



2021 Dental Plans At-a-Glance

The chart below summarizes what you will pay for in-network dental care. If you elect Delta Dental Standard or Delta Dental Plus and receive services from non-network dentists, the plan pays your full requested reimbursement or Delta Dental's non-network dentist fee, whichever is less. Willamette Dental does not pay benefits if you see non-network providers.

DELTA DENTAL	DELTA DENTAL STANDARD	DELTA DENTAL PLUS	WILLAMETTE DENTAL	
Annual Deductible and Annual Maximum			Annual Deductible and Annual Maximum	
Individual	\$25	\$50	Annual Deductible	\$0
Family	\$75	\$150	General & Orthodontic Office Visit	\$20 copay
Annual Maximum Benefit Per Person, Excluding Orthodontia	\$1,000	\$1,500	Annual Maximum	None
Class I Benefits			Diagnostic & Preventative Services	
<ul style="list-style-type: none"> Preventive Care Diagnostic Care X-Rays 	Plan Pays 100%		<ul style="list-style-type: none"> Routine & Emergency Exams Head & Neck Cancer Screening X-Rays Teeth Cleaning Fluoride Treatment Sealants (Per Tooth) Oral Hygiene Instruction Periodontal Charting Periodontal Evaluation 	Covered with Office Visit Copay
Class II Benefits				
<ul style="list-style-type: none"> Oral Surgery Endodontic Care Periodontal Care (including perio cleaning) Minor Restorative Services 	25% of maximum allowance after deductible	20% of maximum allowance after deductible		
Class III Benefits			Restorative Dentistry	
<ul style="list-style-type: none"> Major Restorative Services Prostodontics 	55% of maximum allowance after deductible	45% of maximum allowance after deductible	<ul style="list-style-type: none"> Fillings 	Covered with Office Visit Copay
			<ul style="list-style-type: none"> Porcelain-Metal Crown 	\$200 copay

Class IV Benefits			Prosthodontics	
Adult, Child Orthodontia (Covered services only include those started when coverage under the plan begins)	N/A	50% up to a lifetime maximum benefit of \$1,500 per person	• Root Canal Therapy	\$75 - \$150 Copay
			• Osseous Surgery (Per Quadrant)	\$150 Copay
			• Root Planing (Per Quadrant)	\$60 Copay
			Oral Surgery	
			• Routine Extraction (Single)	Covered with Office Visit Copay
			• Surgical Extraction	\$75
			Orthodontia Treatment	
			• Pre-Orthodontia Treatment	\$150 Copay (Copay Credited Toward Comprehensive Orthodontia Treatment)
			• Comprehensive Orthodontia Treatment	\$1,500 Copay
			Miscellaneous	
			• Local Anesthesia	Covered with Office Visit Copay
			• Dental Lab Fees	Covered with Office Visit Copay
			• Nitrous Oxide	\$40
			• Specialty Office Visit	\$30
			• Out-of-Area Emergency Care	You pay charges in excess of \$100