

	Delta	Kaiser	Willamette
Deductible	\$0	None	None
Benefit Maximum	\$1,500	\$2,000	None
Office Visit		\$10/visit	\$20/visit
Preventative and Diagnostic Includes exams, x-rays, teeth cleaning and fluoride	1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100%	No additional charge	Covered with Office Visit Copay
Minor Restoration Services Includes routine fillings, plastic and stainless-steel crowns	Benefits start at 70% the 1 st calendar year of coverage. Thereafter, payments increase by 10% (up to a maximum benefit of 100%) provided the individual has visited the dentist at least once during the previous calendar year.		<ul style="list-style-type: none"> • Fillings: \$5 copay • Porcelain-Metal Crown: \$200 copay
Oral Surgery Services			<ul style="list-style-type: none"> • Routine Extraction (Single Tooth): Covered with Office Visit Copay • Surgical Extraction: \$50 Copay
Periodontics and Endodontics			<ul style="list-style-type: none"> • Root Canal Therapy: \$75 Copay • Osseous Surgery and Root Planing (per Quadrant): Covered with Office Visit Copay
Major Restoration Services	50%	\$45 for each	<ul style="list-style-type: none"> • Bridge (per tooth): \$200 copay
Removable Prosthetic Services	50%	Full Denture - \$65 Partial Denture - \$95 Relines - \$25 Rebasis - \$25	<ul style="list-style-type: none"> • Complete Upper or Lower Denture: Covered with Office Visit Copay
Orthodontics	Not covered	Not covered	<ul style="list-style-type: none"> • Pre-Orthodontia: \$150 Copay • Comprehensive Orthodontia: \$2,000 Copay
Implants	50%	50% up to benefit maximum	Benefit maximum of \$1,500 per calendar year
Additional Notes: This chart is intended for plan comparison purposes only. See full plan summaries for details and plan exclusions.	<ul style="list-style-type: none"> • Annual maximum does not apply to members under 16. 	<ul style="list-style-type: none"> • \$25 fee for missed appointments. • \$25 for nitrous oxide for 13 and older. • You pay 10% of charges for night-guards. 	<ul style="list-style-type: none"> • Local Anesthesia: Covered with Office Visit Copay • Dental Lab Fees: Covered with Office Visit Copay • Nitrous Oxide: \$10 Copay • Specialty Office Visit: \$30/visit • Out of Area Emergency Care Reimbursement: You pay charges in excess of \$100