



Dental & Vision Benefits

Rates Effective:
4/1/2021 - 3/31/2022

	MODA DENTAL	WILLAMETTE DENTAL	KAISER DENTAL
Calendar Year Deductible	\$50 Per Person	No Deductible	No Deductible
Max Calendar Year Benefit	\$2,000 Per Person	No Annual Maximum	No Annual Maximum
(Ded Waived for Preventive)	PPO - NON	\$10 Copay	\$10 Copay
Preventive Treatment	100% - 80%	100%	100%
Restorative	80% - 80%	100%	100%
Oral Surgery	80% - 80%	\$80 Copay	100%
Root Canal	80% - 80%	\$85 - \$140 Copay	50%
Crowns	50% - 50%	\$250 Copay	50%
Orthodontia (Adults and Children)	50% - 50% (\$2,000 Max)	\$1,500 Copay	50%
Implants	50% - 50% (\$2,000/Yr Max.)	\$1,500 Annual Benefit	Not Covered
Lifetime Max Ortho Benefit	\$2,000	None	\$2,000
Monthly Premiums	MODA DENTAL	WILLAMETTE DENTAL	KAISER DENTAL
Employee	\$61.93	\$54.59	\$65.89
Employee/Spouse	\$110.95	\$94.90	\$128.54
Employee/Child(ren)	\$140.04	\$118.20	\$127.29
Employee/Family	\$178.84	\$153.40	\$191.18

Any dental plan may be added to any medical plan. MODA dental and Willamette Dental can be purchased with or without VSP coverage.

March open enrollment is the only time a person can enroll in or terminate dental and vision coverage.

	VSP
Copay	With VSP Provider \$25 per person
Exams 1/12 mos.	No Charge **
Lenses 1/12 mos	No Charge **
Frames 1/12 mos	Standard Allowance
Contacts	Up to \$60 **
Contacts if Required	
Monthly Premiums	VSP
Employee	\$7.53
Employee/Spouse	\$10.60
Employee/Child(ren)	\$10.94
Employee/Family	\$17.62

** Frame allowance \$150-\$170. Lens allowance is for Single Vision and Standard Progressive lens. \$130 allowance for Contacts

A vision benefit is included with the Kaiser medical plan. VSP cannot be purchased alone, but can be added to either MODA or Willamette Dental.
This summary was designed for comparison purposes only. For detailed benefit summaries go to: www.aldrichadvisors.com/services/employee-benefits/mba