

2008 Dental Plans Coverage Comparison

Plan Type	Kaiser Permanente Traditional Plan Design		Willamette Dental	ODS Traditional		ODS Preferred	
	Full-time	Part-time*		Full-time	Part-time*		
Type of Providers	Kaiser only	Kaiser only	Willamette only	Any licensed	Any licensed	Preferred	Nonpreferred
Annual/person max	\$1,750	\$1,250	None	\$1,750	\$1,250	\$1,750	\$1,750
Annual deductible (individual; family)	\$50; \$150	\$50; \$150	None	\$50; \$150	\$50/ind.	\$50; \$150	\$50; \$150
Type of Service — You pay							
Diagnostic & preventive (cleaning, X-ray) ¹	0%	\$0	\$0	0%	\$0	0%	10%
Basic & maint. (filling, root canal, oral surgery)	20%	50%	\$0	20%	50%	20-10-0% ²	30%
Crowns	25%	50%	\$190 ³	25%	50%	25%	25%
Implants	50%	Not covered	75%	50%	Not covered	50%	50%
Bridges, Dentures	50%	50%	\$190 ³	50%	50%	50%	50%
Orthodontia	50% ⁴	Not covered	\$1,200 ⁵	50% ⁴	Not covered	50% ⁴	50% ⁴

¹ Routine cleaning covered once per year. You may qualify for more if your dentist determines they are appropriate and you meet specific plan criteria. X-rays covered on an age-based schedule.

² Decreases by 10% per calendar year if you visit preferred dentist at least once per year.

³ Co-payment per tooth; for dentures, \$190 co-payment per upper or lower denture.

⁴ Limited to lifetime maximum of \$1,500/person.

⁵ Requires \$150 co-payment prior to the start of orthodontic treatment, which applies to the total \$1,200 co-payment.

* Available only to part-time employees and retirees.