

**ODS Dental and Orthodontia Plans with Rates**



	OEGB Dental Plan 1	OEGB Dental Plan 2	OEGB Dental Plan 3	OEGB Dental Plan 4	OEGB Dental Plan 5	OEGB Dental Plan 6
Deductible	None	None	None	\$25	\$50	\$50
Annual Maximum	\$2,200	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000
Preventive Care	70%+10% year	70%+10% year	70%+10% year	100%	100%	100%
Restorative Services	70%+10% year	70%+10% year	70%+10% year	80%	80%	80%
Major Services	70%+10% year	70%+10% year	70%+10% year	80%	50%	50%
Prosthodontics	70%+10% year	70%+10% year	50%	50%	50%	50%

<b>Dental</b>						
Oregon Dental Service						
OEGB Rates						
2008 Contract Year (effective October 1, 2008)						
OEGB Plan	Tier-Rated Groups				Composite-Rated Groups	
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit	
Plan 1	\$ 52.00	\$ 102.96	\$ 104.52	\$ 159.64	\$	119.55
Plan 2	\$ 46.80	\$ 92.66	\$ 94.06	\$ 143.67	\$	107.59
Plan 3	\$ 45.76	\$ 90.61	\$ 91.98	\$ 140.49	\$	105.20
Plan 4	\$ 42.11	\$ 83.38	\$ 84.65	\$ 129.29	\$	96.83
Plan 5	\$ 38.48	\$ 76.18	\$ 77.34	\$ 118.12	\$	88.47
Plan 6	\$ 33.27	\$ 65.88	\$ 66.88	\$ 102.15	\$	76.51

<b>OEGB Orthodontia Plans</b>		
No Coverage	OR	80% to \$1,500 lifetime max

<b>Orthodontia</b>						
Oregon Dental Service						
OEGB Rates						
2008 Contract Year (effective October 1, 2008)						
OEGB Plan	Tier-Rated Groups				Composite-Rated Groups	
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit	
	\$ 0.97	\$ 1.94	\$ 13.10	\$ 14.07	\$	9.91