



2020 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/ANNUAL MAXIMUM			ANNUAL DEDUCTIBLE/ANNUAL MAXIMUM	
Individual	\$25	\$50	Annual Deductible	\$0
Family	\$75	\$150	General and Orthodontic Office Visit	\$20 copay
Annual maximum benefit per person, excluding orthodontia	\$1,000	\$1,500	Annual Maximum	None
CLASS I BENEFITS			DIAGNOSTIC AND PREVENTATIVE SERVICES	
<ul style="list-style-type: none"> • Preventive care • Diagnostic care • X-rays 	Plan pays 100%		<ul style="list-style-type: none"> • Routine and emergency exams • Head and 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 • Periodontic 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 • Prosthodontics 	55% of maximum allowance after deductible	45% of maximum allowance after deductible	Fillings	Covered with office visit copay
			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 lifetime maximum benefit of \$1,500 per person	Root Canal Therapy	\$75 - \$150 copay
			Osseous Surgery (Per Quadrant) Root Planing (Per Quadrant)	\$150 copay \$60 copay

	ORAL SURGERY	
	Routine Extraction (Single Tooth)	Covered with Office Visit copay
	Surgical Extraction	\$75 copay
	ORTHODONTIA TREATMENT	
	Pre-orthodontia Treatment	\$150 copay; copay credited toward comprehensive orthodontia treatment
	Comprehensive Orthodontia Treatment	\$1,500 copay
	RESTORATIVE DENTISTRY	
	Fillings	Covered with office visit copay
	Porcelain-Metal Crown	\$200
	MISCELLANEOUS	
	Local Anesthesia	Covered with office visit copay
	Dental Lab Fees	Covered with office visit copay
	Nitrous Oxide	\$40 copay
	Specialty Office Visit	\$30 copay
	Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100