# **Summary of Benefits**

## 🔆 Willamette Dental

Association of Washington Cities – Retiree Plan – SW12 – 1/1/2025

Annual Maximum   No Annual Maximum*     Deductible   No Deductible     General & Otho Office Visit   You Pay \$15 per Visit     DIAGNOSTIC & PREVENTIVE SERVICES   Covered with the Office Visit Copay     X-rays   Covered with the Office Visit Copay     X-rays   Covered with the Office Visit Copay     Feeth Cleaning   Covered with the Office Visit Copay     Sealants (per Tooth)   Covered with the Office Visit Copay     Sealants (per Tooth)   Covered with the Office Visit Copay     Oral Hygiene Instruction   Covered with the Office Visit Copay     Oral Hygiene Instruction   Covered with the Office Visit Copay     Periodontal Evaluation   You Pay a \$200 Copay**     PROSTHODONTICS   Covered With the Office Visit Copay	COVERED BENEFITS	COPAYS
General & Ortho Office Visit You Pay \$I5 per Visit   DIADNOSTIC & PREVENTIVE SERVICES Covered with the Office Visit Copay   Arrays Covered with the Office Visit Copay   Teeth Cleaning Covered with the Office Visit Copay   Fluoride Treatment Covered with the Office Visit Copay   Bealants (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 Evaluation Covered with the Office Visit Copay   PROSTHODONTICS Covered with the Office Visit Copay   Procelain-Metal Crown You Pay a \$200 Copay**   PROSTHODONTICS Periodontics   Cond Therapy + Anterior You Pay a \$200 Copay**   Root Canal Therapy + Molar You Pay a \$100 Copay   Root Canal Therapy + Molar You Pay a \$100 Copay   Root Canal Therapy + Molar You Pay a \$100 Copay   Root Canal Therapy + Molar You Pay a \$100 Copay   Root Canal Therapy + Molar You Pay a \$100 Copay   Root Canal Therapy + Molar You Pay a \$100 Copay		No Annual Maximum*
DIAGNOSTIC & PREVENTIVE SERVICES       Routine & Emergency Exams     Covered with the Office Visit Copay       X-rays     Covered with the Office Visit Copay       Fluoride Treatment     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       Periodontal Evaluation     Covered with the Office Visit Copay       Periodontal Evaluation     Covered with the Office Visit Copay       RestORATIVE DENTISTRY     Fillings       Fillings     Covered with the Office Visit Copay       Porcelain-Metal Crown     You Pay a \$300 Copay**       PROSTHODONTICS     Complete Upper or Lower Denture       Nou Pay a \$300 Copay     Seato Canal Therapy & Bicupid       Not Canal Therapy & Bicupid     You Pay a \$150 Copay       Root Canal Therapy & Bicupid     You Pay a \$150 Copay       Root Canal Therapy & Molar     You	Deductible	No Deductible
Diagnostic & PREVENTIVE SERVICES       Routine & Emergency Exams     Covered with the Office Visit Copay       X-rays     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       RestORATION     You Pay a \$300 Copay**       PROSTHODONTICS     Complete Upper or Lower Denture       Vau Pay a \$100 Copay     Root Canal Therapy - Molar	General & Ortho Office Visit	You Pay \$15 per Visit
X-rays   Covered with the Office Visit Copay     Testh 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     FROSTHODONTICS   Covered with the Office Visit Copay     RestorATIVE Dept or Lower Denture   You Pay a \$200 Copay**     PROSTHODONTICS   Porcelain-Metal Crown     Rot Canal Therapy - Anterior   You Pay a \$75 Copay     Root Canal Therapy - Anterior   You Pay a \$125 Copay     Osseous Surgery (per Quadrant)   You Pay a \$125 Copay     Root Canal Therapy - Molar   You Pay a \$125 Copay     Osseous Surgery (per Quadrant)   You Pay a \$125 Copay     Root Canal Therapy - Molar   You Pay a \$125 Copay     Osseous Surgery (per Quadrant)   You Pay a \$125 Copay     Root Canal Therapy - Molar   You Pay a \$125 Copay     Oral Inth	DIAGNOSTIC & PREVENTIVE SERVICES	
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 Evaluation   Covered with the Office Visit Copay     Procelain-Metal Crown   You Pay a \$200 Copay**     PROSTHODONTICS   ENDODONTICS     Canal Therapy - Anterior   You Pay a \$75 Copay     Root Canal Therapy - Anterior   You Pay a \$125 Copay     Osseous Surgery (per Quadrant)   You Pay a \$125 Copay     Root Canal Therapy - Molar   You Pay a \$125 C	Routine & Emergency Exams	Covered with the Office Visit Copay
