



## Dental Plans Summary

Plan Benefits	D-8 Dental	D-7 Dental	D-5 Dental	Orthodontia Rider
2020 Contribution Rate	\$130.00	\$110.00	\$90.00	\$11.00
Type of Plan	Indemnity / HMO	Indemnity / HMO	Indemnity / HMO	Indemnity
Deductible	None	None	None	None
Annual Plan Maximum	\$2,000	\$1,500	\$1,000	-
Lifetime Plan Maximum	-	-	-	\$2,500
<b>Diagnostic &amp; Preventative</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>50%</b>
Oral Examinations	Two per calendar year			Paid to age 19
Cleaning and Flouride	Two per calendar year			
X-rays	As needed			
Panorex/Full Mouth X-ray	One every two years			
Sealants	Under age 19 (over age 19 covered at 75%)			
<b>Basic, Major &amp; Restorative</b>	<b>75%</b>	<b>75%</b>	<b>75%</b>	
Fillings	Do not downgrade composite (resin) to amalgam			
Oral Surgery, Root Canal				
Perio Maintenance				
Dentures, Bridges	Not more often than once every five years			
Crowns, Inlays and Onlays	Not more often than once every five years for a given tooth			
Implants	Not more often than once every five years for a given tooth			
<b>Other</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>	
Anesthesia / Nitrous Oxide				
Consultations				
Nightguards				

Willamette Dental Option	Each plan offers the employee the option of enrolling in Willamette Dental for their dental care. This is a clinic based dental program.	
	<u>Plan 2 (option to D8)</u>	<u>Plan 1 (option to D7 and D5)</u>
<b>Visit Charge Provides</b>	\$25 Office Visit Copay	\$30 Office Visit Copay
Diagnostic Services	Covered with copay	Covered with copay
Preventive Services	Covered with copay	Covered with copay
Fillings (Amalgam)	\$10 copay	\$10 copay
Root Planing (per quadrant)	\$25 copay	\$25 copay
Routine Extraction	Covered with copay	Covered with copay
Surgical Extraction	Covered with copay	\$75 copay
Nitrous Oxide	Covered with copay	\$20 copay
Office Visit with Specialist	\$30 copay	\$30 copay
Porcelain-Metal Crown	\$250 copay	\$250 copay
Bridge (per tooth)	\$250 copay	\$250 copay
Dentures (upper or lower)	\$300 copay	\$300 copay
Root Canals	\$75/\$150/\$225 copay	\$75 / \$150 / \$225 copay
<b>Orthodontia</b>		
Pre-Orthodontia Treatment	\$150 copay	\$150 copay
Orthodontia (banding)	\$1,800	\$2,500

This is only a summary of the key coverage provisions of the dental plans and is not intended to be used for general distribution purposes or in lieu of a Summary Plan Description (plan booklet). If there are any discrepancies between this summary and the plan booklet, the plan booklet will govern.