

# SUMMARY OF BENEFITS

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



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay \$15 per Visit
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b>	
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
<b>RESTORATIVE DENTISTRY</b>	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	You Pay a \$200 Copay**
<b>PROSTHODONTICS</b>	
Complete Upper or Lower Denture	You Pay a \$300 Copay**
Bridge (per Tooth)	You Pay a \$200 Copay**
<b>ENDODONTICS &amp; PERIODONTICS</b>	
Root Canal Therapy - Anterior	You Pay a \$75 Copay
Root Canal Therapy - Bicuspid	You Pay a \$100 Copay
Root Canal Therapy - Molar	You Pay a \$125 Copay
Osseous Surgery (per Quadrant)	You Pay a \$150 Copay
Root Planing (per Quadrant)	You Pay a \$60 Copay
<b>ORAL SURGERY</b>	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You Pay a \$80 Copay
<b>ORTHODONTIA TREATMENT</b>	
Pre-Orthodontia Treatment	You Pay a \$150 Copay***
Comprehensive Orthodontia Treatment	You Pay a \$2,000 Copay
<b>DENTAL IMPLANTS</b>	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
<b>MISCELLANEOUS</b>	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You Pay a \$20 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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