

# 2023 Delta Dental PPO Plan Benefit Summary



Delta Dental of Oregon & Alaska

School District No. 1 Health and Welfare Trust Retiree Buy Up Dental Plan

## Preferred Option Plan

|  | PPO provider | Premier provider | Out-of-network non-participating provider |
|--|--------------|------------------|---|
| <b>Calendar year costs</b>   |              |                  |   |
| Calendar year maximum, per member  |              | \$2,500          |   |
| Calendar year deductible, per member   |              | \$0              |   |
| Calendar year deductible, per family   |              | \$0              |   |
| <b>Class 1</b>   |              |                  |   |
| 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%                                      |
| <b>Class 2</b>   |              |                  |   |
| 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%                                       |
| <b>Class 3</b>   |              |                  |   |
| 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.**

### 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](http://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.



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# Delta Dental Orthodontia Rider



Delta Dental of Oregon & Alaska

## Delta Dental Adult & Child Ortho 4000

Lifetime maximum benefit \$4,000

### What members pay

Members age 19+ 50%

Members under age 19 50%

Eligible Employees and their covered dependents

### How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

### Pre-determination

Your dental office can submit a pre-treatment plan to Delta Dental of Oregon on your behalf. We will return it to them indicating the dollar allowance which will be covered by your plan before you go forward with treatment.



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