## **Summary of Benefits**



OREGON EDUCATORS BENEFITS BOARD - OR91 - 10/1/2025

Annual maximum No annual maximum'   Deductible No deductible   General & ortho office visit Yau pay \$20 per visit <sup>2</sup> DIAGNOSTIC & PREVENTIVE SERVICES Covered with the office visit copay   X-rays Covered with the office visit copay   Teeth cleaning 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   Periadontal charting & evoluation Covered with the office visit copay   Oral hygiene instruction Covered with the office visit copay   Periadontal charting & evoluation Covered with the office visit copay   Periadontal charting & evoluation Covered with the office visit copay   Porcelain-metal crown You pay a \$250 copay <sup>3</sup> PROSTHODONTICS ENDODONTICS   Complete upper or lower denture You pay a \$50 copay   Root canal therapy - naterior You pay a \$50 copay   Root canal therapy - naterior You pay a \$50 copay   Root canal therapy - molar You pay a \$50 copay   Orsel with the office visit copay Covered with the office visit copay   Orsel waint (per quadrant) Covered with the office visit copay   Root canal therapy - molar You pay a \$50	COVERED BENEFITS	COPAYS
General & ortho office visit You pay \$20 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 & evaluation Covered with the office visit copay   RestORATIVE DENTISTRY Fillings   Fillings Covered with the office visit copay   Porcelain-metal arown You pay a \$100 copay <sup>3</sup> PROSTHODONTICS Vou pay a \$100 copay <sup>3</sup> Bridge (per tooth) You pay a \$50 copay   Root canal therapy - noterior You pay a \$50 copay   Root canal therapy - molar You pay a \$50 copay   ORAL SURGERY Covered with the office visit copay   Root conal therapy - molar You pay a \$50 copay   ORAL SURGERY Covered with the office visit copay   Root conal therapy - molar You pay a \$50 copay   ORAL SURGERY Covered with the office visit copay   Root conal therapy - molar You pay a \$	Annual maximum	No annual maximum <sup>1</sup>
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       Seclants (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 charting & evaluation     Covered with the office visit copay       RESTORATIVE DENTISTRY     Fillings       Forcelain-metal crown     You pay a \$250 copay <sup>3</sup> PROSTHODONTICS     Covered with the office visit copay       Complete upper or lower denture     You pay a \$50 copay <sup>3</sup> Roat canal therapy - anterior     You pay a \$50 copay       Root canal therapy - molar     You pay a \$50 copay       Root canal therapy - molar     You pay a \$50 copay       Roat game extraction     You pay a \$50 copay       Roat canal therapy - molar     You pay a \$50 copay       Roat canal therapy - molar     You pay a \$50 copay       Roat canal therapy - molar     You pay a \$50 copay <	Deductible	No deductible
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 & evaluation     Covered with the office visit copay       RESTORATIVE DENTISTRY     Fillings       Procelain-metal crown     You pay a \$250 copay <sup>3</sup> PROSTHODONTICS     Covered with the office visit copay       Complete upper or lower denture     You pay a \$250 copay <sup>3</sup> PROSTHODONTICS     FILODONTICS & FRIODONTICS       Root canal therapy - nolar     You pay a \$50 copay       Root canal therapy - molar     You pay a \$50 copay       Root canal therapy - molar     You pay a \$50 copay       Root canal therapy - molar     You pay a \$50 copay       Root canal therapy - molar     You pay a \$50 copay       Root canal therapy - molar     You pay a \$50 copay <	General & ortho office visit	You pay \$20 per visit <sup>2</sup>
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 & evaluation   Covered with the office visit copay     RESTORATIVE DENTISTRY   Fillings     FORSTHODONTICS   Covered with the office visit copay     Porcelain-metal crown   You pay a \$250 copay <sup>3</sup> PROSTHODONTICS   Porcelain-metal crown     Complete upper or lower denture   You pay a \$250 copay <sup>3</sup> PROSTHODONTICS   Porcelain-metal crown     Root canal therapy - anterior   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   Covered with the office visit copay     Root planing (per quadrant)   Covered with the office visit copay     Root planing (single tooth)   Covered with the office visit copay     Surgical extraction   You pay a \$50 copay <t< td=""><td>DIAGNOSTIC &amp; PREVENTIVE SERVICES</td><td></td></t<>	DIAGNOSTIC & PREVENTIVE SERVICES	
