

2025 Dental Plans At-a-Glance

The chart below summarizes what you will pay for in-network dental care. If you elect Delta Dental Standard or Delta Dental Plus and receive services from non-network dentists, the plan pays your full requested reimbursement or Delta Dental's non-network dentist fee, whichever is less. Willamette Dental does not pay benefits if you see non-network providers.

Please note: employees must be on a university medical plan in order to enroll themselves or their dependents in dental coverage.

	Delta Dental Standard	Delta Dental Plus	Willamette Dental	
Annual Deductible and Annual Maximum			Annual Deductible and Annual Maximum	
Individual	\$25	\$50	Annual Deductible	\$0
Family	\$75	\$150	General & Orthodontic Office Visit	\$20 copay
Annual Maximum Benefit Per Person, Excluding Orthodontia	\$1,000	\$2,000	Annual Maximum	None
Class I Benefits			Diagnostic & Preventative Services	
<ul style="list-style-type: none"> Preventive Care Diagnostic Care X-Rays 	Plan Pays 100%		<ul style="list-style-type: none"> Routine & Emergency Exams Head & Neck Cancer Screening X-Rays Teeth Cleaning Fluoride Treatment Sealants (Per Tooth) Oral Hygiene Instruction Periodontal Charting Periodontal Evaluation 	Covered with Office Visit Copay
Class II Benefits				
<ul style="list-style-type: none"> Oral Surgery Endodontic Care Periodontal Care (including perio cleaning) Minor Restorative Services 	20% of maximum allowance after deductible	20% of maximum allowance after deductible		

Class III Benefits			Restorative Dentistry	
<ul style="list-style-type: none"> Major Restorative Services Prosthodontics 	50% of maximum allowance after deductible	45% of maximum allowance after deductible	• Fillings	Covered with Office Visit Copay
			• Porcelain-Metal Crown	\$200 copay
Class IV Benefits			Prosthodontics	
Adult, Child Orthodontia (Covered services only include those started when coverage under the plan begins)	You pay full cost	50% up to a lifetime maximum benefit of \$1,500 per person	• Root Canal Therapy	\$75 - \$150 Copay
			• Osseous Surgery (Per Quadrant)	\$150 Copay
			• Root Planing (Per Quadrant)	\$60 Copay
			Oral Surgery	
			• Routine Extraction (Single)	Covered with Office Visit Copay
			• Surgical Extraction	\$75
			Orthodontia Treatment	
			• Pre-Orthodontia Treatment	\$150 Copay (Copay Credited Toward Comprehensive Orthodontia Treatment)
			• Comprehensive Orthodontia Treatment	\$1,500 Copay
			Restorative Dentistry	
			Fillings	Covered with Office Visit Copay
			Porcelain-Metal Crown	\$200
			Miscellaneous	
			• Local Anesthesia	Covered with Office Visit Copay
			• Dental Lab Fees	Covered with Office Visit Copay
			• Nitrous Oxide	\$40
			• Specialty Office Visit	\$30
			• Out-of-Area Emergency Care	You pay charges in excess of \$100