Delta Dental of Oregon — 2025 Dental Benefit Outline



	Delta Dental of Oregon
Providers/Network	Delta Dental Premier, PPO and Non-Participating Providers ¹
	Member Pays:
Calendar Year Deductible	\$25 per individual ²
Calendar Year Benefit Maximum (plan pays)	\$1,750 per individual ³
Preventive Care	
	Available twice in a calendar year
ExamsCleaningsDiagnostic	 Covered in full³ Covered in full^{3,6} Covered in full^{3,4}
Basic Services	
 Restorative Oral Surgery (extractions) Endodontic/periodontic 	 20% after deductible⁵ 20% after deductible⁵ 20% after deductible⁵
Major Services	
 Crowns Cast Restorations Dentures/bridge work Implants 	 50% after deductible⁵ 50% after deductible⁵ 50% after deductible⁵ 50% after deductible⁵
Travel Benefits	
Out-of-Area Coverage	Worldwide for emergency services only
Rates (per member, per month)	
• Adult	• \$72.96
• Child	• \$29.55

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the health plan document, the information in the health plan document shall prevail.

2 Deductible waived on preventive services.

4 Some limitations apply.

¹ The amounts payable for services of a non-participating provider are limited to the amount in the PPO Fee Schedule. Non-participating providers may balance bill.

³ Charges for preventive services do not apply to the calendar year benefit maximum.

⁵ There is a 12-month waiting period for basic and major services following enrollment unless member has had continuous dental coverage for the previous 12 months immediately preceding PHIP dental enrollment.

⁶ Additional cleanings may be covered through the Oral Health, Total Health program or Health through Oral Wellness® program. Contact customer service for additional details.