Teeth cleaningCovered with the office visit copayFluoride treatmentCovered with the office visit copaySealants (per tooth)Covered with the office visit copayHead and neck cancer screeningCovered with the office visit copayOral hygiene instructionCovered with the office visit copayPeriodontal charting & evaluationCovered with the office visit copayRESTORATIVE DENTISTRYFillingsPricelain-metal crownYou pay a \$250 copay <sup>3</sup> PROSTHODONTICSYou pay a \$100 copay <sup>3</sup> Complete upper or lower dentureYou pay a \$100 copay <sup>3</sup> Pridge (per tooth)You pay a \$250 copayRoot canal therapy - anteriorYou pay a \$50 copayRoot canal therapy - molarYou pay a \$50 copayRoot canal therapy - molarYou pay a \$50 copayRoot canal therapy - molarYou pay a \$50 copayRoot struction (single tooth)Covered with the office visit copayORAL SURGERYNou pay a \$50 copayRoutine extraction (single tooth)Covered with the office visit copayORAL SURGERYNou pay a \$100 copay <sup>4</sup> Comprehensive orthodontia treatmentYou pay a \$150 copayDental implant surgeryImplant benefit maximum of \$1,500 per calendar yearMISCELLANEOUSCovered with the office visit copayOctared in guardCovered with the office visit copayORAL SURGERYCovered with the office visit copayDental implant surgeryImplant benefit maximum of \$1,500 per calendar yearMISCELLANEOUSCovered with the office visit copayO	Routine & emergency exams	Covered with the office visit copay
Fluoride treatment   Covered with the office visit copay     Seclants (per tooth)   Covered with the office visit copay     Head and neck cancer screening   Covered with the office visit copay     Oral hyglene instruction   Covered with the office visit copay     Periodontal charting & evaluation   Covered with the office visit copay     RESTORATIVE DENTISTRY   Fillings     Fillings   Covered with the office visit copay     Porcelain-metal crown   You pay a \$250 copay <sup>3</sup> PROSTHODONTICS   Procenduction     Complete upper or lower denture   You pay a \$100 copay <sup>3</sup> Bridge (per tooth)   You pay a \$250 copay <sup>3</sup> ENDODNTICS & PERIODONTICS   Procenduction therapy - anterior     Root canal therapy - blouspid   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root planing (per quadrant)   Covered with the office visit copay     Root planing (per quadrant)   Covered with the office visit copay     ORAL SUBGERY   Pre-orthodontia treatment   You pay a \$50 copay     Routine extraction (single tooth)   Covered with the office visit copay   Surgical extraction     Surgical extra	X-rays	Covered with the office visit copay
Sealants (per tooth)Covered with the office visit copayHead and neck cancer screeningCovered with the office visit copayOral hygiene instructionCovered with the office visit copayPeriodontal charting & evaluationCovered with the office visit copayRESTORATIVE DENTISTRYFillingsFillingsCovered with the office visit copayProcelain-metal crownYou pay a \$250 copay³PROSTHODONTICSProcendout (per tooth)Complete upper or lower dentureYou pay a \$250 copay³ENDODONTICS & FERIODONTICSProcendout (per tooth)Root canal therapy - anteriorYou pay a \$50 copayRoot canal therapy - bicuspidYou pay a \$50 copayRoot canal therapy - molarYou pay a \$50 copayRoot canal therapy - molar <t< td=""><td>Teeth cleaning</td><td>Covered with the office visit copay</td></t<>	Teeth cleaning	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 & evaluation   Covered with the office visit copay     RESTORATIVE DENTISTRY   Fillings     Fillings   Covered with the office visit copay     Porcelain-metal crown   You pay a \$250 copay <sup>3</sup> PROSTHODONTICS   Complete upper or lower denture     You pay a \$250 copay <sup>3</sup> ENDODONTICS     Root canal therapy - anterior   You pay a \$50 copay     Root canal therapy - bicuspid   You pay a \$50 copay     Root canal therapy - nolar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Osseous surgery (per quadrant)   Covered with the office visit copay     Root paining (single tooth)   Covered with the office visit copay     Surgical extraction   You pay a \$150 copay <sup>4</sup> Comprehensive orthodontia treatment   You pay a \$150 copay <sup>4</sup> Comprehensive o	Fluoride treatment	Covered with the office visit copay
