

Dental product details

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Quality coverage for your smile

Healthy teeth are happy teeth. With our individual and family Delta Dental of Oregon plans, you'll have access to Delta Dental, the nation's largest dental network, wherever you go.

Dental benefit highlights

Our Delta Dental of Oregon plans connect you with great benefits and quality in-network dentists throughout the state. You can count on:

- No waiting periods for Class 1 services
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs if you need a little extra attention for your pearly whites.

Statewide coverage options

We offer a variety of plans so you can find the right fit for you. Choose from three types of dental plans.

Delta Dental PPOSM plan

This plan offers a broad range of both services and providers. You receive in network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, you can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

Delta Dental Exclusive PPOSM plan

This plan gives you a higher level of benefits than the PPO plan, but you must see Delta Dental PPO-contracted providers to receive a benefit. This exclusive provider option does not pay for services provided by a Premier or non-contracted dentist. Care from providers outside this network is not covered.

Delta Dental PPO Bright SmilesSM plan

This PPO plan is available for all individual members, but benefits only cover children under age 19. It allows anyone to meet federal requirements for pediatric dental coverage. You receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, you can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

Enroll in a dental plan

To enroll in a dental plan, please see "How open enrollment works" on page 8.

Delta Dental networks go where you go

Each Delta Dental of Oregon plan comes with a Delta Dental statewide network. It includes thousands of dentists with statewide and national access.

In-network dentists agree to accept our contracted fees as full payment. This means they don't balance bill – the difference between the allowed amount and the dentist's billed charge. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

Delta Dental PPO Network

This is one of the largest preferred provider organization (PPO) dental networks in Oregon and across the country. It includes more than 1,300 participating providers in Oregon and offers access to over 105,000 Delta Dental PPO dentists nationwide.

Is my dentist in the network?

To find out, visit modahealth.com/PPOdentists. Choose a dental network and look for participating dentists in your area.

2018 Dental plan benefit table

	Delta Dental PPO SM				Delta Dental Exclusive PPO SM				Delta Dental PPO SM Bright Smiles			
	Under age 19		Ages 19+		Under age 19		Ages 19+		Under age 19		Ages 19+	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
Calendar year costs												
Deductible per person	\$0				\$0				\$0			
Out-of-pocket max per person (under age 19)	\$350 for one member / \$700 for two or more members (in-network only)				\$350 for one member / \$700 for two or more members (in-network only)				\$350 for one member / \$700 for two or more members (in-network only)			
Annual benefit max	\$1,000 (out-of-network only)		\$1,000		N/A		\$1,500 (in-network only)		N/A			
Class 1												
Exams and X-rays	10%	50%	25%	50%	10%	Not covered	0%	Not covered	10%	50%	Not covered	
Cleanings	10%	50%	25%	50%	10%	Not covered	0%	Not covered	10%	50%	Not covered	
Periodontal maintenance	10%	50%	25%	50%	10%	Not covered	0%	Not covered	10%	50%	Not covered	
Sealants	10%	50%	25%	50%	10%	Not covered	0%	Not covered	10%	50%	Not covered	
Topical fluoride ¹	10%	50%	25%	50%	10%	Not covered	0%	Not covered	10%	50%	Not covered	
Class 2												
Space maintainers	70%	70%	Not covered	Not covered	30%	Not covered	Not covered	Not covered	70%	70%	Not covered	
Restorative fillings ²	70%	70%	40%	50%	30%	Not covered	30%	Not covered	70%	70%	Not covered	
Class 3												
Oral surgery ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Endodontics ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Periodontics ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Restorative crowns ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Bridges ³	Not covered	Not covered	50%	50%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	Not covered	
Partial and complete dentures ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Anesthesia ³	70%	70%	50%	50%	50%	Not covered	50%	Not covered	70%	70%	Not covered	
Orthodontia ⁴	70%	70%	Not covered	Not covered	50%	Not covered	Not covered	Not covered	70%	70%	Not covered	
Features												
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	N/A	N/A
Balance bill	No	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	No	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	No	N/A	No	N/A	No	Delta Dental Premier dentists: No Nonparticipating dentists: Yes	N/A	N/A

¹ Only covered once in a 12-month period applies for ages 19 and older if there is recent history of periodontal surgery or high risk of decay because of medical disease or chemotherapy or similar type of treatment

² 6-month exclusion period for ages 19 and over if member does not have 12 continuous months 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 2018 Delta Dental policy.

³ 12-month exclusion period for ages 19 and over if member does not have 12 continuous months 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 policy.

⁴ Only medically necessary orthodontia to treat cleft palate is covered.

These benefits and Delta Dental of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2018 Delta Dental of Oregon individual and family dental plans. For a full list of limitations and exclusions per plan or for copies of plan summaries, please see back cover for our sales and service team contact information.

Limitations

Class 1

- Exam once in a six-month period
- Bitewing X-rays once in a 12-month period
- Full-mouth or panoramic X-rays once in a five-year period
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any six-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year
- Fluoride once in a six-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 ages 19 and older
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period

Class 2 and Class 3

- Bridges once in a seven-year period age 19 and over
- Dentures once in a seven-year period age 16 and over
- Crowns and other cast restorations once in a seven-year period
- Crown over implant once per lifetime per tooth space
- IV sedation or general anesthesia only with surgical procedures
- Scaling and root planing once in a two-year period
- Tooth colored fillings on back teeth are limited to the amount allowed for an amalgam restoration
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Athletic mouth guard covered at 50 percent, once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over
- Night guard (occlusal guard) covered at 100 percent once in a five-year period, up to \$150 maximum

Exclusions

- Anesthetics, analgesics, hypnosis and medications except for oral anesthesia medication for members under age 19 used during an in-office procedure. Nitrous oxide for adults on some plans.
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care except for emergency care for members under age 19
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for treatment of cleft palate under age 19)
- Out-of-network providers on the Exclusive PPO plan
- Over-the-counter night guards and athletic mouth guards
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary



Dental plan premiums

These premiums apply to members who live anywhere in Oregon.

Plan name	Age 0 – 20	Age 21 – 59	Age 60+
Delta Dental PPO SM	\$36	\$33	\$40
Delta Dental Exclusive PPO SM	\$37	\$37	\$44
Delta Dental PPO SM Bright Smiles	\$36 (ages 18 and under only)	\$0	\$0