

2026 Dental plan benefit table

Delta Dental PPO, 1500B, 100/80/50, 50	Age 0-18, employees pay		Age 19+, employees pay	
	In-network	Out-of-network	In-network	Out-of-network
Calendar year costs				
Deductible	\$50 per person / \$150 per family			
Out-of-pocket maximum (under age 19)	\$450 for one member / \$900 for two or more members (in-network only)			
Annual maximum (ages 19+)	\$1,500			
Class 1				
Exams and X-rays	0%	20%	0%	10%
Cleanings	0%	20%	0%	10%
Sealants	0%	20%	0%	10%
Topical fluoride	0%	20%	0%	10%
Space maintainers	0%	20%	Not covered	Not covered
Class 2				
Restorative fillings	40% after deductible	40% after deductible	20% after deductible	30% after deductible
Oral Surgery	40% after deductible	40% after deductible	20% after deductible	30% after deductible
Endodontics	40% after deductible	40% after deductible	20% after deductible	30% after deductible
Periodontics	40% after deductible	40% after deductible	20% after deductible	30% after deductible
Anesthesia	40% after deductible	40% after deductible	20% after deductible	30% after deductible
Class 3				
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants & bridges	Not covered	Not covered	50% after deductible	50% after deductible
Orthodontia ¹	50% after deductible	50% after deductible	Not covered	Not covered
Features				
Provider Network	Delta Dental PPO Network			
Balance bill	Delta Dental PPO and Premier dentists: no Nonparticipating dentists: yes			
Direct Option plan match	DO3MK			

¹ Only medically necessary orthodontia to treat cleft palate is covered.

Limitations

Class 1

- Bitewing X-rays once in a 12-month period
- Exam twice per calendar year
- Fluoride twice per calendar year under age 19 and once every 12 months if there is recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment for age 19 and over
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year. For age 19 and over, many restorations are not covered within 2 months of interim caries arresting medicament application.
- Prophylaxis (cleaning) or periodontal maintenance is covered twice per calendar year. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 5-year period except for evidence of clinical failure

Class 2 and Class 3

- Athletic mouthguard once in any 12-month period for members age 15 and under and once in any 2-year period age 16 and over
- Bridges once in a 7-year period age 19 and over
- Crowns and other cast restorations once in a 7-year period
- Crown-over-implant once per lifetime per tooth space
- Dentures once in a 7-year period age 16 and over
- Implant once per lifetime per tooth space for age 19 and over
- IV sedation or general anesthesia only with surgical procedures
- Nightguard (occlusal guard) covered at 100% once in a 5 year period, up to \$200 maximum
- Oral anesthesia medication for members under age 19 when used during an in-office procedure
- Periodontal surgical procedures by the same dentist at the same site are covered once in a 3 year period for members 19 and over
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Scaling and root planing once in a 2-year period

Exclusions

- Anesthetics, analgesics, hypnosis and medications, except for oral anesthesia in an in-office procedure and nitrous oxide for under age 19; Intellectual Developmental & Disabilities benefits
- Bridges not covered under age 19
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays or records
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care except for emergency care for members under age 19
- Implants under age 19
- Instructions or training (including plaque control and oral hygiene or dietary instruction) except for Intellectual Developmental & Disabilities benefits
- Orthodontia (exception for treatment of cleft palate under age 19)
- Over-the-counter athletic mouthguards and nightguards
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ) and cone beam imaging related to TMJ
- Teledentistry, translation or sign language services are not covered as separate charges
- Treatment before coverage begins or after coverage ends
- Treatment not dentally necessary

These benefits and Delta Dental Plan of Oregon policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control. Dental plans in Oregon provided by Delta Dental Plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Association.

2026 Dental plan benefit summary



Delta Dental of Oregon & Alaska

Willamette Dental Direct Option 3 – DO3MK	Age 0-18, members pay	Age 19+, members pay
Annual maximum	No annual maximum	No annual maximum
Deductible	No deductible	No deductible
Annual out of pocket limit	\$450 for one member / \$900 for two or more members	Not applicable
General office visit	\$15 per visit	\$15 per visit
Diagnostic and preventive services		
Routine and emergency exams	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Routine X-rays	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Teeth cleaning	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Fluoride treatment	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Sealants (per tooth)	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Head and neck cancer screening	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Oral hygiene instruction	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Periodontal charting	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Periodontal evaluation	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Restorative dentistry and prosthodontics		
Fillings	\$20	\$20
Porcelain-metal crown	\$250	\$250
Complete upper or lower denture	\$250	\$250
Bridge (per tooth)	\$250	\$250
Endodontics and periodontics		
Root canal therapy – anterior	\$125	\$125
Root canal therapy – bicuspid	\$175	\$175
Root canal therapy – molar	\$225	\$225
Osseous surgery (per quadrant)	\$150	\$150
Root planing (per quadrant)	\$120	\$120
Oral surgery		
Routine extraction (single tooth)	\$20	\$20
Surgical extraction	\$120	\$120
Orthodontia treatment		
Pre-orthodontia services ¹	\$25 - exam \$125	\$25 - exam \$125
Comprehensive orthodontic services ²	\$3,000	\$3,000
Miscellaneous		
Local anesthesia	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Dental lab fees	Covered with the Office Visit Copay	Covered with the Office Visit Copay
Nitrous oxide	\$40	\$40
Specialty office visit	\$30	\$30
Out of area emergency care reimbursement	You pay charges in excess of \$100	You pay charges in excess of \$100

¹ Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.

