

## **Section 3: Dental Benefits**

### ***Dental Plan Options***

You are not required to enroll in a dental plan, but to enroll in a dental plan you must be enrolled in a medical plan choice. You may enroll yourself, your spouse/domestic partner, and your dependents individually or in any combination. Full-time plans are available to both full-time and part-time employees. Part-time plans are available only to part-time employees. If you enroll in Medical Opt Out you can enroll in a Dental plan.

#### **ODS (Moda) plans** [Modahealth.com/pebb](https://www.modahealth.com/pebb)

- Moda offers two plan choices, PPO and Premier
- Individuals who enroll for coverage in an ODS (Moda) plan during an open enrollment period after they were initially eligible may have a 12-month waiting period for basic and major services and a 24-month waiting period for orthodontia. **Late enrollees who enroll in this Plan directly from a Delta Dental plan or another PEBB dental plan with 12 months of consecutive coverage without lapse are not subject to the waiting periods.** See the ODS (Moda) plans member handbooks for details.

#### **Willamette Dental Group plan** <https://www.willametedental.com/pebb>

- Services are provided only by Willamette Dental Group providers and only in Willamette Dental Group facilities.
- A \$5 office visit copayment is due at each visit, including visits for orthodontia.
- The copayment varies for visits related to implants.
- The plan has a \$1,500 comprehensive copayment for orthodontia.

#### **Kaiser Plans** [My.kp.org/pebb](https://www.kaiserpermanente.org/pebb)

- Kaiser offers dental plans. You do not need to enroll in a Kaiser medical plan to be able to enroll in a Kaiser dental plan, and vice versa.
- You can enroll in a Kaiser dental plan if you live or work in the Kaiser service area. [www.oregon.gov/das/pebb/2016benefits/kaiserzip.pdf](https://www.oregon.gov/das/pebb/2016benefits/kaiserzip.pdf)
- Services are provided by Kaiser providers in Kaiser facilities

Each of PEBB's dental plans provides a member handbook (also called certificate or evidence of coverage) and benefit summary. They are incorporated in this Summary Plan Description by reference and are available for download as printable documents on each plan's website. Carefully review the plans' member handbooks and service areas to see which one best fits your and your family's dental care needs. Links to the dental plans' customer service contacts and member handbooks are on the PEBB website: [www.oregon.gov/das/pebb](https://www.oregon.gov/das/pebb).

**2016 Full-time Dental Plans Comparison (available to full-time and part-time employees)**

| Plan                             | Kaiser Dental | ODS (Moda) PPO                        |                | ODS (Moda) Premier | Willamette Dental Group |
|----------------------------------|---------------|---------------------------------------|----------------|--------------------|-------------------------|
|                                  |               | In-Network                            | Out-of-Network |                    |                         |
| Provider                         | Kaiser        | In-Network                            | Out-of-Network | Participating      | Willamette              |
| Deductible: individual/family    | None          | \$50/\$150                            | \$50/\$150     | \$50/\$150         | None                    |
| Annual max coverage              | \$1,750       | \$1,750                               | \$1,750        | \$1,750            | None                    |
| Diagnostic & preventive services | 0%            | 0%                                    | 10%            | 0%                 | \$5 copay               |
| Basic & maintenance services     | 20%           | 20% year 1<br>10% year 2<br>0% year 3 | 30%            | 20%                | \$5 copay               |
| Crowns                           | 25%           | 50%                                   | 50%            | 50%                | \$190 copay             |
| Implants                         | 50%           | 50%                                   | 50%            | 50%                | Varies                  |
| Dentures                         | 50%           | 50%                                   | 50%            | 50%                | \$190 copay             |
| Orthodontia                      | 50% to \$1500 | 50% to \$1500                         | 50% to \$1500  | 50% to \$1500      | \$1500 copay            |

\*Not applied to annual max coverage

**2016 Part-time Dental Plans Comparison (available only to part-time employees)**

| Plan                             | ODS (Moda) Part Time                   | Kaiser Part Time                       |
|----------------------------------|--|--|
| Provider                         | Participating                          | Kaiser                                 |
| Deductible per person            | \$50                                   | None                                   |
| Annual max coverage              | \$1250                                 | \$1250                                 |
| Diagnostic & preventive services | 0%, not applied to annual max coverage | 0%, not applied to annual max coverage |
| Basic & maintenance services     | 50%                                    | 50%                                    |
| Crowns                           | 50%                                    | 50%                                    |
| Implants                         | Not covered                            | Not covered                            |
| Dentures                         | 50%                                    | 50%                                    |
| Orthodontia                      | Not covered                            | Not covered                            |

