Delta Dental of Oregon — 2026 Dental Benefit Outline

PERS HEALTH INSURANCE PROGRAM
Public Employees Retirement System

	Delta Dental of Oregon
Providers/Network	Delta Dental Premier, PPO and Non-Participating Providers[1]
	Member Pays:
Calendar Year Deductible	$25 per individual[2]
Calendar Year Benefit Maximum (plan pays)	$1,750 per individual[3]
Preventive Care	
	Available twice in a calendar year
• Exams	• Covered in full[3]
• Cleanings	• Covered in full[3,6]
• X-rays	• Covered in full[3,4]
Basic Services	
• Restorative	• 20% after deductible[5]
• Oral Surgery (extractions)	• 20% after deductible[5]
• Endodontic/periodontic	• 20% after deductible[5]
Major Services	
• Crowns	• 50% after deductible[5]
• Cast Restorations	• 50% after deductible[5]
• Dentures/bridge work	• 50% after deductible[5]
• Implants	• 50% after deductible[5]
Travel Benefits	
Out-of-Area Coverage	Worldwide for emergency services only
Rates (per member, per month)	
• Adult	• $73.01
• Child	• $29.59

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the health plan document, the information in the health plan document shall prevail.

1 The amounts payable for services of a non-participating provider are limited to the amount in the PPO Fee Schedule. Non-participating providers may balance bill.
2 Deductible waived on preventive services.
3 Charges for preventive services do not apply to the calendar year benefit maximum.
4 Some limitations apply.
5 There is a 12-month waiting period for basic and major services following enrollment unless member has had continuous dental coverage for the previous 12 months immediately preceding PHIP dental enrollment.
6 Additional cleanings may be covered through the Oral Health, Total Health program or Health through Oral Wellness® program. Contact customer service for additional details.