

Highlights of your Dental Coverage

Effective Date: 01/01/2024

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

DENTAL PLAN		PREFERRED CHOICE WILLAMETTE DENTAL - \$25 COPAY / \$30 SPECIALIST	
	WILLAMETTE DENTAL NETWORK	OUT-OF-NETWORK	
GENERAL COST SHARES			
Deductible (Individual/Family)	\$0/\$0	Not Covered	
Office Visit	\$25 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	\$35 Copay	Not Covered	
Porcelain-Metal Crown	\$400 Copay	Not Covered	
PROSTHODONTICS			
Complete Upper or Lower Denture	\$500 Copay	Not Covered	
Bridge (per Tooth)	\$400 Copay	Not Covered	
ENDODONTICS AND PERIODONTICS			
Root Canal Therapy - Anterior	\$200 Copay	Not Covered	
Root Canal Therapy - Bicuspid	\$275 Copay	Not Covered	

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PREFERRED CHOICE WILLAMETTE DENTAL - \$25 COPAY / \$30 SPECIALIST		
	WILLAMETTE DENTAL NETWORK	OUT-OF-NETWORK
Root Canal Therapy - Molar	\$350 Copay	Not Covered
Osseous Surgery (per Quadrant)	\$400 Copay	Not Covered
Root Planing (per Quadrant)	\$125 Copay	Not Covered
ORAL SURGERY		
Routine Extraction (Single Tooth)	\$25 Copay	Not Covered
Surgical Extraction	\$200 - \$300 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	\$2,800 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.

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, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the 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, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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>.

Language Assistance

- ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).
- 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。
- CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).
- 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.
- ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).
- PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).
- УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).
- ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។
- 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。
- ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)።
- XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).
- ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).
- ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
- ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).
- ໂປດອຸບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).
- ATANSYON:** Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).
- ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).
- UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).
- ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).
- ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.