

2024 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 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 Prosthodontics 	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)	You pay full cost	50% up to a lifetime maximum benefit of \$1,500 per person	<ul style="list-style-type: none"> Root Canal Therapy 	\$75 - \$150 Copay
			<ul style="list-style-type: none"> Osseous Surgery (Per Quadrant) 	\$150 Copay
			<ul style="list-style-type: none"> Root Planing (Per Quadrant) 	\$60 Copay
			Oral Surgery	
			<ul style="list-style-type: none"> Routine Extraction (Single) 	Covered with Office Visit Copay
			<ul style="list-style-type: none"> Surgical Extraction 	\$75
			Orthodontia Treatment	
			<ul style="list-style-type: none"> Pre-Orthodontia Treatment 	\$150 Copay (Copay Credited Toward Comprehensive Orthodontia Treatment)
			<ul style="list-style-type: none"> Comprehensive Orthodontia Treatment 	\$1,500 Copay
			Restorative Dentistry	
			Fillings	Covered with Office Visit Copay
			Porcelain-Metal Crown	\$200
			Miscellaneous	
			<ul style="list-style-type: none"> Local Anesthesia 	Covered with Office Visit Copay
			<ul style="list-style-type: none"> Dental Lab Fees 	Covered with Office Visit Copay
			<ul style="list-style-type: none"> Nitrous Oxide 	\$40
			<ul style="list-style-type: none"> Specialty Office Visit 	\$30
<ul style="list-style-type: none"> Out-of-Area Emergency Care 	You pay charges in excess of \$100			