

2019 Delta Dental PPO Plan Benefit Summary



Delta Dental of Oregon & Alaska

Preferred Option Plan BPA3X50_PF

	In-network PPO provider	Out-of-network Premier provider	Out-of-network non-participating provider
Calendar year costs			
Calendar year maximum, per member		\$1,500	
Calendar year deductible, per member		\$50	
Calendar year maximum deductible, per family		\$150	
Class 1* (Services do not apply to the calendar year max)			
Periodic examinations / x-rays	0%	0%	0%
Prophylaxis (cleanings) / periodontal maintenance	0%	0%	0%
Sealants	0%	0%	0%
Space maintainers	0%	0%	0%
Topical application of fluoride	0%	0%	0%
Class 2			
Restorative fillings	20%	20%	20%
Oral surgery (extractions & certain minor surgical procedures)	20%	20%	20%
Endodontics (treatment of teeth with diseased or damaged nerves)	20%	20%	20%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	20%	20%	20%
Class 3			
Implants	50%	50%	50%
Crowns and other cast restorations	50%	50%	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%	50%	50%

* Deductible waived for preventive.

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

Delta Dental orthodontia rider



Delta Dental of Oregon & Alaska

Adult & Child Ortho 1500

Lifetime maximum	\$1,500
What members pay	
Members age 19+	50%
Members under age 19	50%

How to use this dental plan

When you visit your dental provider, tell him or her 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.