Fluoride Treatment   Covered with the Office Visit Copay     Seatants (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 Evaluation   Covered with the Office Visit Copay     Procelain-Metal Crown   You Pay a \$200 Copay**     PROSTHODONTICS   ENDODONTICS     Complete Upper or Lower Denture   You Pay a \$200 Copay**     ENDODONTICS & PERIODONTICS   ENDODONTICS     Root Canal Therapy - Alterior   You Pay a \$150 Copay     Root Canal Therapy - Molar   You Pay a \$150 Copay     Root Canal Therapy - Molar   You Pay a \$150 Copay     Root Planing (per Quadrant)   You Pay a \$80 Copay     Oscous Surgery (per Quadrant)   You Pay a \$150 Copay     ORTHODONTIA TREATMENT   Pre-Orthodontia Treatment		Covered with the Office Visit Copay
Seciants (per Tooth)Covered with the Office Visit CopayHead and Neck Cancer ScreeningCovered with the Office Visit CopayOrd Hygiene InstructionCovered with the Office Visit CopayPeriodontal ChartingCovered with the Office Visit CopayPeriodontal EvaluationCovered with the Office Visit CopayRESTORATIVE DENTISTRYFillingsFillingsCovered with the Office Visit CopayParcelolin-Metal CrownYou Pay a \$200 Copay**PROSTHODONTICSCovered with the Office Visit CopayComplete Upper or Lower DentureYou Pay a \$200 Copay**ENDODONTICS & Control (Second)You Pay a \$200 Copay**Root Canal Therapy - AnteriorYou Pay a \$75 CopayRoot Canal Therapy - MolarYou Pay a \$100 CopayRoot Canal Therapy - MolarYou Pay a \$150 CopayRoot Planing (per Quadrant)You Pay a \$150 CopayRoot Rotal Inferapy - MolarYou Pay a \$150 CopayRoat SurgeryCovered with the Office Visit CopayRoot Canal Therapy - MolarYou Pay a \$150 CopayRoot Canal Therapy - MolarYou Pay a \$150 CopayRoot Canal Therapy - MolarYou Pay a \$150 CopayRoot Canal Therapy - MolarYou Pay a \$200 CopayRoot Canal Therapy - MolarYou Pay a \$150 CopayRoot Canal Therapy - MolarYou Pay a \$200 Copay	Teeth Cleaning	Covered with the Office Visit Copay
Head and Neck Cancer ScreeningCovered with the Office Visit CopayOral Hygiene InstructionCovered with the Office Visit CopayPeriodontal ChartingCovered with the Office Visit CopayPeriodontal EvaluationCovered with the Office Visit CopayRestorRATIVE DENTISTRYFillingsFillingsCovered with the Office Visit CopayPorcelain-Metal CrownYou Pay a \$200 Copay**PROSTHODONTICSCovered with the Office Visit CopayComplete Upper or Lower DentureYou Pay a \$300 Copay**ENDODONTICSCovered with the Office Visit CopayRoot Canal Therapy - AnteriorYou Pay a \$75 CopayRoot Canal Therapy - AnteriorYou Pay a \$100 CopayRoot Canal Therapy - MolarYou Pay a \$150 CopayRoot Canal Therapy - MolarYou Pay a \$150 CopayRoot Canal Therapy - MolarYou Pay a \$200 Copay**Complete Extraction (Single Tooth)Covered with the Office Visit CopayStardationYou Pay a \$150 CopayRoot Canal Therapy - MolarYou Pay a \$150 CopayOral ExtractionYou Pay a \$150 Copay**Comprehensive Orthodontia TreatmentYou Pay a \$150 Copay***Comprehensive Orthodontia TreatmentYou Pay a \$150 CopayDental Implant SurgeryImplant benefit maximum of \$1,500 per calendar yearMISCELLANEOUSLocal AnesthesiaLocal AnesthesiaCovered with the Office Visit CopayDental Implant SergeryYou Pay a \$20 CopayNitrous OxideYou Pay a \$20 CopaySpecialty Office VisitYou Pay a \$20 Copay <td>Fluoride Treatment</td> <td>Covered with the Office Visit Copay</td>	Fluoride Treatment	Covered with the Office Visit Copay
Oral Hygiene InstructionCovered with the Office Visit CopayPeriodontal ChartingCovered with the Office Visit CopayPeriodontal EvaluationCovered with the Office Visit Copay <b>RESTORATIVE DENTISTRY</b> FillingsForcelain-Metal CrownYou Pay a \$200 Copay** <b>PROSTHODONTICS</b> You Pay a \$200 Copay**Bridge (per Tooth)You Pay a \$200 Copay** <b>ENDODONTICS &amp; FERIODONTICS</b> Rest CopayRoot Canal Therapy - AnteriorYou Pay a \$200 Copay**Root Canal Therapy - AnteriorYou Pay a \$100 CopayRoot Canal Therapy - MolarYou Pay a \$100 CopayRoot Canal Therapy (per Quadrant)You Pay a \$100 CopayRoot Canal Therapy (per Quadrant)You Pay a \$100 CopayRoot Surgery (per Quadrant)You Pay a \$100 CopayRoot Interestruction (Single Tooth)Covered with the Office Visit CopaySurgical ExtractionYou Pay a \$100 CopayORTHODONTIA TREATMENTYou Pay a \$150 Copay***Pre-Orthodontia TreatmentYou Pay a \$150 CopayDental Implant SurgeryImplant benefit maximum of \$1,500 per calendar yearMISCELLANEOUSLocal AnesthesiaLocal AnesthesiaCovered with the Office Visit CopayDental Lab FeesCovered with the Office Visit CopayNitrous OxideYou Pay a \$20 CopaySpecialty Office VisitYou Pay a \$20 Copay	Sealants (per Tooth)	Covered with the Office Visit Copay
