BE WELL
Dental Plan Review

Open Enrollment 2025

10/21/2024 – 11/09/2024

PEOPLE & CULTURE

Dental Coverage – Option 1

Regence BlueCross BlueShield of Oregon

Dental network will change from Regence to Delta Dental through Moda to provide broader coverage with widely recognized brand. There are no changes to dental coverage. Employees currently enrolled in the dental plan through Regence will be automatically enrolled in Delta Dental. Click here to learn more.

DELTA DENTAL PLAN FEATURES – OPTION 1	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Maximum Benefit	$3,000	
Deductible (Waived for Preventive)	$25 individual, $75 family	
Preventive (Exams, Cleanings, X-Rays)*	0%	
Basic (Fillings, Root Canals, Periodontal, Oral Surgery)	10%	10%
Majors (Gold and Porcelain Fillings/Crowns, Bridgework/Dentures)	40%	40%
Orthodontia (Children Under 24 and Adults)	50% to $1,500 lifetime max	

Delta Dental is a nationwide network.

*Individual Oral Exam Visit Maximum: 4 per calendar year. Individual Dental Preventive Cleanings; 2 per calendar year. Individual X-rays unit maximum: 2 per calendar yar. Preventive Services will not reduce the annual maximum benefit.

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Willamette Dental Group

Dental Coverage – Option 2

We will renew option 2 with Willamette Dental Group - DHMO

WILLAMETTE DENTAL GROUP PLAN FEATURES– OPTION 2 All Services Must be Provided by Willamette Dental Group Provider - locted in Oregon, Washington & Idaho			
Annual Maximum / Deductible		No annual maximum / No deductible	
General Office Visit		You Pay $15 per visit	
Diagnostic and Preventive Services			
Routine and Emergency Exams; X-Rays; Teeth Cleaning; Fluoride Treatment; Sealants (Per Tooth); Head and Neck Cancer Screening; Oral Hygiene Instruction; Periodontal Cleaning; Periodontal Eval.		Covered with office visit copay	
Restorative Dentistry		**Oral Surgery**	
Fillings (Amalgam)	Covered with office copay	Routine Extraction (Single Tooth)	Covered with office copay
Fillings (Composite/Tooth Colored)	Covered with office copay	Surgical Extraction	You pay a $50 copay
Porcelain/Metal Crown	You pay a $175 copay		
Prosthodontics		**Orthodontia Treatment**	
Complete Upper and Lower Denture	You pay a $300 copay	Pre-orthodontia Treatment	You pay a $150 copay*
Bridge (Per Tooth)	You pay a $175 copay	Comprehensive Orthodontia Treatment (Traditional)	You pay a $1,500 copay
Dental Implant	Discount of $1500, per tooth, per member, per year	Invisalign® Option	You pay a $1,500 copay plus an upcharge
Endodontics and Periodontics			
Root Canal Therapy (Anterior/Bicuspid/Molar)		You pay a $100/$125/$150 copay	
Osseous surgery (Per Quadrant)		You pay a $250 copay	
Root Planing (Per Quadrant)		You pay a $75 copay	