



2025–26 Benefits Comparison

Dental Plans








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



Dental	Premier Plan 1 ¹	Premier Plan 5 ¹	Premier Plan 6	Exclusive PPO – Incentive Plan ¹	Exclusive PPO Plan	Kaiser Dental Plan	Willamette Dental Plan
Network	Delta Dental Premier	Delta Dental Premier	Delta Dental Premier	Limited Network Plan Delta Dental PPO ²	Limited Network Plan Delta Dental PPO ²	Limited Network Plan Kaiser Permanente Facilities ²	Limited Network Plan Willamette Dental Facilities ²
Dental office visit copay	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	\$20 ³	\$20 ³
Benefit maximum	\$2,200 ⁴	\$1,700 ⁴	\$1,200	\$2,300 ⁴	\$1,500 ⁴	\$3,000 ⁴	Not applicable
Deductible	\$50	\$50	\$50	\$50	\$50	Not applicable	Not applicable
Preventive and diagnostic services – deductible waived for preventive and diagnostic services on Delta Dental Plans ⁶							
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% 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	70% + 10% ¹ each plan year	90% ¹	100% ³	100% ³
Simple extraction							
Simple tooth extractions	70% + 10% each plan year	70% + 10% each plan year	80%	70% + 10% each plan year	90%	100% ³	100% ³
Oral surgery							
Surgical tooth extractions, including diagnosis and evaluation	70% + 10% each plan year	70% + 10% each plan year	80%	70% + 10% each plan year	90%	\$50 copay ³	\$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%	70% + 10% each plan year	90%	100% ³	100% ³
Endodontics							
Root canal and related therapy including diagnosis and evaluation	70% + 10% each plan year	70% + 10% each plan year	80%	70% + 10% each plan year	90%	\$50 copay ³	\$50 copay ³

Dental Plans — continued

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 <small>Delta Dental of Oregon & Alaska</small>		 <small>Delta Dental of Oregon & Alaska</small>		 <small>Delta Dental of Oregon & Alaska</small>		 <small>Delta Dental of Oregon & Alaska</small>		 <small>Delta Dental of Oregon & Alaska</small>		 KAISER PERMANENTE®		 Willamette Dental	
Dental		Premier Plan 1 ¹	Premier Plan 5 ¹	Premier Plan 6	Exclusive PPO – Incentive Plan ¹	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 copay ³	\$250 copay ^{3, 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 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	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 copay ³					
Nitrous Oxide		50%	50%	50%	50%	50%	\$0 copay (age 12 and under) \$25 copay (age 13 and up)	\$15 copay ³					
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 copay ³	\$100 copay ^{3, 5}					
Bridge retainers and pontics		70% + 10% each plan year	50%	50%	70% + 10% each plan year	80%	\$250 copay ³	\$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	80% to \$1,800 lifetime max	\$2,500 copay + \$20 per visit	\$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. 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.**