

# 2025 Dental plan benefit table

Delta Dental of Oregon & Alaska

Delta Dental Premier Radiant Smiles Plan	Age 0-18, employees pay	Age 19+, employees pay
Calendar year costs		
Deductible	\$50 per person / \$150 per family	
Out-of-pocket maximum (under age 19)	\$425 for one member \$850 for two or more members	
Annual maximum (ages 19+)	n/a	
Class 1		
Exams and X-rays	0%	Not Covered
Cleanings	0%	Not Covered
Periodontal maintenance	0%	Not Covered
Sealants	0%	Not Covered
Topical fluoride	0%	Not Covered
Space maintainers	0%	Not Covered
Class 2		
Restorative fillings	40% after deductible	Not Covered
Oral Surgery	40% after deductible	Not Covered
Endodontics	40% after deductible	Not Covered
Periodontics	40% after deductible	Not Covered
Class 3		
Restorative crowns	50% after deductible	Not Covered
Partial and complete dentures	50% after deductible	Not Covered
Bridges	50% after deductible	Not Covered
Implants	50% after deductible	Not Covered
Orthodontia <sup>1</sup>	50% after deductible	Not Covered
Features		
Provider Network	Delta Dental Premier Network	
Balance bill	Participating Dental Delta Premier dentists: No Nonparticipating dentists: Yes	

 $<sup>{\</sup>bf 1} \ \ {\it Only medically necessary orthodontia is covered}.$ 

## Limitations

### Class 1

- Bitewing X-rays once in a 6-month period
- Exam once in a 6-month period
- Fluoride once in a 6-month period
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year
- Prophylaxis 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 two additional periodontal maintenances per year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period

### 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 for ages 16 to 18
- Bridges and dentures once in a 5-year period
- Crowns and other cast restorations once in a 5-year period
- Crown over implant once in a 5-year period
- Implants when dentally necessary and at least 5 years after the last cast restoration
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Occlusal guard (nightguard) covered once per year between ages 13 and 18 at 100 percent
- Porcelain crowns on back teeth are limited to the amount for a full metal crown.
- Scaling and root planing once per quadrant in a 2-year period

#### **Exclusions**

- All services for members age 19 and over
- Anesthetics, analgesics, nitrous oxide, hypnosis and medications, except for IV sedation or general anesthesia with surgical procedures and Intellectual Developmental & Disabilities benefits
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Cosmetic services
- Duplication and interpretation of diagnostic images or records (except interpretation of a diagnostic image by a professional not associated with the capture of the image)
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except for Intellectual Developmental & Disabilities benefits
- Orthodontia (exception for medically necessary treatment or when an orthodontia rider is included)
- Over-the-counter athletic mouthguards and over-the-counter nightguards (occlusal guards)
- Precision attachments
- 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
- Teledentistry, translation or sign language services are not covered as a separate benefit.
- Treatment before coverage begins or after coverage ends
- Treatment not dentally necessary
- Treatment of any disturbance of the temporomandibular joint (TMJ)

These benefits and Delta Dental of Alaska 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 Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.