

# Highlights of your Dental Coverage

**Effective Date: 01/01/2025**

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

<b>DENTAL PLAN</b>		<b>PC: WILLAMETTE DENTAL - \$20 COPAY / \$30 SPECIALIST</b>	
	<b>WILLAMETTE DENTAL NETWORK</b>	<b>OUT-OF-NETWORK</b>	
<b>GENERAL COST SHARES</b>			
<b>Deductible (Individual/Family)</b>	\$0/\$0	Not Covered	
<b>Office Visit</b>	\$20 Copay, applies to General and Orthodontic Office Visit	Not Covered	
<b>Maximum Per Year</b>	No Annual Maximum	Not Covered	
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>			
<b>Routine and Emergency Exams</b>	Covered with Office Visit Copay	Not Covered	
<b>X-Rays</b>	Covered with Office Visit Copay	Not Covered	
<b>Teeth Cleaning</b>	Covered with Office Visit Copay	Not Covered	
<b>Fluoride Treatment</b>	Covered with Office Visit Copay	Not Covered	
<b>Sealants</b>	Covered with Office Visit Copay	Not Covered	
<b>Head and Neck Cancer Screening</b>	Covered with Office Visit Copay	Not Covered	
<b>Oral Hygiene Instruction</b>	Covered with Office Visit Copay	Not Covered	
<b>Periodontal Charting</b>	Covered with Office Visit Copay	Not Covered	
<b>Periodontal Evaluation</b>	Covered with Office Visit Copay	Not Covered	
<b>RESTORATIVE DENTISTRY</b>			
<b>Fillings</b>	\$30 Copay	Not Covered	
<b>Porcelain-Metal Crown</b>	\$300 Copay	Not Covered	
<b>PROSTHODONTICS</b>			
<b>Complete Upper or Lower Denture</b>	\$400 Copay	Not Covered	
<b>Bridge (per Tooth)</b>	\$300 Copay	Not Covered	
<b>ENDODONTICS AND PERIODONTICS</b>			
<b>Root Canal Therapy - Anterior</b>	\$150 Copay	Not Covered	
<b>Root Canal Therapy - Bicuspid</b>	\$225 Copay	Not Covered	
<b>Root Canal Therapy - Molar</b>	\$300 Copay	Not Covered	

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	<b>WILLAMETTE DENTAL NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Osseous Surgery (per Quadrant)</b>	\$350 Copay	Not Covered
<b>Root Planing (per Quadrant)</b>	\$115 Copay	Not Covered
<b>ORAL SURGERY</b>		
<b>Routine Extraction (Single Tooth)</b>	\$20 Copay	Not Covered
<b>Surgical Extraction</b>	\$175 - \$275 Copay	Not Covered
<b>IMPLANTS</b>		
<b>Implant Surgery (1 Implant PCY; \$1500 Implant Annual Max)</b>	\$0 Copay	Not Covered
<b>ORTHODONTIA TREATMENT</b>		
<b>Pre-Treatment</b>	\$150 Copay, applies to Comprehensive Treatment	Not Covered
<b>Comprehensive Treatment</b>	\$2,500 Copay	Not Covered
<b>MISCELLANEOUS</b>		
<b>Local Anesthesia</b>	Covered with Office Visit Copay	Not Covered
<b>Dental Lab Fees</b>	Covered with Office Visit Copay	Not Covered
<b>Nitrous Oxide</b>	\$40 Copay	Not Covered
<b>Specialty Office Visit</b>	\$30 Copay	Not Covered
<b>Emergency Dental Care</b>	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](mailto: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:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 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 ሊያገዝዎት 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).

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**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).

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