

OEBB Dental Plan Comparison 2009

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
Dental	ODS	ODS	ODS	ODS	ODS	ODS	Kaiser	Willamette Dental	Kaiser	Willamette Dental
Dental Office Visit	NA	NA	NA	NA	NA	NA	\$5	\$5	\$10	\$10
Benefit Maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000	None	None	None	None
Deductible	None	None	None	\$25	\$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
Preventive and Diagnostic Services*										
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	70%+10% plan year	70%+10% plan year	70%+10% plan year	100% (deductible waived)	100% (deductible waived)	100% (deductible waived)	100%	100%	100%	100%
Restorative Services*										
Routine fillings and stainless steel crowns	70%+10% ¹ plan year	70%+10% ¹ plan year	70%+10% ¹ plan year	80% ¹	80% ¹	80% ¹	100% ²	100% ²	100% ²	100% ²
Simple Extraction*										
Simple Tooth Extractions	70%+10% plan year	70%+10% plan year	70%+10% plan year	80%	80%	80%	100%	100%	100%	100%
Oral Surgery*										
Surgical tooth extractions, including diagnosis and evaluation	70%+10% plan year	70%+10% plan year	70%+10% plan year	80%	80%	80%	100%	100%	100%	100%
Periodontics*										
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing	70%+10% plan year	70%+10% plan year	70%+10% plan year	80%	80%	80%	100%	100%	100%	100%
Endodontics*										
Root canal and related therapy including diagnosis and evaluation	70%+10% plan year	70%+10% plan year	70% + 10% plan year	80%	80%	80%	100%	100%	100%	100%
Major Restorative Services*										
Gold or porcelain crowns and inlays	70%+10% plan year	70%+10% plan year	70%+10% plan year	80%	50%	50%	\$45 each	\$45 each	100%	100%
Implants	70%+10% plan year	70%+10% plan year	50%	50%	50%	50%	50%	Refer to OEBB website for copays	50%	Refer to OEBB website for copays
Fixed and Removable Prosthetic Services*										
Full and partial dentures, relines, rebases	70%+10% plan year	70%+10% 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% plan year	70%+10% plan year	50%	50%	50%	50%	\$45 each	\$45 each	100%	100%
Orthodontics *- Optional Benefit if selected by your employee group (except for Willamette Dental Plan 7 & 8 where it part of the Dental Plan)										
Option 1	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	\$1,500 copay + \$10 per visit**	No Coverage	\$1,500 copay + \$10 per visit**
ODS Ortho Option	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				
Kaiser Ortho Option A							50% to \$2,000 lifetime max		50% to \$2,000 lifetime max	
Kaiser Ortho Option B							\$1,500 copay + \$10 per visit		\$1,500 copay + \$10 per visit	

*For Kaiser Permanente and Willamette Dental plans, cost of services rendered plus the office visit fee copay per visit

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

¹ Posterior fillings paid to amalgam fee

² Fillings are covered at 100% for all amalgam tooth surfaces, composite anteriors and 1 surface composite posteriors. Patients can request composite fillings, which are considered a buy-up and additional fees apply. Please contact Kaiser Permanente or Willamette directly for actual fees.