Dental Plan Comparison 2013 - 2014

Plan Name & Provider Network	Pioneer Dental Any Licensed Dentist	Kaiser Dental Kaiser Provider	Willamette Dental Willamette Provider
Monthly Pre-tax Employee Premium	Employee Only: $11.83 Employee + 1: $49.95 Family: $98.62	Employee Only: $14.76 Employee + 1: $60.32 Family: $99.19	Employee Only: $11.52 Employee + 1: $42.24 Family: $83.20
Annual Deductible	Individual - $50 Family - $150	None	None
Annual Maximum Benefit	$1,500 per person	$1,500 per person	None
Office Visits	None	$15 copay	$10 copay
Preventive Services ***Exams, cleanings, x-rays, fluoride treatment***	Employee pays 0% (deductible waived)	Fully covered after office visit charge	Fully covered after office visit charge
Basic Services ***Fillings, simple extractions***	Employee pays 20% after deductible	Fully covered after office visit charge	Fully covered after office visit charge
Major Services ***Crowns, Bridges, Dentures***	Employee pays 50% after deductible	Employee pays 20%	Office visit charge plus: Crown $50 each, Bridge $50 per tooth, Dentures $100 each
Emergency Treatment	Employee pays 20% after deductible	$25 copay in-network Plan pays up to $100 for out-of-area emergency	$50 copay in-network Plan pays up to $100 for out-of-area emergency
Orthodontia ***No age limit***	Employee pays 50%	Employee pays 50% up to $1,500; 100% thereafter	Pre-orthodontia visit $150, $1,200 treatment co-pay
Orthodontia Lifetime Maximum	$1,500	$1,500	None

Please note: This summary provides a brief description of the Plan benefits. It is not meant to address all covered services, nor does it address all limitations, exclusions, or instances where prior authorization may be required. Please refer to the Summary Plan Document as it is the binding contract in the event of a discrepancy.