² Copayment for Comprehensive Orthodontic Services provided for treatment of cleft palate with or without cleft lip is \$450 for members under age 19. Orthodontic Services for all other purposes are not included in the Annual Out of Pocket Limit.

Can I sign up for the Direct Option Plan and still go to my own dentist?

To receive the excellent benefits of your Direct Option Plan you must receive care from a Willamette Dental dentist or specialist. Your coverage also extends if you are referred to an outside dentist or specialist by your Willamette Dental dentist. If referred to an outside dentist or specialist, your copayments remain the same as shown in your Summary of Benefits.

How do I schedule an appointment?

To schedule an appointment that meets your scheduling needs, please call the Willamette Dental Appointment Center:

Toll Free 1-855-4DENTAL (433-6825)

Appointment Center Hours:

Monday – Friday 7 a.m. to 5:30 p.m. PT

Saturday 7 a.m. to 1 p.m. PT

How long does it generally take to get an appointment?

The length of wait-time for an appointment may vary based on your choice of provider, dental office location, appointment type and your desired day or time of appointment. Willamette Dental’s goal is to get you in within days or weeks to fit your lifestyle.

All of Willamette Dental office locations practice the Simple Scheduling method. Through this model, more appointment types are offered everyday so you can be seen when it fits your schedule and needs.

What can I expect at my first visit?

During your first visit to a Willamette Dental office, you will receive a thorough dental examination that includes X-rays and comprehensive risk assessments. Your dentist will develop a Proactive Dental Care Plan based upon your immediate needs, current dental health and long-term oral health goals. This individual plan will include recommendations for cleanings, restorations and preventive treatments. Most patients will receive a cleaning at their first visit, based on the assessment and recommendation from your dentist.

Is orthodontia available at every office?

Specialty services, including orthodontia are generally available on a regional basis. To find out where specialty services are available in your area, simply contact the Willamette Dental Appointment Center toll free at (855) 433-6825.

What if I have a dental emergency?

Willamette Dental provides emergency dental care during regular office hours. If you have a dental emergency, you should call the Appointment Center toll free at (855) 433-6825. If necessary, you will be scheduled to see a dentist within approximately 24 hours. After-hours, a dentist is available for dental emergency consultation over the telephone, at no cost.

What if I have a dental emergency while I’m out of town?

If you are traveling 50 miles or more from a Willamette Dental office, you may obtain emergency treatment from any licensed dentist. Emergency dental treatment may be eligible for reimbursement up to the amount stated in your Member Handbook. Upon returning home, contact Willamette Dental Member Services Department for reimbursement.

What kind of training and experience do Willamette Dental dentists have?

All Willamette Dental dentists meet high standards for professional qualifications, licenses, endorsements, and certifications. Most have years of experience, and every dentist participates in the Willamette Dental Quality Assurance Program that includes regular peer reviews to ensure optimal care. Willamette Dental actively promotes professional development to continually enhance the capabilities of all Willamette Dental providers. Credentialing and information for all Willamette Dental providers, including patient ratings and comments, is available at willamettedental.com.

Can I get major work done right away?

The practice philosophy at Willamette Dental is to first diagnose and treat urgent conditions that pose an immediate threat to your oral health. The next priority is prevention; controlling the disease process. It is important that you be an active partner in maintaining good oral health to ensure the long-term success of the major restorative work you receive. Major restorative work is performed when your Willamette Dental dentist determines your teeth and supporting structures are stabilized, and when you have demonstrated a commitment to maintaining your oral health. This is the best way to ensure the long-term success of whatever major restorative work that you may need.

How do I change an appointment?

If you need to reschedule or cancel an appointment, please call the Willamette Dental Appointment Center at (855) 433- 6825 as soon as possible. Your provider may charge a missed appointment fee for any appointment that you miss without a minimum of 24 hours prior notice.

Who do I call for more information?

Please direct questions about your dental plan or service to the Willamette Dental Member Services Department:

Monday – Friday 7 a.m. to 5:30 p.m. PT

Saturday 7 a.m. to 1 p.m. PT

Phone 1-855-4DENTAL (433-6825)

Email memberservices@willamettedental.com

Please refer to your Member Handbook for limitations and exclusions.