

**Kaiser dental and orthodontia**



	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 relines	100%

Dental Kaiser Permanente 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		\$58.23	\$128.11	\$110.63	\$180.51	\$138.58
Plan 8		\$57.99	\$127.59	\$110.20	\$179.79	\$138.03

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

Orthodontia Kaiser Permanente 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		\$2.78	\$6.14	\$5.29	\$8.64	\$6.63
Alt 2 - \$1,500 copay + \$10		\$3.93	\$8.66	\$7.47	\$12.19	\$9.36

There was an error between Kaiser's Employee + Child(ren) rates and Kaiser's Family rates. They have been corrected on May 22, 2008. Please disregard any previous Kaiser rate information.