

	Delta	Kaiser	Willamette
Deductible	\$0	\$0	None
Benefit Maximum	\$1,500	\$1,500	None
Office Visit		\$20/visit	\$25/visit
Preventative and Diagnostic Includes exams, x-rays, teeth cleaning and fluoride		\$0	Covered with Office Visit Copay
Minor Restoration Services Includes routine fillings, plastic and stainless-steel crowns	1st year - 75% 2nd year - 85% 3rd year - 95%	\$0	<ul style="list-style-type: none"> • Fillings: \$25 copay • Porcelain-Metal Crown: \$200 copay
Oral Surgery Services	Co-insurance resets to year 1 level if Basic Dental Services are not used in a calendar year	\$45 for each surgical extraction	<ul style="list-style-type: none"> • Routine Extraction (Single Tooth): \$25 Copay • Surgical Extraction: \$45 Copay
Periodontics and Endodontics		<ul style="list-style-type: none"> • Treatment of gum disease, scaling and root planning: \$0 • Root Canal Therapy: \$50 for anterior/\$75 for posterior/\$100 for molar per procedure per tooth 	<ul style="list-style-type: none"> • Root Canal Therapy: <ul style="list-style-type: none"> ○ Anterior - \$50 Copay ○ Bicuspid - \$75 Copay ○ Molar - \$100 Copay • Osseous Surgery and Root Planing (per Quadrant): \$50 Copay
Major Restoration Services	70% co-insurance	\$250 for gold or porcelain crowns and bridges	<ul style="list-style-type: none"> • Bridge (per tooth): \$200 copay
Removable Prosthetic Services	70% co-insurance	Full or Partial Dentures, Reline, Rebases – 100% Coinsurance	<ul style="list-style-type: none"> • Complete Upper or Lower Denture: \$250 Copay
Orthodontics	70% co-insurance	\$2,000 Lifetime Benefit Maximum	<ul style="list-style-type: none"> • Pre-Orthodontia: \$150 Copay • Comprehensive Orthodontia: \$2,000 Copay
Implants			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"> • \$25 for nitrous oxide for 13 and older. 	<ul style="list-style-type: none"> • Local Anesthesia: Covered with Office Visit Copay • Dental Lab Fees: Covered with Office Visit Copay • Nitrous Oxide: \$20 Copay • Specialty Office Visit: \$30/visit • Out of Area Emergency Care Reimbursement: You pay charges in excess of \$100