

2020 Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

City of Hillsboro

Premier Option A02_PF	
Calendar year costs	
Calendar year maximum, per member (Class 2 and Class 3)	\$2,000
Calendar year deductible, per member	\$0
Calendar year maximum deductible, per family	\$0
Class 1 (Services do not apply to the calendar year max)	
Periodic examinations / x-rays	
Prophylaxis (cleanings) / periodontal maintenance	*1st year - 70%
Sealants	2nd year - 80%
Space maintainers	3rd year - 90%
Topical application of fluoride	4th year - 100%
Class 2	
Restorative fillings	
Oral surgery (extractions & certain minor surgical procedures)	*1st year - 70%
Endodontics (treatment of teeth with diseased or damaged nerves)	2nd year - 80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	3rd year - 90%
	4th year - 100%
Class 3	
Implants	50%
Crowns and other cast restorations	50%
Dentures and bridges (construction of fixed bridges, partial, and complete dentures)	50%

*Under this plan, payments increase by 10% each eligibility year provided the individual has visited the dentist at least once during the year. Failure to do so will cause a 10% reduction in payment the following year, although payment will never fall below 70%.

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

How to use this dental plan

When you visit your dental provider, tell him or her you are a Delta Dental member.

When the member visits:

Delta Dental Premier Dentist:

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:

Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

Limitations

If a more expensive treatment than is functionally adequate is performed, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

Delta Dental orthodontia rider



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Adult & Child Ortho 2000

Lifetime maximum	\$2,000
What members pay	
Members age 19+	50%
Members under age 19	50%

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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.