







Portland Community College Dental Plans - October 1, 2023 to September 30, 2024

	 	 		
Dental	Premier Plan 5 ¹ Delta Dental Premier Network INCENTIVE PLAN	Premier Plan 6 Delta Dental Premier Network	Kaiser Dental Plan Kaiser Permanente Facilities ²	Willamette Dental Plan Willamette Dental Group Facilities ²
Dental Office Visit Copayment	n/a	n/a	\$20 ³	\$20 ³
Benefit Maximum	\$1,700 ⁴	\$1,200	\$4,000 ⁴	n/a
Deductible	\$50	\$50	n/a	n/a
Preventive and Diagnostic Services - Deductible Waived for Preventive & Diagnostic Services on Delta Dental Plans				
Oral exams, X-rays, cleaning (prophylaxis), fluoride treatments, and space maintainers	70% + 10% each plan year ⁶	100% ⁶	100% ⁶	100%
Restorative Services				
Routine fillings, inlays and stainless steel crowns	70% + 10% ¹ each plan year	80% ¹	100% ³	100% ³
Simple Extraction				
Simple tooth extractions	70% + 10% each plan year	80%	100% ³	100% ³
Oral Surgery				
Surgical tooth extractions, including diagnosis and evaluation	70% + 10 %each plan year	80%	\$50 copay ³	\$50 copay ³
Periodontics				
Diagnosis, evaluation, and treatment of gum disease including scaling and root planing	70% + 10 %each plan year	80%	100% ³	100% ³
Endodontics				
Root canal and related therapy including diagnosis and evaluation	70% + 10 %each plan year	80%	\$50 copay ³	\$50 copay ³
Major Restorative Services				
Gold or porcelain crowns and onlays	70%	50%	\$250 copay ³	\$250 copay ³
Implants	50%	50%	50% ³ (limit of 4 per lifetime)	Implant surgery up to \$1,500 calendar year maximum
Other covered services				
Occlusal guards (night guards)	50% up to \$250 maximum, once every 5 years	50% up to \$250 maximum, once every 5 years	90%, once every 5 years	100% once every 2 years
Athletic mouth guards	50%	50%	90%	\$100 copay ³
Nitrous Oxide	50%	50%	\$0 copay (Age 12 & Under) \$25 copay (Ages 13 and up)	\$15 copay ³
Fixed and Removable Prosthetic Services				
Full and partial dentures, relines, rebases	50%	50%	\$100 copay ³	\$100 copay ³
Bridge retainers and pontics	50%	50%	\$250 copay ³	\$250 copay ³
Orthodontics				
Orthodontic Treatment	80% to \$1,800 lifetime max	NO ORTHO COVERAGE	\$2,500 copay + \$20 per visit	\$2,500 copay + \$20 per visit

¹ Under Delta Dental Plan 5, incentive plan benefits start at 70% the first plan year, then increase by 10% each plan year (up to a maximum of 100%) provided the individual has visited the dentist at least once during the previous plan year.

² Services performed by providers outside the limited network are not covered unless for a dental emergency.

³ Office visit copayment applies at each visit, in addition to any plan copayments for services.

⁴ Preventive care and orthodontia do not accrue to this maximum

⁵ Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit under the Willamette Dental Group plan.

⁶ Preventative services will not accrue towards the plan benefit maximum.

This document is for comparison purposes only and is not intended to fully describe the benefits of each Plan. Refer to your member handbook for more details of benefit coverage. In the case of a conflict between this comparison and your member handbook, the member handbook will prevail.