

**SUMMARY OF DENTAL BENEFITS  
 2010-11 PLAN YEAR**

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 7	Dental Plan 8	Dental Plan 8
<b>Carrier</b>	<b>ODS</b>	<b>ODS</b>	<b>ODS</b>	<b>ODS</b>	<b>ODS</b>	<b>ODS</b>	<b>Kaiser</b>	<b>Willamette Dental</b>	<b>Kaiser</b>	<b>Willamette Dental</b>
Dental Office Visit	NA	NA	NA	NA	NA	NA	\$10*	\$10*	\$20*	\$20*
Benefit Maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000	None	None	None	None
Deductible	\$50	\$50	\$50	\$50	\$50	\$50	None	None	None	None
Plan Year Maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000	None	None	None	None
<b>Preventive and Diagnostic Services*</b> <b>Deductible Waived for Preventive &amp; Diagnostic Services on ODS Plans</b>										
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	70% + 10% each plan year	70% + 10% each plan year	70% + 10% each plan year	100%	100%	100%	100%	100%	100%	100%
<b>Restorative Services*</b>										
Routine fillings and stainless steel crowns	70% + 10% <sup>1</sup> each plan year	70% + 10% <sup>1</sup> each plan year	70% + 10% <sup>1</sup> each plan year	80% <sup>1</sup>	80% <sup>1</sup>	80% <sup>1</sup>	100% <sup>2</sup>	100% <sup>2</sup>	100% <sup>2</sup>	100% <sup>2</sup>
<b>Simple Extraction*</b>										
Simple Tooth Extractions	70% + 10% each plan year	70% + 10% each plan year	70% + 10% each plan year	80%	80%	80%	100%*	100%*	100%*	100%*
<b>Oral Surgery*</b>										
Surgical tooth extractions, including diagnosis and evaluation	70% + 10% each plan year	70% + 10% each plan year	70% + 10% each plan year	80%	80%	80%	100%*	100%*	100%*	100%*
<b>Periodontics*</b>										
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing	70% + 10% each plan year	70% + 10% each plan year	70% + 10% each plan year	80%	80%	80%	100%*	100%*	100%*	100%*
<b>Endodontics*</b>										
Root canal and related therapy including diagnosis and evaluation	70% + 10% each plan year	70% + 10% each plan year	70% + 10% each plan year	80%	80%	80%	100%*	100%*	100%*	100%*
<b>Major Restorative Services*</b>										
Gold or porcelain crowns and inlays	70% + 10% each plan year	70% + 10% each plan year	70% + 10% each plan year	80%	50%	50%	\$45 each	\$45 each	100%*	100%*
Implants	70% + 10% each plan year	70% + 10% each plan year	50%	50%	50%	50%	50%	Refer to OEBB website for copays	50%	Refer to OEBB website for copays
<b>Fixed and Removable Prosthetic Services*</b>										
Full and partial dentures, relines, rebases	70% + 10% each plan year	70% + 10% each plan year	50%	50%	50%	50%	\$95 partial denture, \$65 full denture, \$25 reline	\$95 partial denture, \$65 full denture, \$25 reline	100%*	100%*
Bridge retainers and pontics	70% + 10% each plan year	70% + 10% each plan year	50%	50%	50%	50%	\$45 each	\$45 each	100%*	100%*
<b>Orthodontics* -- Optional Benefit if selected by your employee group (except for Willamette Dental Plan 7 &amp; 8 where it is a part of the Dental Plan )</b>										
<b>Willamette Dental Option 1</b>	NA	NA	NA	NA	NA	NA	NA	\$1,500 copay + \$10 per visit**	NA	\$1,500 copay + \$20 per visit**
<b>ODS Ortho Option</b>	80% to \$1,500 lifetime max	80% to \$1,500 lifetime max	80% to \$1,500 lifetime max	80% to \$1,500 lifetime max	80% to \$1,500 lifetime max	80% to \$1,500 lifetime max	NA	NA	NA	NA
<b>Kaiser Ortho Option A</b>	NA	NA	NA	NA	NA	NA	50% to \$2,000 lifetime max	NA	50% to \$2,000 lifetime max	NA
<b>Kaiser Ortho Option B</b>	NA	NA	NA	NA	NA	NA	\$1,500 copay + \$10 per visit	NA	\$1,500 copay + \$10 per visit	NA

♦ Under ODS Plans 1 - 3, 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.

\* For Kaiser Permanente and Willamette Dental plans: Office visit copayment applies at each visit, in addition to any plan copayments for services

\*\* Pre-Orthodontic Service fee of \$150 is credited towards the orthodontic copayment if patient accepts treatment plan

<sup>1</sup> Posterior fillings paid to amalgam fee

<sup>2</sup> Fillings are covered at 100% for all amalgam tooth surfaces, composite anteriors and single-surface composite posteriors. Patients can request composite fillings, which are considered a buy-up and additional fees apply. Please contact Kaiser Permanente or Willamette Dental directly for actual fees.