

**OREGON PERS HEALTH INSURANCE PROGRAM**  
**2017 DENTAL BENEFIT COMPARISON**

You can enroll in either dental plan regardless of your medical plan selection. However, for Kaiser Permanente dental, you must reside in the Kaiser Permanente service area. Kaiser's medical and dental plan service areas are the same.

	<b>Delta Dental of Oregon<sup>1</sup></b>	<b>Kaiser Permanente</b>
Medical Plan Enrollment	PacificSource, Kaiser Permanente, Moda Health, Providence Health Plans	Kaiser Permanente, Moda Health, Providence Health Plans
Providers	Any licensed Dentist, Hygienists, and certified Denturists working within the scope of their license	Kaiser Permanente Dental Associates
Calendar Year Deductible	\$25 per Individual	None
Calendar Year Benefit Maximum (Plan Pays)	\$1,500 per Individual <sup>2</sup>	\$1,500 per Individual <sup>2</sup>
	<b>MEMBER PAYS:</b>	<b>MEMBER PAYS:</b>
<b>Preventive Care</b>	Available twice in a Calendar Year	Limit of two cleanings per calendar year
<ul style="list-style-type: none"> <li>▪ Exams</li> <li>▪ Cleanings</li> <li>▪ Diagnostic</li> </ul>	<ul style="list-style-type: none"> <li>▪ Covered in Full<sup>2</sup></li> <li>▪ Covered in Full<sup>2</sup></li> <li>▪ Covered in Full<sup>2,3</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ \$10 Copay per visit<sup>2</sup></li> <li>▪ \$10 Copay per visit<sup>2</sup></li> <li>▪ \$10 Copay per visit<sup>2</sup></li> </ul>
<b>Basic Services</b>		
<ul style="list-style-type: none"> <li>▪ Restorative</li> <li>▪ Oral Surgery</li> <li>▪ Endodontic/Periodontic</li> </ul>	<ul style="list-style-type: none"> <li>▪ 20% after Deductible<sup>4</sup></li> <li>▪ 20% after Deductible<sup>4</sup></li> <li>▪ 20% after Deductible<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ \$10 Copay, then 20%</li> <li>▪ \$10 Copay, then 20%</li> <li>▪ \$10 Copay, then 20%</li> </ul>
<b>Major Services</b>		
<ul style="list-style-type: none"> <li>▪ Crowns</li> <li>▪ Cast Restorations</li> <li>▪ Dentures / Bridge Work</li> <li>▪ Implants</li> </ul>	<ul style="list-style-type: none"> <li>▪ 50% after Deductible<sup>4</sup></li> <li>▪ 50% after Deductible<sup>4</sup></li> <li>▪ 50% after Deductible<sup>4</sup></li> <li>▪ 50% after Deductible<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ \$10 Copay, then 50%</li> <li>▪ \$10 Copay, then 50%</li> <li>▪ \$10 Copay, then 50%</li> <li>▪ \$10 Copay, then 50%</li> </ul>
<b>Orthodontic Services</b>	Not Covered	Not Covered
<b>Out-of-Area Coverage</b>	Worldwide for emergency services only	Kaiser Permanente allows a benefit of up to \$100 of reimbursement on an approved out of area emergency claim.
<b>Exclusions &amp; Limitations</b>	Some services are limited or not covered at all, including congenital or developmental malformations, cosmetic services and experimental procedures. Also there may be limitations for procedures for which you might receive payment from other insurance or government programs.	Certain services are limited or not covered at all, including congenital or developmental malformations, cosmetic services and experimental procedures. Also, there may be limitations for procedures for which you might receive payment from other insurance or government programs.
<b>Rates</b>		
<ul style="list-style-type: none"> <li>▪ Retiree Only</li> <li>▪ Retiree &amp; Spouse</li> <li>▪ Retiree &amp; Spouse &amp; 1 Child</li> <li>▪ Retiree &amp; Spouse &amp; 2+ Children<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ \$63.65</li> <li>▪ \$127.30</li> <li>▪ \$152.56</li> <li>▪ \$177.82</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$64.29</li> <li>▪ \$128.58</li> <li>▪ \$154.10</li> <li>▪ \$179.62</li> </ul>

This is a summary of benefits only for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this handbook and the plan document, the information in the plan document shall prevail.

<sup>1</sup> A higher level of benefits is paid to providers who participate in the Delta Dental Premier Network. Services provided by licensed dentist and certified denturists not participating with Delta Dental is paid at the out-of-network fee.

<sup>2</sup> Charges for preventive services do not apply to the calendar year benefit maximum.

<sup>3</sup> Some limitations may apply.

<sup>4</sup> There is a 12-month waiting period for basic and major services following enrollment unless member has had continuous employer-sponsored dental coverage for the previous 12 months immediately preceding PHIP dental enrollment.

<sup>5</sup> No additional premium (cost) for more than two children.