



2010 Retired Dental Options

The following chart shows key features of your dental options. For more information about your dental options, refer to your benefit booklet, or you may obtain a Kaiser or Willamette dental benefits packet from the Trust Office.

Dental Plan Feature	Trust Self-Funded Dental Plan	Kaiser Dental	Willamette Dental
Provider Choice	Any provider	Kaiser providers	Willamette Dental Providers
Coverage Area	Anywhere	You must live or work within the Kaiser Service Area	Anywhere in Willamette Dental Service Area (Western & Central Oregon, Washington, Idaho)
Annual Deductible	\$25 per person	None	None
Annual Maximum Benefit	\$1,500 per person	\$1,500 per person	No annual maximum
Covered Services	Plan Pays	Plan Pays	Plan Pays
Preventive Care			
Routine office Visits	80% UCR*	100% after \$10 copayment per visit	100% after \$10 copayment per visit
Oral exam	80% UCR*	100% after \$10 copayment per visit	100% after \$10 copayment per visit
Cleaning	80% UCR*	100% after \$10 copayment per visit	100% after \$10 copayment per visit
X-rays	70% UCR*	100% after \$10 copayment per visit	100% after \$10 copayment per visit
Basic Services			
Routine fillings and simple extractions.	70% UCR*	80%, after \$10 copayment per visit	100% after \$10 copayment per visit
Oral Surgery	70% UCR*	80%, after \$10 copayment per visit	Participant Pays: \$100
Root Canal	70% UCR*	80%, after \$10 copayment per visit	Participant pays: \$75-\$125, depending on tooth
Major Services: (Crowns, inlays, onlays, bridges, dentures)	50% UCR*	50% after \$10 copayment per visit	Participant Pays: Crowns: \$150 Upper or Lower Denture: \$200 Bridge (per tooth): \$150
Orthodontia Lifetime maximum per person	80% UCR* \$2000	80%, after \$10 copayment per visit \$2000	Participant Pays: \$1500 for Comprehensive Orthodontia.

* Usual, customary and reasonable **This is just a summary of benefits. Please refer to Trust Plan Booklet or Carrier Benefit Booklets for a complete description.**