Oral hygiene instruction   Covered with the office visit copay     Periodontal charting & evaluation   Covered with the office visit copay     RESTORATIVE DENTISTRY   Fillings     Fillings   Covered with the office visit copay     Porcelain-metal crown   You pay a \$250 copay <sup>3</sup> PROSTHODONTICS   Complete upper or lower denture     Vau pay a \$100 copay <sup>3</sup> Bridge (per tooth)     Bridge (per tooth)   You pay a \$250 copay <sup>3</sup> ENDODONTICS & PERIODONTICS   ENDODONTICS     Root canal therapy - anterior   You pay a \$50 copay     Root canal therapy - bicuspid   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root paining (per quadrant)   Covered with the office visit copay     ORAL SURGERY   Pre-orthodontia treatment     Surgical extraction (single tooth)   Covered with the office visit copay     Orgenzehensive orthodontia treatment   You pay a \$150 copay <sup>4</sup> Comprehensive orthodontia treatment	Sealants (per tooth)	Covered with the office visit copay
Periodontal charting & evaluationCovered with the office visit copayRESTORATIVE DENTISTRYFillingsCovered with the office visit copayPorcelain-metal crownYou pay a \$250 copay <sup>3</sup> PROSTHODONTICSYou pay a \$250 copay <sup>3</sup> ENDDONTICS & Vou pay a \$250 copay <sup>3</sup> ENDDONTICS & Vou pay a \$250 copay <sup>3</sup> ENDDONTICS & Vou pay a \$250 copayRoot canal therapy - anteriorYou pay a \$50 copayRoot canal therapy - molarYou pay a \$50 copayRoot canal therapy - molarYou pay a \$50 copayOsseous surgery (per quadrant)Covered with the office visit copayOsta sunceteryCovered with the office visit copayRoutine extraction (single tooth)Covered with the office visit copayORTHODONTIA TREATMENTVou pay a \$150 copayPre-orthodontia treatmentYou pay a \$150 copayOrthodontia treatmentYou pay a \$150 copayOrtholontia treatmentYou pay a \$150 copayDental implant surgeryImplant benefit maximum of \$1,500 per calendar yearMISCELLANEOUSVou pay a \$100 copayOcclasal guardCovered with the office visit copayAthletic mouth guardYou pay a \$100 copayLocal anesthesiaCovered with the office visit copayDental lab feesCovered with the office visit copayNitrous OxideYou pay a \$15 copay <td>Head and neck cancer screening</td> <td>Covered with the office visit copay</td>	Head and neck cancer screening	Covered with the office visit copay
RESTORATIVE DENTISTRY     Fillings   Covered with the office visit copay     Porcelain-metal crown   You pay a \$250 copay <sup>3</sup> PROSTHODONTICS   Complete upper or lower denture     You pay a \$100 copay <sup>3</sup> Bridge (per tooth)     Protection-metal crown   You pay a \$100 copay <sup>3</sup> PRODONTICS   PRODONTICS     Root canal therapy - anterior   You pay a \$50 copay     Root canal therapy - bicuspid   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 copay     Root canal therapy - gadarant)   Covered with the office visit copay     ORAL SURGERY   Routine extraction (single tooth)   Covered with the office visit copay     Routine extraction (single tooth)   Covered with the office visit copay   Dental implant surgery     Implant benefit maximum of \$1,500 per calendar year   Miscellaneous     Dental imp	Oral hygiene instruction	Covered with the office visit copay
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Bridge (per tooth)   You pay a \$250 copay <sup>3</sup> ENDODONTICS & PERIODONTICS     Root canal therapy - anterior   You pay a \$50 copay     Root canal therapy - bicuspid   You pay a \$50 copay     Root canal therapy - molar   You pay a \$50 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)     Surgical extraction   You pay a \$150 copay     ORTHODONTIA TREATMENT   Pre-orthodontia treatment     Pre-orthodontia treatment   You pay a \$150 copay     Dental implant surgery   Implant benefit maximum of \$1,500 per calendar year     MISCELLANEOUS   Covered with the office visit copay     Occlusal guard   Covered with the office visit copay     Local anesthesia   Covered with the office visit copay     Dental limplant surgery   Implant benefit maximum of \$1,500 per calendar year     MISCELLANEOUS   Covered with the office visit copay     Declusal guard   Covered with the office visit copay     Local anesthesia   Covered with the office visit copay     Dental lab fees   Covered with the office visit copay     Nitrous	PROSTHODONTICS	
