

Plan Year: 04/01/2022 - 03/31/2023

Plan	Delta Dental PPO Plan			Kaiser HMO Plan	Willamette Dental Plan
Employee Monthly Cost	Employee only: \$12.78			Employee only: \$15.12	Employee only: \$11.12
	Employee + Spouse/DP: \$58.79			Employee + Spouse/DP: \$60.50	Employee + Spouse/DP: \$44.50
	Employee + Child(ren): \$48.57			Employee + Child(ren): \$54.46	Employee + Child(ren): \$48.95
	Family: \$114.51			Family: \$117.99	Family: \$96.56
Network	Delta Dental	Delta Dental	Out-of-Network	Kaiser HMO	Willamette Dental EPO
Provider Tier	PPO Providers	Premier Providers	Non-par Providers	In-network only	In-network only
Reimbursement	PPO Contracted Rate	Out-of-network; Held Harmless	Out-of-network; Subject to Balance Bill*	Kaiser Dental facilities only	Willamette Dental facilities only
Annual Deductible	Individual: \$50 / Family: \$150			None	None
Annual Maximum Benefit	\$1,500 per member			\$1,500 per member	None
Office Visit Copay	None			\$15 copay	\$10 copay
Benefits	* deductible applies to all services except preventive			ov = office visit	ov = office visit
Preventive Services: Exams, Cleanings & X-rays	Member pays: Covered in full*			Member pays: ov copay	Member pays: ov copay
Basic Services: Fillings / Simple Extractions Oral Surgery Endodontics / Periodontics	Member pays: 20% 20% 20%			Member pays: 20% + ov copay 20% + ov copay 20% + ov copay	Member pays: ov copay \$50 copay + ov copay Copay varies by quadrant + ov copay
Major Services Crowns / Bridges Dentures Implants	Member pays: 50% 50% 50%			Member pays: 20% + ov copay 20% + ov copay 100% + ov copay	Member pays: \$50 copay + ov copay \$100 copay + ov copay \$1,500 max benefit per year
Orthodontia Benefit Treatment Orthodontia Lifetime Maximum	Member pays: 50% \$1,500 per member			Member pays: 50% + ov copay \$1,500 per member	Member pays: \$150 pre-treatment copay*8 + \$1,200 treatment copay None
Nitrous Oxide	Member pays: 100%			Member pays: \$25 copay	Member pays: \$10 copay
Emergency Care	Member pays: 20%			Member pays: 20% + ov copay	Member pays: \$10 copay in-network; plan

* A non-contracted provider can bill you the difference (balance) between their billed amount, and the allowed

**Willamette Dental Ortho: pre-treatment copay credited towards treatment copay if patient accepts treatment plan

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.