

This information gives a high-level summary only. See plan documents for details.

### 2019 PEBB Dental Plans Summary Comparison

Plan Provider Status	Kaiser Dental (Available to Full-Time/Part-Time Employees)	Delta Dental (Moda) PPO (Available to Full-Time/Part-Time Employees)		Delta Dental Premier <sup>1</sup> (Available to Full-Time/Part-Time Employees)	Delta Dental Premier <sup>1</sup> Part-Time (Only Available to Part-Time Employees)	Kaiser Dental (Only Available to Part-Time Employees)	Willamette Dental Group (Available to Full-Time/Part-Time Employees)
Benefit Plans	Kaiser Network	In Network	Out of Network	Participating Providers	Participating Providers	Kaiser Network	Willamette Dental Group Dentists
Deductible: Individual/Family	None	\$50/\$150	\$50/\$150	\$50/\$150	\$50	None	None. Office visit copay \$10 per visit
Annual maximum (max.) coverage	\$1,750	\$1,750	\$1,750	\$1,750	\$1,250	\$1,250	No Annual Maximum
Diagnostic and preventive services	\$0 Not subject to or counted toward Annual Maximum	0% <sup>2</sup> , no deductible	10% <sup>2</sup> , no deductible	0% <sup>2</sup> , no deductible	0% <sup>2</sup>	\$0 Not subject to or counted toward Annual Maximum	Covered with office visit copay
Basic and maintenance services	\$5 copay + 20%	20%-year 1 10%-year 2 0%-year 3	30%	20%	50%	\$5 copay + 50%	\$20 copay for fillings, other basic services covered with office visit copay
Crowns	\$5 copay + 25%	50%	50%	50%	50%	\$5 copay + 50%	\$250 copay
Implants	\$5 copay + 50%	50%	50%	50%	Not covered	Not covered	Varies
Dentures	\$5 copay + 50%	50%	50%	50%	50%	\$5 copay + 50%	\$290 copay
Orthodontia	\$5 copay + 50%, up to \$1500 lifetime <sup>3</sup>	50%, up to \$1500 lifetime	50%, up to \$1500 lifetime	50%, up to \$1500 lifetime	Not covered	Not covered	\$2500 copay

<sup>1</sup> Members can utilize any licensed providers on the Premier plans and receive in-network benefit level. However, the out-of-network providers may balance bill above the maximum plan allowance.

<sup>2</sup> Preventive services will not accrue toward the plan maximum.

<sup>3</sup> The \$1500 annual max. coverage is separate from the \$1,750 Annual (max.) coverage.

#### HEALTH PLANS BY COUNTY

##### [Health Plans by County for state workers](#)

The chart shows lower-cost plans, lower-premium share and higher-cost plans, higher-premium share.

##### [Health Plans by County for University Workers](#)

The chart shows lower-cost plans, lower-premium share and higher-cost plans, higher-premium share.

<https://www.oregon.gov/oha/PEBB/Pages/Locations.aspx>