

Summary of Dental Benefits for 2021-2022 Plan Year

Plan Option	Kaiser Dental Plan 8 ⁺	Delta Dental Premier Plan 1 [♦]	Delta Dental Exclusive Ω Incentive PPO NETWORK	Delta Dental Ω Exclusive PPO NETWORK	Willamette Dental Plan 8 [±]
Dental Office Visit Copayment	\$20*	N/A	N/A	N/A	\$20* ³
Benefit Maximum	\$4,000***	\$2,200	\$2,300	\$1,500	N/A
Deductible	N/A	\$50	\$50	\$50	N/A
Preventive and Diagnostic Services*					
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	100%*	70% + 10% each Plan Year	100%	100%	100%*
Restorative Services*					
Routine fillings, inlays & stainless steel crowns	100%** ²	70% + 10% ¹ each Plan Year	70% + 10% ¹ each Plan Year	90% ¹	100%*
Simple Extraction*					
Simple tooth extractions	100%*	70% + 10% each Plan Year	70% + 10% each Plan Year	90%	100%*
Oral Surgery*					
Surgical tooth extractions, including diagnosis and evaluation	\$50 copay*	70% + 10% each Plan Year	70% + 10% each Plan Year	90%	\$50 copay*
Periodontics*					
Diagnosis, evaluation, and treatment of gum disease including scaling and root planning	100%*	70% + 10% each Plan Year	70% + 10% each Plan Year	90%	100%*
Endodontics*					
Root canal and related therapy including diagnosis and evaluation	\$50 copay*	70% + 10% each Plan Year	70% + 10% each Plan Year	90%	\$50 copay*
Major Restorative Services*					
Gold or porcelain crowns and onlays	\$250 copay*	70% + 10% each Plan Year	70% + 10% each Plan Year	80%	\$250 copay* ⁵
Implants	50%* (limit of 4 per lifetime)	70% + 10% each Plan Year	70% + 10% each Plan Year	80%	Implant surgery up to \$1,500 calendar year max
Other Covered Services*					
Occlusal guards (night guards)	90%	50% up to \$250 max, once every 5 years	50% up to \$250 max, once every 5 years	50% up to \$250 max, once every 5 years	100% ⁴
Athletic mouth guards	90%	50%	50%	50%	\$100 copay*
Nitrous Oxide	\$25 (ages 13 & up)	50%	50%	50%	\$15 copay*
Full and partial dentures, relines, rebases	\$100 copay*	70% + 10% each Plan Year	70% + 10% each Plan Year	80%	\$100 copay* ⁵
Bridge retainers and pontics	\$250 copay*	70% + 10% each Plan Year	70% + 10% each Plan Year	80%	\$250 copay* ⁵
Orthodontic Treatment	\$2,500 copay + \$20 per visit **	80% to \$1,800 lifetime max	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 Exclusive Incentive	Delta Exclusive PPO	Willamette Dental
Employee Only	\$73.07	\$65.76	\$56.76	\$38.81	\$46.60
Employee + Spouse/Partner	\$160.77	\$130.29	\$112.44	\$76.87	\$93.20
Employee + Child(ren)	\$138.84	\$144.89	\$125.03	\$85.48	\$99.27
Employee + Family	\$226.53	\$214.56	\$185.17	\$126.59	\$148.91

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 and 5, and Exclusive PPO - Incentive Plan 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 (1,5, or Exclusive PPO - Incentive Plan) and other non-incentive plans will have an effect on benefit level.
- Ω The Delta Dental Exclusive PPO plan and Exclusive PPO - Incentive 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.
- † 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.
- * For Kaiser Permanente (KP) and Willamette Dental Group (WDG) plans: Office visit copayment applies at each visit, in addition to any plan copayments for services.
 - KP Plan Only:** \$0 office visit copay for preventive office visit.
 - WDG Plan Only:** Office visit copay waived for new patient visit for members who have never seen a WDG provider.
- ** 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 Amalgam and composite filling are covered.
 - 2 Fillings are covered at 100% for all amalgam on posterior teeth, composite on anterior (smile line). Patients can request composite fillings, which are considered a buy-up and additional fees apply. Contact Kaiser Permanente directly for 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.
 - 5 Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered 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.