

# 2020 Dental plan benefit summary



Delta Dental of Oregon & Alaska

## Delta Dental Premier®, 1500, 100\*/80/50, 50

<b>Calendar year costs</b>		
Deductible	\$50 per person / \$150 family	
Out-of-pocket maximum (under age 19)	\$350 for one member / \$700 for two or more members	
Annual maximum (age 19+)	\$1,500	
Minimum number of subscribers	N/A	
<b>Class 1</b>	What employees pay	
	Ages 0 – 18	Ages 19+
Exams & X-rays	10%	0%
Cleanings	10%	0%
Sealants	10%	0%
Topical fluoride	10%	0% <sup>1</sup>
Space maintainers	10%	Not covered
<b>Class 2</b>		
Restorative fillings	30% after deductible	20% after deductible
Oral surgery	30% after deductible	20% after deductible
Endodontics	30% after deductible	20% after deductible
Periodontics	30% after deductible	20% after deductible
Anesthesia	30% after deductible	20% after deductible
<b>Class 3</b>		
Restorative crowns	50% after deductible	50% after deductible
Partial & complete dentures	50% after deductible	50% after deductible
Implants & bridges	Not covered	50% after deductible
Orthodontia <sup>2</sup>	50% after deductible	Not covered
<b>Features</b>		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: no Nonparticipating dentists: yes	
Direct Option plan match	Direct Option 1G-GK	

<sup>1</sup> Covered once in a 12-month period if there is a recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Only covered to treat cleft palate, with or without cleft lip for ages under 19.