

SUMMARY OF BENEFITS

MultiCare Health System - SW11 - Plan ID: MCHS - 1/1/2024



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay \$20 per Visit ¹
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	You Pay a \$5 Copay
Porcelain-Metal Crown	You Pay a \$350 Copay
PROSTHODONTICS	
Complete Upper or Lower Denture	You Pay a \$350 Copay
Bridge (per Tooth)	You Pay a \$350 Copay
ENDODONTICS & PERIODONTICS	
Root Canal Therapy - Anterior / Bicuspid / Molar	You Pay a \$100 / \$175 / \$225 Copay
Osseous Surgery (per Quadrant)	You Pay a \$250 Copay
Root Planing (per Quadrant)	You Pay a \$85 Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	You Pay a \$10 Copay
Surgical Extraction	You Pay a \$120 Copay
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	You Pay a \$150 Copay ²
Comprehensive Orthodontia Treatment	You Pay a \$2,000 Copay
MISCELLANEOUS	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You Pay a \$40 Copay
Specialty Office Visit	You pay \$30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

¹An office visit copayment applies at each visit, in addition to any copayments for services. ²Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Presented are 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.