2026–27 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
	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
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

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
	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		
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%	$25 copay	$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. 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.

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 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.