



### Lane Community College Dental Plan Comparison for July 1, 2009

Dental Benefits	OEA-Oregon Dental Service	Willamette Dental
Office Visit	No charge	\$10
Annual Benefit Maximum	\$2,000	None
Deductible	\$25/member; \$75/family	None
<b>Preventive and Diagnostic Services - Class I</b>		
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	100%	100%*
<b>Restorative Services - Class II</b>		
Routine fillings	80% after deductible met <sup>1</sup>	100%* <sup>2</sup>
Simple Tooth Extractions	80% after deductible met	100%*
Surgical tooth extractions, including diagnosis and evaluation	80% after deductible met	100%*
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing	80% after deductible met	100%*
Root canal and related therapy including diagnosis and evaluation	80% after deductible met	100%*
<b>Major Restorative Services - Class III</b>		
Gold or porcelain crowns	60% after deductible met <sup>1</sup>	100%*
Full and partial dentures	60% after deductible met	100%*
Bridge retainers and pontics	60% after deductible met	100%*
<b>Orthodontics</b>	Not covered	\$1,500 copay + \$10 per visit**

Under ODS plans, services are available through any dentist, whereas Willamette Dental members must see Willamette Dental providers.

\*For the Willamette Dental plan, services rendered plus the office visit fee copay per visit

\*\* Pre-Orthodontic Service fee of \$150 is credited towards the orthodontic benefit if patient accepts treatment plan

<sup>1</sup> Posterior fillings and crowns paid to standard materials fees

<sup>2</sup> Fillings are covered at 100% for all amalgam tooth surfaces, composite anteriors and 1 surface composite posteriors. Patients can request composite fillings, which are considered a buy-up and additional fees apply. Please contact Willamette directly for actual fees.

**Underwritten by Oregon Dental Service**

This plan provides extensive coverage of services and supplies to prevent, diagnose and treat diseases or conditions of the teeth and supporting tissues. Presented are just some of the most common procedures covered in your plan. This is a summary only. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.