

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 | *1st year - 70% |
| Sealants | 2nd year - 80% |
| Space maintainers | 3rd year - 90% |
| Topical application of fluoride | 4th year - 100% |
| Class II | |
| Restorative fillings | |
| Oral surgery (extractions & certain minor surgical procedures) | *1st year - 70% |
| Endodontics (treatment of teeth with diseased or damaged nerves) | 2nd year - 80% |
| Periodontics (treatment of diseases of the gums and supporting structures of the teeth) | 3rd year - 90% |
| | 4th year - 100% |
| 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](https://www.DeltaDentalAK.com) | [DeltaDentalOR.com](https://www.DeltaDentalOR.com)

