

**OREGON EDUCATORS BENEFIT BOARD 2011-12 PLAN YEAR
SUMMARY OF DENTAL BENEFITS**

Plan Option	Dental Plan 1 †	Dental Plan 2 †	Dental Plan 3 †	Dental Plan 4	Dental Plan 6	Dental Plan 8	Dental Plan 8
Dental	ODS	ODS	ODS	ODS	ODS	Kaiser	Willamette Dental
Dental Office Visit Copayment	NA	NA	NA	NA	NA	\$20*	\$20*
Benefit Maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,200	NA	NA
Deductible	\$50	\$50	\$50	\$50	\$50	NA	NA
Plan Year Maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,200	NA	NA
Preventive and Diagnostic Services* Deductible Waived for Preventive & Diagnostic Services on ODS Plans							
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%*
Restorative Services*							
Routine fillings, inlays and stainless steel crowns	70% + 10% ¹ each Plan Year	70% + 10% ¹ each Plan Year	70% + 10% ¹ each Plan Year	80% ¹	80% ¹	100% ^{2*}	100% ^{2*}
Simple Extraction*							
Simple tooth extractions	70% + 10% each Plan Year	70% + 10% each Plan Year	70% + 10% each Plan Year	80%	80%	100%*	100%*
Oral Surgery*							
Surgical tooth extractions, including diagnosis and evaluation	70% + 10% each Plan Year	70% + 10% each Plan Year	70% + 10% each Plan Year	80%	80%	100%*	100%*
Periodontics*							
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%	100%*	100%*
Endodontics*							
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%	100%*	100%*
Major Restorative Services*							
Gold or porcelain crowns and onlays	70% + 10% each Plan Year	70% + 10% each Plan Year	70% + 10% each Plan Year	80%	50%	100%*	100%*
Implants	70% + 10% each Plan Year	70% + 10% each Plan Year	50%	50%	50%	50%* (limit of 4 per lifetime)	See Certificate of Coverage for copays
Fixed and Removable Prosthetic Services*							
Full and partial dentures, relines, rebases	70% + 10% each Plan Year	70% + 10% each Plan Year	50%	50%	50%	100%*	100%*
Bridge retainers and pontics	70% + 10% each Plan Year	70% + 10% each Plan Year	50%	50%	50%	100%*	100%*
Orthodontics * -- Optional Benefit if selected by your employee group (except for Willamette Dental Plan 8 where it is a part of the Dental Plan)							
Willamette Dental Option 1	NA	NA	NA	NA	NA	NA	\$1,500 copay + \$20 per visit**
ODS Ortho Option	80% to \$1,800 lifetime max	80% to \$1,800 lifetime max	80% to \$1,800 lifetime max	80% to \$1,800 lifetime max	80% to \$1,800 lifetime max	NA	NA
Kaiser Ortho Option B	NA	NA	NA	NA	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 toward 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 one-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.