Highlights of your Dental Coverage

Effective Date: 01/01/2025

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

DENTAL PLAN	PC: WILLAMETTE DENTAL - $15 COPAY / $30 SPECIALIST	
	WILLAMETTE DENTAL NETWORK	**OUT-OF-NETWORK**
GENERAL COST SHARES		
Deductible (Individual/Family)	$0/$0	Not Covered
Office Visit	$15 Copay, applies to General and Orthodontic Office Visit	Not Covered
Maximum Per Year	No Annual Maximum	Not Covered
DIAGNOSTIC AND PREVENTIVE SERVICES		
Routine and Emergency Exams	Covered with Office Visit Copay	Not Covered
X-Rays	Covered with Office Visit Copay	Not Covered
Teeth Cleaning	Covered with Office Visit Copay	Not Covered
Fluoride Treatment	Covered with Office Visit Copay	Not Covered
Sealants	Covered with Office Visit Copay	Not Covered
Head and Neck Cancer Screening	Covered with Office Visit Copay	Not Covered
Oral Hygiene Instruction	Covered with Office Visit Copay	Not Covered
Periodontal Charting	Covered with Office Visit Copay	Not Covered
Periodontal Evaluation	Covered with Office Visit Copay	Not Covered
RESTORATIVE DENTISTRY		
Fillings	$25 Copay	Not Covered
Porcelain-Metal Crown	$275 Copay	Not Covered
PROSTHODONTICS		
Complete Upper or Lower Denture	$350 Copay	Not Covered
Bridge (per Tooth)	$275 Copay	Not Covered
ENDODONTICS AND PERIODONTICS		
Root Canal Therapy - Anterior	$125 Copay	Not Covered
Root Canal Therapy - Bicuspid	$200 Copay	Not Covered
Root Canal Therapy - Molar	$275 Copay	Not Covered

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Highlights of your Dental Coverage

Effective Date: 01/01/2025

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

DENTAL PLAN	**PC: WILLAMETTE DENTAL - $15 COPAY / $30 SPECIALIST**	
	WILLAMETTE DENTAL NETWORK	**OUT-OF-NETWORK**
Osseous Surgery (per Quadrant)	$275 Copay	Not Covered
Root Planing (per Quadrant)	$100 Copay	Not Covered
ORAL SURGERY		
Routine Extraction (Single Tooth)	$15 Copay	Not Covered
Surgical Extraction	$150 - $250 Copay	Not Covered
IMPLANTS		
Implant Surgery (1 Implant PCY; $1500 Implant Annual Max)	$0 Copay	Not Covered
ORTHODONTIA TREATMENT		
Pre-Treatment	$150 Copay, applies to Comprehensive Treatment	Not Covered
Comprehensive Treatment	$2,200 Copay	Not Covered
MISCELLANEOUS		
Local Anesthesia	Covered with Office Visit Copay	Not Covered
Dental Lab Fees	Covered with Office Visit Copay	Not Covered
Nitrous Oxide	$40 Copay	Not Covered
Specialty Office Visit	$30 Copay	Not Covered
Emergency Dental Care	Member pays copays that normally apply to the services provided	If out of area, you pay charges in excess of $100 *

This is not a complete explanation of covered services, exclusions, limitations, reductions, or the terms under which the program may be continued in force. This benefit highlight is not a contract. Applicable frequency and benefit limits are prescribed by a Willamette Dental Group provider. For full coverage provisions, including a description of waiting periods, limitations and exclusions, please contact Customer Service at Willamette Dental Group.

For Willamette Dental locations near you, please see the provider finder tool at: **https://locations.willamettedental.com/**

To schedule an appointment, and to learn more about your benefits, please call: **1.855.4DENTAL (1-855-433-6825)**

**Out of area emergency benefit only applies if you are 50 miles or more from a Willamette Dental Group office.*

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Notice of availability and nondiscrimination **800-722-1471 | TTY: 711**

Call for free language assistance services and appropriate auxiliary aids and services.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Зверніться за безкоштовною мовною підтримкою та відповідними додатковими послугами.
សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ መሳሪያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር
Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.
મુફત ભાષા સહાયિતા સેવાઓ અને ઉચિત સહાયિક ચીજો અને સેવાઓ વાસતે કાલ કરો।
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

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