



## Dental

Please note that Willamette and Kaiser are Exclusive Provider Networks (EPO), and Reta Delta Dental is a Preferred Provider Network (PPO).

**SERVICE MAP:** for [Kaiser](#) and [Willamette](#)

## Vision

**VSP** provides routine vision care benefits for all eligible employees and dependents. While vision benefits are automatic with your dental coverage, VSP is entirely separate from your dental plan. You will be automatically enrolled in vision as it is bundled with your dental coverage.

### Dental Plan Designs

IN-NETWORK/ OUT-OF-NETWORK	RETA DELTA DENTAL	KAISER OPTION	WDG OPTION Remove 4th Year Incentive w/Co-Pay Changes
<b>Annual Deductible (Individual)</b>	\$50 / \$75	None	None
<b>Annual Deductible (Family)</b>	\$150 / \$225	None	None
<b>Maximum</b>	\$2,000	None	None
<b>Preventive Services</b>	100 % ded. waived	100% \$5 office visit copay	\$10 office visits
<b>Basic Services</b>	90% / 80%	100%	Fillings not covered w/ office visit - now \$10 copay
<b>Major Services (Kaiser only perio/endodontics)</b>	60% / 50%	80%	Copay scale
<b>Prosthetics and Removable Prosthetics</b>	Covered in Major Services	60%	Covered in Major Services
<b>Orthodontia</b>	Yes	Yes	Yes
<b>Orthodontia Coverage</b>	50%	50%	Pre-treatment is a \$150 copay
<b>Orthodontia Maximum Lifetime</b>	\$1,500	\$1,500	\$2,000

### Vision Plan Design

BENEFIT & DESCRIPTION	COPAY
<b>WellVision Exam</b>	<b>\$10</b>
<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every 12 months</li> </ul>	
<b>Prescription Glasses</b>	<b>\$25</b>
<b>Frames</b>	Included in Prescription Glasses
<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> <li>Offered every 24 months</li> </ul>	
<b>Lenses</b>	Included in Prescription Glasses
<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Offered every 12 months</li> </ul>	
<b>Lenses Enhancements</b>	
<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Anti-reflective coating</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Offered every 12 months</li> </ul>	<b>\$40</b> <b>\$40</b> <b>\$40</b> <b>\$20</b>
<b>Contacts (instead of glasses)</b>	<b>Up to \$60</b>
<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	