

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 - \$20 COPAY / \$30 SPECIALIST		
	WILLAMETTE DENTAL NETWORK	OUT-OF-NETWORK
GENERAL COST SHARES		
Deductible (Individual/Family)	\$0/\$0	Not Covered
Office Visit	\$20 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	\$30 Copay	Not Covered
Porcelain-Metal Crown	\$300 Copay	Not Covered
PROSTHODONTICS		
Complete Upper or Lower Denture	\$400 Copay	Not Covered
Bridge (per Tooth)	\$300 Copay	Not Covered
ENDODONTICS AND PERIODONTICS		
Root Canal Therapy - Anterior	\$150 Copay	Not Covered
Root Canal Therapy - Bicuspid	\$225 Copay	Not Covered

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	WILLAMETTE DENTAL NETWORK	OUT-OF-NETWORK
Root Canal Therapy - Molar	\$300 Copay	Not Covered
Osseous Surgery (per Quadrant)	\$350 Copay	Not Covered
Root Planing (per Quadrant)	\$115 Copay	Not Covered
ORAL SURGERY		
Routine Extraction (Single Tooth)	\$20 Copay	Not Covered
Surgical Extraction	\$175 - \$275 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	\$2,500 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.

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.

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាផ្សេងៗ ដើម្បីជួយចំណាត់ថ្នាក់ដល់សមាស្ស័យផ្សេងៗ។

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 ሙሴያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໃຫ້ເພື່ອນບໍລິການພິການຊ່ວຍເຫຼືອດ້ານພາສາ 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.

Zadzwonń, 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.

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