

State of Oregon
Public Employees' Benefit Board Summary Plan Description

Dental Plans Comparison

The table below allows you to compare PEBB's dental plan options on a side-by-side basis. **NOTE:** Full-time employees may not enroll in the part-time plans.

This information gives a high-level summary only. See plan documents for details.

2012 Dental Plans Summary Comparison							
Benefits	ODS Preferred		ODS Traditional	Willamette	Kaiser	Kaiser Part-Time	ODS Part-Time
Provider Status	In-Network	Out-of-Network	Participating	Willamette	Kaiser	Kaiser	Provider Status
Plan Max Coverage: Per person/year	\$1,750	\$1,750	\$1,750	No Max	\$1,750	\$1,250	Plan Max Coverage: Per person/year
Annual Deductible: Individual/family	\$50/ \$150	\$50/ \$150	\$50/ \$150	None	None	None	Annual Deductible: Individual/family
Diagnostic, preventive	0%						
Basic, maintenance	20%	30%	20%	0%	20%	50%	Basic, maintenance
Crowns	50%	50%	50%	\$190	25%	50%	Crowns
Implants	50%	50%	50%	Varies	50%	Not covered	Implants
Dentures	50%	50%	50%	\$190	50%	50%	Dentures
Orthodontia	50%	50%	50%	\$1500 total out-of-pocket	50%	Not covered	Orthodontia