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Periodontal Evaluation   Covered with the Office Visit Copay     RESTORATIVE DENTISTRY   Fillings     Fillings   Covered with the Office Visit Copay     Procelain-Metal Crown   You Pay a \$200 Copay**     PROSTHODONTICS   Complete Upper or Lower Denture     Stridge (per Tooth)   You Pay a \$200 Copay**     ENDODONTICS & PERIODONTICS   Foot Canal Therapy - Anterior     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 \$100 Copay     Root Canal Therapy - Molar   You Pay a \$150 Copay     Osceus Surgery (per Quadrant)   You Pay a \$150 Copay     Osceus Surgery (per Quadrant)   You Pay a \$150 Copay     OrAL SURGERY   Routine Extraction (Single Tooth)     Surgical Extraction (Single Tooth)   Covered with the Office Visit Copay     ORTHODONTIA TREATMENT   Pre-Orthodontia Treatment     Pre-Orthodontia Treatment   You Pay a \$150 Copay***     Comprehensive Orthodontia Treatment   You Pay a \$150 Copay     Dental Implant Surgery   Implant benefit maximum of \$1,500 per calendar year     MISCELLANEOUS   Local Anesthesia     Local Anesthesia <t< td=""><td>Oral Hygiene Instruction</td><td>Covered with the Office Visit Copay</td></t<>	Oral Hygiene Instruction	Covered with the Office Visit Copay
RESTORATIVE DENTISTRYFillingsCovered with the Office Visit CopayPorcelain-Metal CrownYou Pay a \$200 Copay**PROSTHODONTICSComplete Upper or Lower DentureYou Pay a \$300 Copay**Bridge (per Tooth)Bridge (per Tooth)You Pay a \$200 Copay**ENDODONTICS & PERIODONTICSRoot Canal Therapy - AnteriorRoot Canal Therapy - AnteriorYou Pay a \$100 CopayRoot Canal Therapy - BicuspidYou Pay a \$100 CopayRoot Canal Therapy - MolarYou Pay a \$100 CopayOsseous Surgery (per Quadrant)You Pay a \$150 CopayOsta Canal Therapy - MolarYou Pay a \$150 CopayOsta Canal Therapy - MolarYou Pay a \$150 CopayOsta Canal Therapy - MolarYou Pay a \$150 CopayRoot Canal Therapy - MolarYou Pay a \$150 CopayOsseous Surgery (per Quadrant)You Pay a \$80 CopayORAL SURGERYSurgical Extraction (Single Tooth)Covered with the Office Visit CopaySurgical ExtractionORTHODONTIA TREATMENTYou Pay a \$150 Copay***Pre-Orthodontia TreatmentYou Pay a \$150 Copay***Comprehensive Orthodontia TreatmentYou Pay a \$150 CopayDental Implant SurgeryImplant benefit maximum of \$1,500 per calendar yearMISCELLANEOUSLocal AnesthesiaLocal AnesthesiaCovered with the Office Visit CopayNitrous OxideYou Pay a \$20 CopaySpecialty Office VisitYou Pay a \$20 Copay	Periodontal Charting	Covered with the Office Visit Copay
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PROSTHODONTICS     Complete Upper or Lower Denture   You Pay a \$300 Copay**     Bridge (per Tooth)   You Pay a \$200 Copay**     ENDODONTICS & PERIODONTICS   Root Canal Therapy - Anterior     Root Canal Therapy - Anterior   You Pay a \$75 Copay     Root Canal Therapy - Anterior   You Pay a \$100 Copay     Root Canal Therapy - Molar   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 \$160 Copay     ORAL SURGERY   Routine Extraction (Single Tooth)     Routine Extraction (Single Tooth)   Covered with the Office Visit Copay     Surgical Extraction   You Pay a \$150 Copay***     Comprehensive Orthodontia Treatment   You Pay a \$150 Copay     Pre-Orthodontia Treatment   You Pay a \$150 Copay     Dental Implant Surgery   Implant benefit maximum of \$1,500 per calendar year     MISCELLANEOUS   Local Anesthesia     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 a \$20 Copay	Fillings	Covered with the Office Visit Copay
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Dental Implant SurgeryImplant benefit maximum of \$1,500 per calendar yearMISCELLANEOUSLocal AnesthesiaCovered with the Office Visit CopayDental Lab FeesCovered with the Office Visit CopayNitrous OxideYou Pay a \$20 CopaySpecialty Office VisitYou Pay \$30 per Visit	Comprehensive Orthodontia Treatment	You Pay a \$2,000 Copay
MISCELLANEOUSLocal AnesthesiaCovered with the Office Visit CopayDental Lab FeesCovered with the Office Visit CopayNitrous OxideYou Pay a \$20 CopaySpecialty Office VisitYou Pay \$30 per Visit	DENTAL IMPLANTS	
Local AnesthesiaCovered with the Office Visit CopayDental Lab FeesCovered with the Office Visit CopayNitrous OxideYou Pay a \$20 CopaySpecialty Office VisitYou Pay \$30 per Visit	Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
Dental Lab FeesCovered with the Office Visit CopayNitrous OxideYou Pay a \$20 CopaySpecialty Office VisitYou Pay \$30 per Visit	MISCELLANEOUS	
Nitrous OxideYou Pay a \$20 CopaySpecialty Office VisitYou Pay \$30 per Visit	Local Anesthesia	Covered with the Office Visit Copay
Specialty Office Visit You Pay \$30 per Visit	Dental Lab Fees	Covered with the Office Visit Copay
	Nitrous Oxide	You Pay a \$20 Copay
Out of Area Emergency Care Reimbursement You pay charges in excess of \$100	Specialty Office Visit	You Pay \$30 per Visit
	Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

