City of McMinnville

	Delta	Kaiser	Willamette
Deductible	$0	None	None
Benefit Maximum	$2,000	$2,000	None
Office Visit		$10/visit	$20/visit
Preventative and Diagnostic Includes exams, x-rays, teeth cleaning and fluoride	1st year - 70% 2nd year - 80% 3rd year - 90% 4th year - 100%	No additional charge	Covered with Office Visit Copay
Minor Restoration Services Includes routine fillings, plastic and stainless-steel crowns	Benefits start at 70% the 1st calendar year of coverage. Thereafter, payments increase by 10% (up to a maximum benefit of 100%) provided the individual has visited the dentist at least once during the previous calendar year.		• Fillings: $15 copay • Porcelain-Metal Crown: $200 copay
Oral Surgery Services			• Routine Extraction (Single Tooth): Covered with Office Visit Copay • Surgical Extraction: $50 Copay
Periodontics and Endodontics			• Root Canal Therapy: $75 Copay • Osseous Surgery and Root Planing (per Quadrant): Covered with Office Visit Copay
Major Restoration Services	50%	$45 for each	• Bridge (per tooth): $200 copay
Removable Prosthetic Services	50%	Full Denture - $65 Partial Denture - $95 Relines - $25 Rebasis - $25	• Complete Upper or Lower Denture: Covered with Office Visit Copay
Orthodontics	Not covered	Not covered	• Comprehensive Orthodontia: $2,000 Copay
Implants	50%	50% up to benefit maximum	Benefit maximum of $1,500 per calendar year
Additional Notes: This chart is intended for plan comparison purposes only. See full plan summaries for details and plan exclusions.	• Annual maximum does not apply to members under 16.	• $50 fee for missed appointments. • $25 fee for nitrous oxide. • You pay 35% of charges for custom lab made night-guards.	• Local Anesthesia: Covered with Office Visit Copay • Dental Lab Fees: Covered with Office Visit Copay • Nitrous Oxide: $10 Copay • Specialty Office Visit: $30/visit • Out of Area Emergency Care Reimbursement: You pay charges in excess of $100