**2016 Employee Dental Plan Monthly Premium Rates**

|                             | Employee | Employee & Spouse/<br>Partner | Employee & Children | Employee & Family |
|-----------------------------|----------|-------------------------------|---------------------|-------------------|
| Kaiser Permanente           | \$91.54  | \$122.65                      | \$105.27            | \$125.40          |
| ODS (Moda) PPO              | 78.71    | 105.47                        | 90.50               | 107.85            |
| ODS (Moda) Premier          | 85.19    | 114.19                        | 98.00               | 116.74            |
| Willamette Dental Group     | 75.03    | 100.54                        | 86.28               | 102.79            |
| Kaiser Permanente Part-time | 68.19    | 91.37                         | 78.40               | 93.43             |
| ODS (Moda) Part-time        | 61.32    | 82.16                         | 70.52               | 84.00             |

*This is a summary only. See the plan's documents for details. In the case of a discrepancy between this summary and a plan document, the*

**2016 Retiree Dental Plan Premium Rates**

|                                    | <b>Retiree</b> | <b>Retiree &amp; Spouse/ Partner</b> | <b>Retiree &amp; Children</b> | <b>Retiree &amp; Family</b> | <b>Child(ren) Only<sup>7</sup></b> |
|------------------------------------|----------------|--------------------------------------|-------------------------------|-----------------------------|------------------------------------|
| <b>Kaiser Permanente</b>           | \$92.08        | \$123.39                             | \$105.90                      | \$126.15                    | \$47.88                            |
| <b>ODS (Moda) Premiere</b>         | 85.70          | 114.87                               | 98.59                         | 117.44                      | 44.57                              |
| <b>ODS (Moda) PPO</b>              | 79.18          | 106.10                               | 91.04                         | 108.49                      | 41.19                              |
| <b>Willamette Dental Group</b>     | 75.48          | 101.14                               | 86.79                         | 103.40                      | 39.25                              |
| <b>ODS (Moda) Part- time</b>       | 61.68          | 82.65                                | 70.94                         | 84.50                       | 32.08                              |
| <b>Kaiser Permanente Part-Time</b> | 68.60          | 91.91                                | 78.87                         | 93.99                       | 35.67                              |

**2016 COBRA Monthly Dental Premium Rates**

|                                    | <b>Self</b> | <b>Self &amp; Spouse/ Partner</b> | <b>Self &amp; Children</b> | <b>Self &amp; Family</b> | <b>Child(ren) Only</b> |
|------------------------------------|-------------|-----------------------------------|----------------------------|--------------------------|------------------------|
| <b>Kaiser Permanente</b>           | \$93.36     | \$125.10                          | \$107.37                   | \$127.90                 | \$48.54                |
| <b>MODA Premiere</b>               | 86.89       | 116.47                            | 99.95                      | 119.07                   | 45.19                  |
| <b>MODA PPO</b>                    | 80.28       | 107.57                            | 92.31                      | 110.00                   | 41.76                  |
| <b>Willamette Dental Group</b>     | 76.52       | 102.54                            | 88.00                      | 104.84                   | 39.79                  |
| <b>MODA Part-time</b>              | 62.54       | 83.80                             | 71.93                      | 85.67                    | 32.52                  |
| <b>Kaiser Permanente Part-time</b> | 69.55       | 93.19                             | 79.96                      | 95.30                    | 36.17                  |

**206 Self-pay Participant Dental Plan Monthly Premium Rates**

|                                | <b>Self</b> | <b>Self &amp; Spouse/ Partner</b> | <b>Self &amp; Children</b> | <b>Self &amp; Family</b> |
|--------------------------------|-------------|-----------------------------------|----------------------------|--------------------------|
| <b>Kaiser Permanente</b>       | \$91.54     | \$122.65                          | \$105.27                   | \$125.40                 |
| <b>MODA Premiere</b>           | 85.19       | 114.19                            | 98.00                      | 116.74                   |
| <b>MODA PPO</b>                | 78.71       | 105.47                            | 90.50                      | 107.85                   |
| <b>Willamette Dental Group</b> | 75.03       | 100.54                            | 86.28                      | 102.79                   |