2023 Delta Dental PPO Plan Benefit Summary



Delta Dental of Oregon & Alaska

School District No. 1 Health and Welfare Trust Substitute Dental Plan

Preferred Option Plan			
	PPO provider	Premier provider	Out-of-network non-participatiną provider
Calendar year costs			
Calendar year maximum, per member		\$1,750	
Calendar year deductible, per member		\$0	
Calendar year deductible, per family		\$0	
Class 1			
Periodic examinations / x-rays	100%	100%	100%
Prophylaxis (cleanings) / periodontal maintenance	100%	100%	100%
Sealants	100%	100%	100%
Space maintainers	100%	100%	100%
Topical application of fluoride	100%	100%	100%
Class 2			
Restorative fillings	80%	80%	80%
Oral surgery (extractions & certain minor surgical procedures)	80%	80%	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%	80%	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%	80%	80%
Implants	80%	80%	80%
Crowns and other cast restorations	80%	80%	80%
Class 3			
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%	50%	50%

This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.

(construction or repair of fixed bridges, partial, and complete dentures)

How to use this dental plan

For In-Network benefits, members select a Delta Dental PPO dentist from our directory which is on our website at www.DeltaDentalOR.com. Each family member may choose a different dentist. If you receive care from a dental provider not in the Delta Dental PPO Network, Out-of-Network coverage levels apply.

When the member visits:

Delta Dental PPO Dentists:

Benefits are paid at the PPO benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental PPO fee).

Delta Dental Premier Dentist, Non PPO:

Benefits are paid at the Premier benefit level. 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:

Benefits are paid at the Out of Network benefit level. Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

