

SUMMARY OF BENEFITS

Association of Washington Cities - Plan 1 – SW12– 1/1/2024



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay \$10 per Visit
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown**	Covered with the Office Visit Copay
PROSTHODONTICS	
Complete Upper or Lower Denture**	Covered with the Office Visit Copay
Bridge (per Tooth)	Covered with the Office Visit Copay
ENDODONTICS & PERIODONTICS	
Root Canal Therapy - Anterior	Covered with the Office Visit Copay
Root Canal Therapy - Bicuspid	Covered with the Office Visit Copay
Root Canal Therapy - Molar	Covered with the Office Visit Copay
Osseous Surgery (per Quadrant)	Covered with the Office Visit Copay
Root Planing (per Quadrant)	Covered with the Office Visit Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	Covered with the Office Visit Copay
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	You Pay a \$150 Copay***
Comprehensive Orthodontia Treatment	You Pay a \$1,000 Copay
DENTAL IMPLANTS	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
MISCELLANEOUS	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You Pay a \$10 Copay
Specialty Office Visit	You Pay \$30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

*Benefits for TMJ, implant surgery, and orthognathic surgery have a benefit maximum, if covered. **Benefit applies to only natural tooth structure supported crowns, bridges, and dentures. Dental implant-supported crowns, bridges, and dentures are not a covered benefit. ***Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Presented are just some of the most common procedures covered in this plan. The final contract will govern. Benefits are provided through a self-funded dental plan sponsored and maintained by the plan sponsor, with certain administrative services provided by Willamette Dental of Washington, Inc. and dental care provided by Willamette Dental Group, p.C.

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