

Willamette Dental and Orthodontia with Rates

	OEBB Dental Plan 7	OEBB Dental Plan 8
Deductible	None	None
Annual Maximum	None	None
Preventive Care	100% (\$5 per visit)	100% (\$10 per visit)
Restorative Services	100% (\$5 per visit)	100% (\$10 per visit)
Major Services	\$45	100%
Prosthodontics	\$95 partial denture, \$65 full denture, \$25 reline	100%

OEBB Orthodontia Plan	
No Coverage OR	
Alternate 1	Alternate 2
50% to \$2,000 lifetime max	\$1,500 copay + \$10 per visit



Dental						
Willamette Dental						
OEBB Rates						
2008 Contract Year (effective October 1, 2008)						
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups	
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit	
DHMO						
Plan 7	\$ 43.24	\$ 85.62	\$ 86.92	\$ 132.75	\$	107.97
Plan 8	\$ 42.62	\$ 84.40	\$ 85.68	\$ 130.86	\$	106.43

Orthodontia						
Willamette Dental						
OEBB Rates						
2008 Contract Year (effective October 1, 2008)						
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups	
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Unit	
DHMO						
Alt 1 - 50% to \$2,000	\$ 2.27	\$ 4.56	\$ 30.67	\$ 32.94	\$	18.20
Alt 2 - \$1,500 copay + \$10	\$ 0.37	\$ 0.73	\$ 4.90	\$ 5.26	\$	2.91