

## Summary of Dental Benefits for 2020-2021 Plan Year

Plan Option	Kaiser Dental Plan 8 <sup>+</sup>	Delta Dental Premier Plan 1 <sup>♦</sup>	Delta Dental Exclusive PPO Plan <sup>×</sup>	Willamette Dental Plan 8 <sup>±</sup>
Dental Office Visit Copayment	\$20*	N/A	N/A	\$20* <sup>3</sup>
Benefit Maximum	\$4,000***	\$2,200	\$1,500	N/A
Deductible	N/A	\$50	\$50	N/A
<b>Preventive and Diagnostic Services*</b>				
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	100%*	70% + 10% each Plan Year (deductible waived)	100%	100%*
<b>Restorative Services*</b>				
Routine fillings, inlays and stainless steel crowns	100%* <sup>2</sup>	70% + 10% <sup>1</sup> each Plan Year	90% <sup>1</sup>	100%*
<b>Simple Extraction*</b>				
Simple tooth extractions	100%*	70% + 10% each Plan Year	90%	100%*
<b>Oral Surgery*</b>				
Surgical tooth extractions, including diagnosis and evaluation	\$50 copay*	70% + 10% each Plan Year	90%	\$50 copay*
<b>Periodontics*</b>				
Diagnosis, evaluation, and treatment of gum disease including scaling and root planning	100%*	70% + 10% each Plan Year	90%	100%*
<b>Endodontics*</b>				
Root canal and related therapy including diagnosis and evaluation	\$50 copay*	70% + 10% each Plan Year	90%	\$50 copay*
<b>Major Restorative Services*</b>				
Gold or porcelain crowns and onlays	\$250 copay*	70% + 10% each Plan Year	80%	\$250 copay* <sup>5</sup>
Implants	50%* (limit of 4 per lifetime)	70% + 10% each Plan Year	80%	Implant surgery up to \$1,500 calendar year max
<b>Other Covered Services*</b>				
Occlusal guards (night guards)	90%	50% up to \$250 max, once every 5 years	50% up to \$250 max, once every 5 years	100% <sup>4</sup>
Athletic mouth guards	90%	50%	50%	\$100 copay*
Nitrous Oxide	\$25 (ages 13 & up)	50%	50%	\$15 copay*
<b>Fixed and Removable Prosthetic Services*</b>				
Full and partial dentures, relines, rebases	\$100 copay*	70% + 10% each Plan Year	80%	\$100 copay* <sup>5</sup>
Bridge retainers and pontics	\$250 copay*	70% + 10% each Plan Year	80%	\$250 copay* <sup>5</sup>
<b>Orthodontics*</b>				
Orthodontic Treatment	\$2,500 copay + \$20 per visit **	80% to \$1,800 lifetime max	80% to \$1,800 lifetime max	\$2,500 copay + \$20 per visit**

Plan Premium	Kaiser Dental	Delta Dental 1	Delta Dental PPO	Willamette Dental
Employee Only	\$73.07	\$66.37	\$39.16	\$49.00
Employee + Spouse/Partner	\$160.77	\$131.49	\$77.58	\$97.08
Employee + Child(ren)	\$138.84	\$146.22	\$86.26	\$103.30
Employee + Family	\$226.53	\$216.54	\$127.76	\$155.19

The premiums listed above are not the amounts that you pay each month. Utilize the Monthly Benefits Calculator on the [HR Webpage](#) to calculate your monthly out-of-pocket cost.

- ♦ Under Delta Dental Plans 1-3 benefits start at 70% the first plan year then increase by 10% each plan year (up to maximum of 100%) provided the individual has visited the dentist at least once during the previous plan year. Switching between incentive plans (1-5) and non-incentive plans will have an effect on benefit level.
- × 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.
- + Kaiser Dental Plan 8 no longer requires enrollment in Kaiser medical plan. Services must be by a contracted Kaiser provider in order for benefits to be payable. Please see handbook for details.
- ± Under Willamette Dental Plan 8 services must be provided by a Willamette Dental Group provider in order for benefits to be payable. See handbook for details.
- \* Kaiser 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 orthodontics benefit if patient accepts treatment plan.
- \*\*\* Preventative care and orthodontia do not accrue to this maximum.
- <sup>1</sup> Posterior fillings paid to amalgam fee.
- <sup>2</sup> Fillings are covered at 100% for all amalgam tooth surfaces, composite anterior and one-surface composite posterior. Patients can request composite fillings, which are considered a buy-up and additional fees apply. Please contact Kaiser Permanente or Willamette Dental Group directly for actual fees.
- <sup>3</sup> The office visit copayment is waived for participants in the Chronic Condition Dental Management program for specific preventive services.
- <sup>4</sup> Replacement of lost or stolen appliance once every 2 years. Replacement or repair of broken appliances as needed.
- <sup>5</sup> Dental implant-supported prosthetics (crowns, bridges, and dentures) are not covered a benefit under the Willamette Dental Group plan.

**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 handbook will prevail.**