

2025 SAIF dental plan summaries

	Kaiser DHMO Plan		Kaiser Dental Choice PPO*		Delta Dental		Willamette Dental Group	
Premium rates	SAIF pays	Employee pays	SAIF pays	Employee pays	SAIF pays	Employee pays	SAIF pays	Employee pays
Employee	\$55.73	\$50.92	\$53.66	\$0	\$55.73	\$0	\$46.20	\$0
Employee + spouse/DP	\$110.29	\$100.83	\$107.32	\$0	\$110.29	\$0	\$91.45	\$0
Employee + child	\$114.76	\$104.93	\$96.64	\$0	\$114.76	\$0	\$95.10	\$0
Employee + family	\$174.92	\$159.91	\$160.98	\$0	\$174.92	\$0	\$145.00	\$0
ANNUAL DEDUCTIBLE								
	None		\$25 per individual \$75 per family/calendar year		\$25 per individual \$75 per family/calendar year		None	
ANNUAL BENEFIT MAXIMUM								
	None		\$2,000 per individual/calendar year		\$2,000 per individual/calendar year Preventive care services don't count towards the annual benefit maximum		None	
PREVENTIVE & DIAGNOSTIC SERVICES								
Examinations	100% after \$10 copay		100%		100% (once in any six-month period)		Paid at 100%, after \$15 copay	
Cleanings	100% after \$10 copay		100%		100% (once in any six-month period)		Paid at 100%, after \$15 copay	
X-rays	100% after \$10 copay		100%		100% (bitewing once in any 12- month period; full mouth once in any three-year period)		Paid at 100%, after \$15 copay	
Fluoride treatment	100% after \$10 copay		100%		100% (once every six months)		Paid at 100%, after \$15 copay	
RESTORATIVE								
Routine fillings	100% after \$10 copay		80%		80%		Paid at 100%, after \$15 copay	
Extractions	100% after \$10 copay		80%		80%		Paid at 100%, after \$15 copay	
Root canals	100% after \$10 copay		80%		80%		Paid at 100%, after \$30 copay	
Periodontal surgery	100% after \$10 copay		80%		80%		Paid at 100%, after \$30 copay	
Oral surgery	100% after \$10 copay		50%		80%		Paid at 100%, after \$15 copay	
MAJOR								
Crowns (gold/porcelain)	\$10 plus \$45/crown		50%		50%		Paid at 100%, after \$15 copay	
Bridges	\$10 plus \$45/bridge		50%		50%		Paid at 100%, after \$15 copay	
Dentures	\$10 plus \$95/partial denture; \$65/full denture; \$25/reline		50%		50% (once in any five-year period)		Paid at 100%, after \$15 copay	

DENTAL IMPLANTS				
	50% up to \$2,000 annual maximum implant benefit	50% up to \$2,000 annual maximum implant benefit	50%, included in the \$2,000 annual maximum benefit	Benefit maximum of \$1,500 per calendar year
ORTHODONTIA				
	50% of charges with no dollar maximum (children age 17 and younger) No ortho benefit for adults 18+	50% of charges with no dollar maximum (children age 17 and younger) No ortho benefit for adults 18+	50% Benefit amount of \$2,000 lifetime maximum per adult or child member	Pre-ortho treatment: \$150 copay (credited toward comprehensive ortho service) Comprehensive orthodontia treatment you pay \$2,000 copay per adult or child member

* If you use a non-participating provider, the co-insurance you pay will be at the same level as if you were using a participating provider. However, non-participating providers will be paid by Kaiser according to the fee schedule allowed for participating providers. As a member of this plan, you may be billed by the provider for the difference between the scheduled fee and the actual charge billed by the provider.

This is not an all-inclusive summary of SAIF's policies with these dental care providers. This is a summary only and does not fully describe your benefits coverage. Employees should call the dental care plan they are enrolled in for questions regarding personal dental needs. For provider numbers refer to the benefit carriers' phone directory on @SAIF.