2025 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

Clackamas County

Effective January 1, 2025

Peace Officer's Association Incentive Plan	
Calendar year costs	
Calendar year maximum, per member	\$2,000
Calendar year deductible, per member	\$0
Class I (Services do not apply to the calendar year max)	
Periodic examinations / x-rays	
Prophylaxis (cleanings) / periodontal maintenance	
Sealants	*1st year - 70% 2nd year - 80%
Space maintainers	3rd year - 90% 4th year - 100%
Topical application of fluoride	
Class II	
Restorative fillings	
Oral surgery (extractions & certain minor surgical procedures)	*1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100%
Endodontics (treatment of teeth with diseased or damaged nerves)	
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	
Class III	
Crowns and other cast restorations	*1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100%
Class IV	
Implants	
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%
Athletic mouthguard	
Nightguards - occlusal guard	100% to a \$250 maximum (deductible waived)
Orthodontia	
Lifetime maximum of \$3,000 (Child Benefit)**	50%

*Under this plan, payments increase by 10% each eligibility year provided the individual has visited the dentist at least once during the year. Failure to do so will cause a 10% reduction in payment the following year, although payment will never fall below 70%.

**See your member handbook for specific orthodontia benefits.

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

How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

When the member visits:

Delta Dental Premier Dentist:

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).

Non Participating Dentists:

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 I services)

- Diagnostic Routine or comprehensive examinations or consultations are covered twice per year. Supplementary bitewing x-rays are covered once in any 12-month
 period. Complete series x-rays or a panoramic film are covered once in any five (5) year period.
- Preventive Prophylaxis (cleaning) or periodontal maintenance are covered once twice per year. Additional periodontal maintenance is covered for members with
 periodontal disease, up to a total of 2 additional periodontal maintenances per year. Topical application of fluoride is covered twice per year for members under age
 19. For members age 19 and older, topical application of fluoride is covered twice per year if there is a recent history of periodontal surgery or high risk of decay due to
 medical disease or chemotherapy or similar type of treatment. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be
 limited to one sealant, per tooth, during any five (5) year period.

Basic (Class II services)

- Oral Surgery Limited to extractions and other minor surgical procedures.
- Restorative Restorative If a tooth can be restored with a material such as amalgam or composite filling, but another type of restoration is selected, covered expense will
 be limited to a composite. Partial cast restorations are covered under basic services, however, full cast restorations will be covered under major services.
- Periodontic Scaling and root planing is limited to once every 6 months.

Major (Class III & IV services)

- Implants and implant removal are limited to once per lifetime per tooth space.
- Restorative Cast restorations (including pontics) are covered once in a seven (7) year period on any tooth.
- Prosthodontic A bridge or denture (full or partial, including alternate benefits) will be covered once in a seven (7) year period only if the tooth, tooth site, or teeth
 involved have not received a cast restoration benefit in the past seven (7) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- Athletic mouthguard Covered at 50%, once in any 12-month period for members age 15 and under and once in any 2-year period age 16 and over. Over-the-counter
 athletic mouth guards are excluded.
- Occlusal Guard (nightguard) Covered at 100% once in a five year period, up to \$250 maximum. Over-the-counter nightguards 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 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.

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call:

888-217-2365 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Delta Dental of Oregon and Alaska Attention: Appeal Unit 601 SW Second Ave. Portland, OR 97204 Fax: 503-412-4003

If you need help filing a complaint, 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, or by mail or phone:

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)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Scott White coordinates our nondiscrimination work:

Scott White, Compliance Officer 601 SW Second Ave. Portland, OR 97204 855-232-9111 compliance@modahealth.com

DeltaDentalAK.com | DeltaDentalOR.com

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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).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ trợ ngôn ngữ miễn phí cho bạn. Gọi 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)

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)

> تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 2229-605-7871 (الهاتف النصي: 711)

بولتے ہیں تو ن ٹی (URDU) توجب دیں: اگر آپ اردو اعبانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں (TTY: 711) 229-605-3229

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

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 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 2229-605-7871 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 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 (TYY、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。 અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દશારવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે.1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອ ດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

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)

ត្រវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រ័វការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 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.

โปรดทราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษา ได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 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)