



Summary of Dental Benefits 2017-18 Plan Year

	 NEW for 2017-18				 Willamette Dental Plan[†] Willamette Dental Group Facilities
Dental		Premier Plan 5 [‡] Delta Dental Premier Network			
Dental Office Visit Copayment		NA			\$20 ^{3*}
Benefit Maximum		\$1,700			NA
Deductible		\$50			NA
Preventive and Diagnostic Services * - Deductible Waived for Preventive & Diagnostic Services on Delta Dental Plans					
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers		70% + 10% each Plan Year			100% *
Restorative Services *					
Routine fillings, inlays and stainless steel crowns		70% + 10% ¹ each Plan Year			100% *
Simple Extraction *					
Simple tooth extractions		70% + 10% each Plan Year			100% *
Oral Surgery *					
Surgical tooth extractions, including diagnosis and evaluation		70% + 10% each Plan Year			100% *
Periodontics *					
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing		70% + 10% each Plan Year			100% *
Endodontics *					
Root canal and related therapy including diagnosis and evaluation		70% + 10% each Plan Year			100% *
Major Restorative Services *					
Gold or porcelain crowns and onlays		70%			100% *
Implants		50%			See Certificate of Coverage for copays
Other covered services*					
Occlusal guards (night guards)		50% up to \$150 maximum, once every 5 years			100% ⁴
Athletic mouth guards		50%			\$100*
Fixed and Removable Prosthetic Services *					
Full and partial dentures, relines, rebases		50%			100% *
Bridge retainers and pontics		50%			100% *
Orthodontics * (All plans except Delta Dental Plan 6)					
Orthodontic Treatment		80% to \$1,800 lifetime max			\$1,500 copay + \$20 per visit **

◆ Under Delta Dental Plans 1 and 5, benefits start at 70% the first plan year then increase by 10% each plan year (up to a maximum of 100%) provided the individual has visited the dentist at least once during the previous plan year. Switching between incentive plans (1 or 5) and other non-incentive plans will have an effect on benefit level.

† The Kaiser Dental Plan does NOT require enrollment in a Kaiser medical plan. Services must be provided by a contracted Kaiser provider in order for benefits to be payable. See handbook for details.

‡ Under the Willamette Dental Plan, services must be provided by a Willamette Dental Group provider in order for benefits to be payable. See handbook for details.

Ω The Delta Dental Exclusive PPO plan has no out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem focused exam, palliative treatment and x-rays. All other services are considered non-covered.

* For Kaiser Permanente and Willamette Dental Group plans: Office visit copayment applies at each visit, in addition to any plan copayments for services.

** Pre-Orthodontic Service fee of \$150 is credited toward the orthodontic benefit if patient accepts treatment plan.

*** Preventive care and orthodontia do not accrue to this maximum.

¹ Posterior fillings paid to amalgam fee.

² Fillings are covered at 100% for all amalgam tooth surfaces, composite anteriors and one-surface composite posteriors. Patients can request composite fillings, which are considered a buy-up and additional fees apply. Please contact Kaiser Permanente directly for actual fees.

³ The office visit copayment is waived for participants in the Chronic Condition Dental Management program for specific preventive services.

⁴ Replacement of lost or stolen appliance once every 2 years; replacement or repair of broken appliance as needed.

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.