



Dental Comparison

Willamette University 2026-2027

Plan Name & Provider Network	Option 1: Kaiser Dental HMO Kaiser Providers Only	Option 2: The Standard Dental PPO Provider network: Classic Network <i>(In and out of network coverage available)</i>
Annual Deductible	None	\$0 for preventive care \$50 per person per calendar year for other <i>(limited to 3 deductibles per family)</i>
Annual Maximum Benefit	\$1,500 per person (preventive services do not apply)	\$1,500 per person per calendar year
Office Visits	\$15 co-pay	None
Preventive Services <i>Exams, cleanings, x-rays, fluoride treatment</i>	Fully covered after office visit charge	Employee pays 0% (deductible waived)
Basic Services <i>Fillings, simple extractions</i>	Fully covered after office visit charge	Employee pays 20% after deductible is met
Major Services <i>Crowns, Bridges, Dentures</i>	Employee pays 20%	Employee pays 50% after deductible is met
Emergency Treatment/ Out-of-Area Treatment (The Standard Only)	Plan pays up to \$100 for out-of- area emergency	Employee pays same percentages as above for Preventive/Basic/Major services Non-network provider services are subject to Usual and Customary allowances
Orthodontia <i>No age limit</i>	Employee pays 50% \$1,500 per claimant lifetime maximum	Employee pays 50% \$1,500 per claimant lifetime maximum (deductible waived)
Orthodontia Lifetime Maximum	\$1,500	\$1,500

Please note: This summary provides a brief description of the Plan benefits. Please refer to the Summary Plan Description for a complete list of benefits, limitations, and exclusions that apply and a definition of medical necessity.