



Summary of Dental Benefits 2024–2025 Plan Year

Please see Plan Handbook for details.



Dental	Premier Plan 1 ¹	Premier Plan 5 ¹	Premier Plan 6	Exclusive PPO Plan	Willamette Dental Plan
Network	Delta Dental Premier	Delta Dental Premier	Delta Dental Premier	Limited Network Plan – Delta Dental PPO ²	Limited Network Plan – Willamette Dental Group Facilities ²
Dental Office Visit Copay	N/A	N/A	N/A	N/A	\$20 ³
Benefit Maximum	\$2,200 ⁴	\$1,700 ⁴	\$1,200	\$1,500 ⁴	N/A
Deductible	\$50	\$50	\$50	\$50	N/A
Preventive & Diagnostic Services – Deductible Waived for Preventive & Diagnostic Services on Delta Dental Plans⁶					
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	70% + 10% each Plan Year ⁶	70% + 10% each Plan Year ⁶	100% ⁶	100% ⁶	100%
Restorative Services					
Routine fillings, inlays and stainless steel crowns	70% + 10% ¹ each Plan Year	70% + 10% ¹ each Plan Year	80% ¹	90% ¹	100% ³
Simple Extraction					
Simple tooth extractions	70% + 10% each Plan Year	70% + 10% each Plan Year	80%	90%	100% ³
Oral Surgery					
Surgical tooth extractions, including diagnosis and evaluation	70% + 10% each Plan Year	70% + 10% each Plan Year	80%	90%	\$50 Copay ³
Periodontics					
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing	70% + 10% each Plan Year	70% + 10% each Plan Year	80%	90%	100% ³
Endodontics					
Root canal and related therapy including diagnosis and evaluation	70% + 10% each Plan Year	70% + 10% each Plan Year	80%	90%	\$50 Copay ³
Major Restorative Services					
Gold or porcelain crowns and onlays	70% + 10% each Plan Year	70%	50%	80%	\$250 Copay ^{3, 5}
Implants	70% + 10% each Plan Year	50%	50%	80%	Implant surgery up to \$1,500 calendar year maximum ⁵
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	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%	50%	50%	\$100 Copay ³
Nitrous Oxide	50%	50%	50%	50%	\$15 Copay ³
Fixed and Removable Prosthetic Services					
Full and partial dentures, relines, rebases	70% + 10% each Plan Year	50%	50%	80%	\$100 Copay ^{3, 5}
Bridge retainers and pontics	70% + 10% each Plan Year	50%	50%	80%	\$250 Copay ^{3, 5}
Orthodontics					
Orthodontic Treatment	80% to \$1,800 lifetime max	80% to \$1,800 lifetime max	NO ORTHO COVERAGE on this plan	80% to \$1,800 lifetime max	\$2,500 Copay + \$20 per visit

¹ Under Delta Dental Plans 1 and 5 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. Emergency services include limited exam and palliative treatment only.

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. It does not fully describe the benefits of each plan. Refer to the plan documents for more details. If there is a conflict between this comparison and the plan documents, the plan documents will prevail.