah County

Group ID: 10001684

| | PPO provider | Premier provider | Out-of-network provider |
|--|--------------------------------------|------------------|-------------------------|
| Calendar year costs | | | |
| Calendar year maximum, per member | | \$2,000 | |
| Calendar year deductible, per member | | \$50 | |
| Calendar year deductible, per family | | \$150 | |
| Class 1* (Services do not apply to the annual max) | | | |
| 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% |
| Class 2 | | | |
| 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% |
| Class 3 | | | |
| 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 a \$3,000 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

This plan offers the same annual maximum, plan payment limit, deductibles, and coinsurance whether a member sees an In-Network dentist (Delta Dental PPO or Delta Dental Premier) or an Out-of-Network dentist. 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:

Benefits are paid at the PPO benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental PPO fee).

Delta Dental Premier Dentists:

Benefits are paid at the Premier benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

Out-of-Network Dentists:

Benefits are paid at the Out of Network benefit level. 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, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly 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.
- **Athletic mouth guard** covered at 50%, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are excluded.

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 the dentist's 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.

This is a summary of the dental plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. Dental plans in Oregon provided by Oregon Dental Service dba Delta Dental plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Associations.