\*Benefits for implant surgery have a benefit maximum, if covered. \*\*Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. \*\*\*Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

#### Underwritten by Willamette Dental Insurance, Inc.

Presented are just some of the most common procedures covered in your plan. The certificate of coverage contains a complete description of covered benefits and copays.

### Exclusions and Limitations



This is only a summary. The certificate of coverage contains a complete description of the limitations and exclusions.

#### **EXCLUSIONS**

- Bone grafting.
- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services initiated prior to the effective date of coverage.
- Cone beam CT X-rays and tomographic surveys.
- Dental implant-supported prosthetics or abutment-supported prosthetics (crowns, bridges, and dentures).
- A dental implant surgically placed prior to the member's effective date of coverage that has not received final restoration or a dental implant for treatment of a primary or transitional dentition.
- Endodontic services, prosthetic services, and implants that were provided prior to the effective date of coverage.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Eposteal, transosteal, endodontic endosseous, or mini dental implants.
- Exams or consultations needed solely in connection with a service not listed as covered.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- General anesthesia or moderate sedation.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant started or placed by a nonparticipating provider without

a referral from a Willamette Dental Group P.C. provider.

- Maintenance, repair, replacement, or completion of an existing implant started or placed prior to the member's effective date of coverage.
- Nightguards.
- Orthognathic surgery.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group P.C. dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders.
- Services for the treatment of an injury or disease that is covered under workers' compensation or that are an employer's responsibility.
- Services for treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for treatment of intentionally self-inflicted injuries.
- Services for which coverage is available under any federal, state, or other governmental program, unless required by law.

- Services not listed as covered in the contract.
- Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

### LIMITATIONS

- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group P.C. dentist is covered.
- Services listed in the contract, which are provided to correct congenital or developmental malformations of the teeth and supporting structure will be covered if primarily for the purpose of controlling or eliminating infection, controlling or eliminating pain, or restoring function.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group P.C. dentist.
- When the initial root canal therapy was performed by a Willamette Dental Group dentist, the retreatment of such root canal therapy will be covered as part of the initial treatment for the first 24 months. When the initial root canal therapy was performed by a nonparticipating provider, the retreatment of such root canal therapy by a Willamette Dental Group P.C. dentist will be subject to the applicable copays.
- The services provided by a dentist in a hospital setting are covered if: a hospital or similar setting is medically necessary; the services are authorized in writing by a Willamette Dental Group P.C. dentist; the services provided are the same services that would be provided in a dental office; and applicable copays are paid.
- The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.