



## Dental Comparison

Willamette University 2022-2023

Plan Name & Provider Network	Option 1: Kaiser Dental HMO Kaiser Providers	Option 2: LifeMap PPO
Annual Deductible	None	Individual - \$50 Family - \$150
Annual Maximum Benefit	\$1,500 per person	\$1,500 per person
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
Major Services <i>Crowns, Bridges, Dentures</i>	Employee pays 20%	Employee pays 50% after deductible
Emergency Treatment	\$25 co-pay in-network Plan pays up to \$100 for out-of-area emergency	Employee pays 20% after deductible
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.