

2024-25 Delta Dental Plan Benefit Summary

City of Portland

Group ID: 10002805

Delta Core (Non-PPA)

	PPO provider	Premier provider	Out-of-network non-participating provider
Plan year costs			
Plan year benefit maximum, per member age 19 and older		\$2,000	
Plan year deductible, per member		\$25	
Plan year deductible, per family		\$75	
Class 1 (Deductible and benefit maximum do not apply)			
Periodic examinations / x-rays	100%	100%	100%
Prophylaxis (cleanings) / periodontal maintenance Covered once every 6 months	100%	100%	100%
Sealants	100%	100%	100%
Space maintainers	100%	100%	100%
Topical application of fluoride	100%	100%	100%
Class 2			
Restorative fillings	80%	80%	80%
Oral surgery (extractions & certain minor surgical procedures)	80%	80%	80%
Endodontics (treatment of teeth with diseased or damaged nerves)	80%	80%	80%
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)	80%	80%	80%
Class 3			
Implants	50%	50%	50%
Crowns and other cast restorations	50%	50%	50%
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)	50%	50%	50%
Orthodontia*			
Adult and child orthodontic services	50% up to \$3,000 lifetime maximum		

* Deductible and plan year maximum do not apply to orthodontia.

How to use this dental plan

For in-network benefits members select a Delta Dental PPO or Premier dentist from our directory which is on our website at www.deltadentalor.com. Each family member may choose a different dentist.

When the member visits:

Delta Dental PPO Dentists:

Benefits are paid at the PPO benefit level. Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental PPO fee).

Delta Dental Premier Dentist, Non PPO:

Benefits are paid at the Premier benefit level. 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:

Benefits are paid at the out-of-network benefit level. Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.

This is a benefit summary only. For a more detailed description of benefits, refer to your Summary Plan Description.



Delta Dental of Oregon & Alaska