

2025 Dental plan benefit table

Delta Dental Premier 1000	For all ages, you pay
Calendar year costs	
Deductible per person	\$50
Deductible per family	\$150
Out-of-pocket maximum	N/A
Annual maximum	\$1,000
Class 1	
Exams and X-rays	0%
Cleanings	0%
Periodontal maintenance	0%
Sealants	0%
Topical fluoride	0%
Class 2 ¹	
Space maintainers	20% after deductible
Restorative fillings	20% after deductible
Class 3 ²	
Oral Surgery	50% after deductible
Endodontics	50% after deductible
Periodontics	50% after deductible
Restorative crowns	50% after deductible
Bridges	50% after deductible
Partial and complete dentures	50% after deductible
Anesthesia	50% after deductible
Orthodontia	Not covered
Features	
Provider Network	Delta Dental Premier Network In-network: Delta Dental Premier dentists Out-of-network: Non-participating dentists
Balance bill	Delta Dental Premier Dentist: No Non-participating dentists: Yes

¹ 6-month exclusion period 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.

² 12-month exclusion period 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.

Limitations

Class 1

- Bitewing X-rays once in a 12-month period
- Exam once in a 6-month period
- Fluoride once in a 6-month period under age 19 and once every 12 months if there is recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment for age 19 and over
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year. Many restorations are not covered within 2 months of interim caries arresting medicament application.
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any 6-month period. 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 covered once in any 12-month period for members age 15 and under and once in any 2-year period age 16 and over
- Bridges once in a 7-year period
- Crowns and other cast restorations once in a 7-year period
- Crowns over implant once per lifetime per tooth
- Dentures once in a 7-year period age 16 and over
- IV sedation or general anesthesia only with covered surgical procedures in a dental office and when necessary due to a concurrent medical condition
- Nightguard (occlusal guard) covered at 100 percent once in a 5-year period, up to \$200 maximum
- Periodontal surgical procedures by the same dentist at the same site are covered once in a 3-year period
- Porcelain crowns on back teeth are limited to the amount for a full metal crown.
- Scaling and root planing once per quadrant in any 2-year period
- Space maintainers once per space, but not covered for anterior primary teeth or missing permanent teeth or for members age 14 and over

Exclusions

- Anesthetics, analgesics, hypnosis, nitrous oxide and most medications, except Intellectual Developmental & Disabilities benefits
- 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
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except Intellectual Developmental & Disabilities benefits
- Orthodontia
- 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
- Translation or sign language services are not covered as separate charges
- Temporomandibular joint syndrome (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.