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Comprehensive orthodontia treatmentYou pay a \$2,500 copayDENTAL IMPLANTSImplant surgeryDental implant surgeryImplant benefit maximum of \$1,500 per calendar yearMISCELLANEOUSCovered with the office visit copayOcclusal guardCovered with the office visit copayAthletic mouth guardYou pay a \$100 copayLocal anesthesiaCovered with the office visit copayDental lab feesCovered with the office visit copayNitrous OxideYou pay a \$15 copaySpecialty office visitYou pay \$20 per visit <sup>2</sup>	ORTHODONTIA TREATMENT	
DENTAL IMPLANTSDental implant surgeryImplant benefit maximum of \$1,500 per calendar yearMISCELLANEOUSOcclusal guardCovered with the office visit copayAthletic mouth guardYou pay a \$100 copayLocal anesthesiaCovered with the office visit copayDental lab feesCovered with the office visit copayNitrous OxideYou pay a \$15 copaySpecialty office visitYou pay \$20 per visit <sup>2</sup>	Pre-orthodontia treatment	You pay a \$150 copay <sup>4</sup>
Dental implant surgeryImplant benefit maximum of \$1,500 per calendar yearMISCELLANEOUSOcclusal guardCovered with the office visit copayAthletic mouth guardYou pay a \$100 copayLocal anesthesiaCovered with the office visit copayDental lab feesCovered with the office visit copayNitrous OxideYou pay a \$15 copaySpecialty office visitYou pay \$20 per visit <sup>2</sup>	Comprehensive orthodontia treatment	You pay a \$2,500 copay
MISCELLANEOUSOcclusal guardCovered with the office visit copayAthletic mouth guardYou pay a \$100 copayLocal anesthesiaCovered with the office visit copayDental lab feesCovered with the office visit copayNitrous OxideYou pay a \$15 copaySpecialty office visitYou pay \$20 per visit <sup>2</sup>	DENTAL IMPLANTS	
Occlusal guardCovered with the office visit copayAthletic mouth guardYou pay a \$100 copayLocal anesthesiaCovered with the office visit copayDental lab feesCovered with the office visit copayNitrous OxideYou pay a \$15 copaySpecialty office visitYou pay \$20 per visit <sup>2</sup>	Dental implant surgery	Implant benefit maximum of \$1,500 per calendar year
Athletic mouth guardYou pay a \$100 copayLocal anesthesiaCovered with the office visit copayDental lab feesCovered with the office visit copayNitrous OxideYou pay a \$15 copaySpecialty office visitYou pay \$20 per visit <sup>2</sup>	MISCELLANEOUS	
Local anesthesiaCovered with the office visit copayDental lab feesCovered with the office visit copayNitrous OxideYou pay a \$15 copaySpecialty office visitYou pay \$20 per visit <sup>2</sup>	Occlusal guard	Covered with the office visit copay
Dental lab feesCovered with the office visit copayNitrous OxideYou pay a \$15 copaySpecialty office visitYou pay \$20 per visit <sup>2</sup>	Athletic mouth guard	
Nitrous Oxide You pay a \$15 copay   Specialty office visit You pay \$20 per visit <sup>2</sup>	Local anesthesia	Covered with the office visit copay
Specialty office visit You pay \$20 per visit <sup>2</sup>	Dental lab fees	Covered with the office visit copay
	Nitrous Oxide	You pay a \$15 copay
Out of area emergency care reimbursementYou pay charges in excess of \$100	Specialty office visit	
	Out of area emergency care reimbursement	You pay charges in excess of \$100

<sup>1</sup>Benefits for implant surgery have a benefit maximum, if covered. <sup>2</sup>An office visit copayment applies at each visit, in addition to any copayments for services. <sup>3</sup>Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. <sup>4</sup>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 non-

participating 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.
- 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, P.C. 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 non-participating 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.
- The replacement of a lost occlusal guard is covered only one in a 2-year period. Repair or replacement of a broken or damaged occlusal guard is covered as needed.