We care about every customer

At Premera, the customer is at the center of all we do—that’s why we offer plans that help you diversify your benefit offerings all while giving your employees access to quality and affordable care.

For employers with 51+ employees*. Not available for OptiFlex groups.

* Some restrictions apply. Please consult your Premera representative or producer for details.
Why Willamette Dental, presented by Premera?

Healthcare works better when you offer your employees both dental and medical benefits from Premera. Plus, you both benefit from an easy, streamlined experience.

Pair our Willamette Dental plans with either a Premera medical or Premera dental plan—or both—and let your employees choose the dental plan that works best for them.

Employers get:

**Healthier, happier employees**
Oral health is the key to overall health. When your employees get the care they need for healthy smiles, they’ll be better prepared to meet the needs of your business.

**Administrative ease**
Simplify your work by dealing with one health plan for dental and medical administration and billing.

Employees get:

**Predictable out-of-pocket costs**
Our Willamette Dental plans offer your employees a dental plan with predictable out-of-pocket costs for covered dental services, including orthodontic care*. Members and their families will never be surprised by unknown costs.

**Proactive dental care**
Willamette Dental Group dentists work with every member to develop a personalized dental care plan. This promotes long-term dental health, rather than just addressing what is currently bothering the member.

**Dental coverage when needed, as often as needed**
Members will never exhaust their dental coverage and will never need to satisfy a deductible before they can receive benefits. Each of our Willamette Dental plans feature:

- No deductible
- No annual maximum
- No waiting periods

*Plus, orthodontic coverage is included for children and adults!*
Members have access to affordable orthodontic care at any age with predictable costs and no waiting periods or lifetime limits.

*Members are responsible for the general or orthodontics visit copay, plus any additional copays for fillings, porcelain-metal crowns, and more, received at same general or orthodontics visit.*
# Covered services for Willamette Dental plans

<table>
<thead>
<tr>
<th>GROUPS 51+*</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual maximum</strong></td>
<td>No annual maximum</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>No deductible</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Waiting periods</strong></td>
<td>No waiting periods</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>General or orthodontic office visit</strong></td>
<td>$25 copay</td>
<td>$20 copay</td>
<td>$15 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Diagnostic and preventive services</strong></td>
<td></td>
<td>Covered with office visit copay</td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Routine and emergency exams, x-rays, teeth cleaning, fluoride treatment, sealants, head and neck cancer screening, oral hygiene instruction, periodontal charting, periodontal evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restorative dentistry</strong></td>
<td>$35 copay</td>
<td>$30 copay</td>
<td>$25 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Fillings</td>
<td>$400 copay</td>
<td>$300 copay</td>
<td>$275 copay</td>
<td></td>
</tr>
<tr>
<td>Porcelain-metal crowns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prosthodontics</strong></td>
<td>$500 copay</td>
<td>$400 copay</td>
<td>$350 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Complete upper or lower denture</td>
<td>$400 copay</td>
<td>$300 copay</td>
<td>$275 copay</td>
<td></td>
</tr>
<tr>
<td>Bridge (per tooth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Endodontics and periodontics</strong></td>
<td>$200 copay</td>
<td>$150 copay</td>
<td>$125 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Root canal therapy – anterior</td>
<td>$275 copay</td>
<td>$225 copay</td>
<td>$200 copay</td>
<td></td>
</tr>
<tr>
<td>Root canal therapy – bicuspid</td>
<td>$350 copay</td>
<td>$300 copay</td>
<td>$275 copay</td>
<td></td>
</tr>
<tr>
<td>Root canal therapy – molar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osseous surgery (per quadrant)</td>
<td>$400 copay</td>
<td>$350 copay</td>
<td>$275 copay</td>
<td></td>
</tr>
<tr>
<td>Root planing (per quadrant)</td>
<td>$125 copay</td>
<td>$115 copay</td>
<td>$100 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Oral surgery</strong></td>
<td>$25 copay</td>
<td>$20 copay</td>
<td>$15 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Routine extraction (single tooth)</td>
<td>$200 – $300 copay</td>
<td>$175 – $275 copay</td>
<td>$150 – $250 copay</td>
<td></td>
</tr>
<tr>
<td>Surgical extraction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontia treatment</strong></td>
<td>$150 copay, applies to comprehensive treatment copay</td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Pre-treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive treatment</td>
<td>$2,800 copay</td>
<td>$2,500 copay</td>
<td>$2,200 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td>Covered with office visit copay</td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Local anesthesia, dental lab fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nitrous oxide</td>
<td>$40 copay</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Specialty office visit</td>
<td>$30 copay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency dental care</td>
<td>Member pays copay that normally applies to the service(s) provided</td>
<td></td>
<td></td>
<td>Member pays charges in excess of $100**</td>
</tr>
</tbody>
</table>

*Plans outlined are designed for groups with 51–299 employees. Custom plan designs may be available for groups with 100+ employees when additional claims information is provided.

**Out-of-network emergency benefit only applies if the member is 50 miles or more from a Willamette Dental Group office.
Network

Willamette Dental Group is the Northwest’s largest multi-specialty group dental practice. With more than 50 locations throughout the Pacific Northwest, your employees will most likely find a Willamette Dental Group office in their area.

Go to willamettedental.com to find dentists near you.

WASHINGTON
Bellevue
Bellingham
Everett
Federal Way
Kent
Longview
Lynnwood
Olympia
Pullman
Puyallup
Richland
Seattle (3)
Silverdale
Spokane (2)
Tacoma
Tumwater
Vancouver (2)
Yakima

OREGON
Albany
Beaverton
Bend
Corvallis
Eugene
Grants Pass
Gresham
Hillsboro
Lincoln City
Medford
Milwaukie
Portland (5)
Roseburg
Salem (2)
Springfield (2)
Tigard
Tillamook
Tualatin

IDAHO
Boise
Coeur d’Alene
Idaho Falls
Meridian
Twin Falls

Note: Out-of-network dentists are not covered.
FIND OUT MORE

Visit premera.com/wa/employer

Talk with your Premera representative or producer.

This brochure is not a contract. It is only a summary of the major benefits provided by these plans. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact your Premera representative or producer.