

# Delta Dental Premier Plan Benefit Summary



Delta Dental of Oregon & Alaska

## City of Springfield

Group ID: 10001700

Calendar year costs	
Calendar year maximum, per member	\$1,500
Calendar year deductible, per member	\$0
Class 1	
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 2/3	
Restorative Fillings	*1st year - 70%
Oral Surgery (extractions & certain minor surgical procedures)	2nd year - 80%
Endodontics (treatment of teeth with diseased or damaged nerves)	3rd year - 90%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	4th year - 100%
Crowns and other cast restorations	
Class 4	
Implants	
Dentures and bridges (construction or repair 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.