

OEBB Dental and Orthodontia Plan Designs
 Approved: November 8, 2007

Plan Option	Dental Plan 1	Dental Plan 2	Dental Plan 3	Dental Plan 4	Dental Plan 5	Dental Plan 6	Dental Plan 7	Dental Plan 8
Plan Type	Non-DHMO	Non-DHMO	Non-DHMO	Non-DHMO	Non-DHMO	Non-DHMO	DHMO	DHMO
DENTAL								
Deductible	None	None	None	\$25	\$50	\$50	None	None
Annual Maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000	None	None
Preventive Care (no deductible)	70%+10% year (up to 100%)	70%+10% year (up to 100%)	70%+10% year (up to 100%)	100%	100%	100%	100% (\$5 per visit)	100% (\$10 per visit)
Restorative Services	70%+10% year (up to 100%)	70%+10% year (up to 100%)	70%+10% year (up to 100%)	80%	80%	80%	100% (\$5 per visit)	100% (\$10 per visit)
Major Services	70%+10% year (up to 100%)	70%+10% year (up to 100%)	70%+10% year (up to 100%)	80%	50%	50%	\$45	100%
Prosthodontics	70%+10% year (up to 100%)	70%+10% year (up to 100%)	50%	50%	50%	50%	\$95 partial denture, \$65 full denture, \$25 reline	100%
ORTHODONTIA								
Orthodontic Services	No Coverage OR 80% to \$1,500 lifetime max						No Coverage OR	
							50% to \$2,000 lifetime max	\$1,500 copay + \$10 per visit