



2020 Dental plan benefit summary

Delta Dental of Oregon & Alaska

Direct Option 1G and 1GK – Willamette Dental Group

Benefit	Under age 19, members pay	Ages 19+, members pay
Annual maximum	No annual maximum	No annual maximum
Deductible	No deductible	No deductible
Annual out of pocket limit	\$350 – 1 child \$700 – 2 or more children	Not applicable
General office visit	\$15 per visit	\$15 per visit
Diagnostic and preventive services		
Routine and emergency exams	Covered at 100%	Covered at 100%
Routine X-rays	Covered at 100%	Covered at 100%
Teeth cleaning	Covered at 100%	Covered at 100%
Fluoride treatment	Covered at 100%	Covered at 100%
Sealants (per tooth)	Covered at 100%	Covered at 100%
Head and neck cancer screening	Covered at 100%	Covered at 100%
Oral hygiene instruction	Covered at 100%	Covered at 100%
Periodontal charting	Covered at 100%	Covered at 100%
Periodontal evaluation	Covered at 100%	Covered at 100%
Restorative dentistry and prosthodontics		
Fillings	\$15	\$15
Porcelain-metal crown	\$100	\$100
Complete upper or lower denture	\$75	\$75
Bridge (per tooth)	\$100	\$100
Dental implant surgery	You pay charges in excess of \$1,500*	You pay charges in excess of \$1,500*
Endodontics and periodontics		
Root canal therapy – anterior	\$100	\$100
Root canal therapy – bicuspid	\$125	\$125
Root canal therapy – molar	\$175	\$175
Osseous surgery (per quadrant)	\$75	\$75
Root planing (per quadrant)	\$75	\$75
Oral surgery		
Routine extraction (single tooth)	\$15	\$15
Surgical extraction	\$75	\$75
Orthodontia treatment		
Pre-orthodontia services	\$150**	\$150**
Comprehensive orthodontic services	\$2,400***	\$2,400
Miscellaneous		
Local anesthesia	Covered at 100%	Covered at 100%
Dental lab fees	Covered at 100%	Covered at 100%
Nitrous oxide	\$40	\$40
Specialty office visit	\$30	\$30
Out of area emergency care reimbursement	You pay charges in excess of \$100	You pay charges in excess of \$100

*Limited to one dental implant surgery per calendar year.

**Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.

***Copayment for Comprehensive Orthodontic Services provided for treatment of cleft palate with or without cleft lip is \$350 for members under age 19. Orthodontic Services for all other purposes are not included in the Annual Out of Pocket Limit.