



												
Plan Name	Dental, Vision, Hearing	PPO   Exclusive PPO   PPO Bright Smiles	Dental Advantage   Kids Dental Advantage	Progressive Dental	3500   1200/2500/5000   1200   750/1000/1250	TrueCare						
Network (click to search)	See Any Dentist	Delta Dental PPO	Advantage	Progressive	Ameritas	Willamette Dental						
Plan Brochure (click to view)	Brochure	Brochure	Brochure	Brochure	Brochure	Brochure						
Annual Benefit Maximum (age 19+)	\$1,000   \$1,500	\$1,000   \$1,500   None	\$1,000   \$1,500   None	\$1,000	\$3,500   1200/2500/5000   \$1,200   750/1000/1250	None						
Deductible	\$100/person	\$0	\$0	\$25/person, \$75/family	\$100/person - Lifetime	None						
Preventive (In-Network)	Year 1: 60% Year 2: 70% Year 3+: 80%	Under 19: 100% Adults: 75%	100%   100%	100%	100%	\$0 - \$35						
Basic (In-Network)	Year 1: 60% Year 2: 70% Year 3+: 80%	Under 19: 75% Adults: 60%	70%   25%	80%	Year 1: 65% Year 2: 80% Year 3+: 90%	Year 1: 50% Year 2: 60% Year 3+: 80%	\$45 - \$80					
Major (In-Network)	Year 1: 0% Year 2: 70% Year 3+: 80%	Under 19: 75% Adults: 50%	50%   25%	50%	Year 1: 25% Year 2: 50% Year 3 and after: 65%	Year 1: 10% Year 2: 30% Year 3+: 50%	Under 19: \$100 - \$350 Adults: \$100 - \$600					
Orthodontia	Not Covered	Not Covered	Not Covered	Not Covered	Year 1: 10%, Year 2: 25%, Year 3: 50%, \$1,200 Max	Not Covered	\$2,800 copay					
Out of Pocket Pediatric Maximum (ages 0-18)	N/A	\$350/child, \$700/family (In-network only)	\$350/child, \$700/family (In-network only)	None	N/A	None						
Deductible (Out of Network)	Same as in-network  Plan payments based on Usual, Customary and Reasonable charges	\$0	Not Covered	\$50/person, \$150/family	Network Plan pays based on contracted fees (Maximum Allowable Charges)  Choice Plan pays based on 90th percentile of Usual, Customary, and Reasonable charges.	Not Covered	Not Covered					
Preventive (Out of Network)		50%		80%								
Basic (Out of Network)		No balance billing for Delta Dental Premier only		80% after deductible								
Major (Out of Network)		50% after deductible										
Waiting Period (ages 19+) Preventive Services	None	None	None	None	None	None	None					
Waiting Period: (ages 19+) Basic Services	None	6 months	None					6 months*	None	None		
Waiting Period: (ages 19+) Major Services	12 months	12 months	None					12 months*	None	12 months		
Important Notes, PLEASE READ	This is a reimbursement policy. Also covers vision and hearing.  Children can only enroll as dependents, not individually. See brochure for family rates.	<b>You can only enroll during open enrollment or if you have a qualifying event.</b>  Waiting periods may be waived with proof of prior dental coverage. See brochure for full details.	*Waiting periods may be waived with proof of prior dental coverage.	<b>You must be enrolled with Providence Health Plan to get this dental plan.</b>  See brochure for coverage limitations.	We recommend choosing the Choice plan, unless your dentist is in the Ameritas Classic PPO network.	See brochure for fee schedule						
Age	<b>Manhattan Life</b>	<b>Moda</b>	<b>Moda</b>	<b>Moda (Kids)</b>	<b>PacificSource</b>	<b>PacificSource (Kids)</b>	<b>Providence</b>	<b>Spirit</b>	<b>Willamette</b>			
0 - 17	N/A   N/A	\$37	\$40	\$37	\$42	\$42	\$41	N/A	\$46.77			
18	\$30.25   \$40	\$26	\$29	N/A	\$45	\$50	N/A	Network Plan Indiv \$58.20 Family \$195.09	Network Plan Indiv \$46.87 Family \$158.83	Network Plan Indiv \$38.46 Family \$131.92	Network Plan Indiv \$34.76 Family \$111.23	\$50.96
19 - 24		\$28	\$31		\$52	\$59						\$56.49
25 - 29		\$31	\$34		\$58	\$65						\$66.18
30 - 34		\$32	\$35		\$62	\$70						
35 - 39	\$32.75   \$42.33	\$33	\$36	N/A	\$64	\$71	\$32	Choice Plan Indiv \$84.29 Family \$278.58	Choice Plan Indiv \$67.98 Family \$226.39	Choice Plan Indiv \$52.74 Family \$177.62	Choice Plan Indiv \$47.82 Family \$153.02	\$78.11
40 - 44		\$36	\$39		\$67	\$75						
45 - 49	\$35.08   \$46.00	\$40	\$43	N/A	\$70	\$79	N/A	N/A	N/A	N/A	N/A	N/A
50 - 54		\$43	\$47									
55 - 59	\$37.58   \$49.67	\$45	\$49.50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
60 - 64		\$45	\$49.50									
65 - 74	\$43.17   \$57.08	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
75 - 85												
	Enroll Direct	Enroll Direct	Enroll Direct	Enroll Direct	Enroll Direct	Enroll Direct	Enroll Direct	Enroll Direct	Enroll Direct	Enroll Direct	Enroll Direct	Enroll Direct

This sheet is a simplified plan comparison. Refer to plan summaries for complete plan benefits.