



OEBB 2026–27 Benefits Comparison | Dental Plans 14 of 17

Dental Plans — continued

 This is a **high-level dental plan** comparison. Please see plan documents for details.

 Delta Dental of Oregon & Alaska		 Delta Dental of Oregon & Alaska		 Delta Dental of Oregon & Alaska		 Delta Dental of Oregon & Alaska		 Delta Dental of Oregon & Alaska		 KAISER PERMANENTE®		 Willamette Dental	
Dental	Premier Plan 1¹	Premier Plan 5¹	Premier Plan 6	Exclusive PPO – Incentive Plan¹	Exclusive PPO Plan	Kaiser Dental Plan		Willamette Dental Plan					
Major restorative services													
Gold or porcelain crowns and onlays	70% + 10% each plan year	70%	50%	70% + 10% each plan year	80%	\$250 copay³		\$250 copay³, 5					
Implants	70% + 10% each plan year	50%	50%	70% + 10% each plan year	80%	50%³		Implant surgery up to \$1,500 calendar year maximum⁵					
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	50% up to \$250 max, once every 5 years	65% once every 5 years		100% once every 2 years					
Athletic mouth guards	50%	50%	50%	50%	50%	65%, once every 12 months		\$100 copay³					
Nitrous Oxide	50%	50%	50%	50%	50%	\$25 copay		\$15 copay³					
Fixed and removable prosthetic services													
Full and partial dentures, relines, rebases	70% + 10% each plan year	50%	50%	70% + 10% each plan year	80%	\$100 copay³		\$100 copay³, 5					
Bridge retainers and pontics	70% + 10% each plan year	50%	50%	70% + 10% each plan year	80%	\$250 copay³		\$250 copay³, 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	80% to \$1,800 lifetime max	\$2,500 copay + \$20 per visit		\$2,500 copay + \$20 per visit					

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| <p>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.</p> <p>2 Services performed by providers outside the limited network are not covered unless for a dental emergency. If you have a dental emergency outside our service area, you may go to the nearest dental office. Member pays the cost share that normally applies for non-emergency dental care services, plus amounts that exceed Usual and Customary Charges for qualifying claims.</p> <p>3 Office visit copayment applies at each visit, in addition to any plan copayments for services.</p> <p>4 Preventive care and orthodontia do not accrue to this maximum.</p> | <p>5 Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit under the Willamette Dental plan.</p> <p>6 Preventive services will not accrue towards the plan benefit maximum.</p> <p>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.</p> |
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