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Summary of Dental Benefits 2022-23 Plan Year

Please see Plan Handbook for details.

Dental	Premier Plan 1[1]	Premier Plan 6	Willamette Dental Plan
Network	Delta Dental Premier	Delta Dental Premier	Limited Network Plan – Willamette Dental
Dental Office Visit Copayment	N/A	N/A	$20[3]
Benefit Maximum	$2,200[4]	$1,200	N/A
Deductible	$50	$50	N/A
Preventive & Diagnostic Services – Deductible Waived for Preventive & Diagnostic Services on Delta Dental Plans[6]			
Oral exams, X-rays, cleaning (prophylaxis),	70% + 10% each Plan Year[4]	100%[6]	100%
Restorative Services			
Routine fillings, inlays and stainless steel	70% + 10%[1] each Plan Year	80%[1]	100%[3]
Simple Extraction			
Simple tooth extractions	70% + 10% each Plan Year	80%	100%[3]
Oral Surgery			
Surgical tooth extractions, including	70% + 10% each Plan Year	80%	$50 Copay[3]
Periodontics			
Diagnosis, evaluation, and treatment of gum	70% + 10% each Plan Year	80%	100%[3]
Endodontics			
Root canal and related therapy including	70% + 10% each Plan Year	80%	$50 Copay[3]
Major Restorative Services			
Gold or porcelain crowns and onlays	70% + 10% each Plan Year	50%	$250 Copay[5]
Implants	70% + 10% each Plan Year	50%	Implant surgery up to $1,500 calendar
Other covered services			
Occlusal guards (night guards)	50% up to $250 max, once every 5 years	50% up to $250 max, once every 5 years	100% once every 2 years
Athletic mouth guards	50%	50%	$100 Copay[5]
Nitrous Oxide	50%	50%	$15 Copay[3]
Fixed and Removable Prosthetic Services			
Full and partial dentures, relines, rebases	70% + 10% each Plan Year	50%	$100 Copay[5]
Bridge retainers and pontics	70% + 10% each Plan Year	50%	$250 Copay[5]
Orthodontics			
Orthodontic Treatment	80% to $1,800 lifetime max	NO ORTHO COVERAGE	$2,500 Copay + $20 per visit

1 Under Delta Dental Plans 1 and 5, and Exclusive PPO - Incentive Plan 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.
2 Services performed by providers outside the limited network are not covered unless for a dental emergency.
3 Office visit copayment applies at each visit, in addition to any plan copayments for services.
4 Preventive care and orthodontia do not accrue to this maximum.
5 Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit under the Willamette Dental Group plan.
6 Preventive services will not accrue towards the plan benefit maximum.

This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.