



# DENTAL CARE + INSURANCE TOGETHER AND SIMPLIFIED

We believe dental insurance should be simple so we've eliminated the guessing game. We blend preventive dental care with broad insurance coverage, making it affordable, with no annual maximum\* or deductibles and predictable out of pocket costs.

We practice evidence-based dentistry and partner with you to make sure you have the knowledge you need to practice healthy habits and we don't recommend any unnecessary treatments.



## NEARLY 50 NORTHWEST LOCATIONS



As a member, you'll have access to our top quality dental providers across our convenient dental offices. Learn more about our offices and providers at [willamettedental.com](http://willamettedental.com), complete with unfiltered patient star ratings and comments.

\*Benefits for TMJ, implant surgery, and orthognathic surgery have a benefit maximum.

## CONVENIENT PLAN FEATURES

- No annual maximum<sup>1</sup>, deductible or waiting periods with predictable out-of-pocket costs
- Benefit coverage at all Willamette Dental Group locations
- Extended hours: Monday – Friday 7am – 5:30pm and rotating Saturdays regionally
- Easy appointment scheduling – just call 1.855.433.6825
- Emergency services available in-person in 48 hours or less and on-call 24/7
- All dental specialty services available, including orthodontics for all ages

## YOUR BENEFITS EFFECTIVE DATE: 1/1/2024

COVERED SERVICE	BENEFIT
Annual Maximum	No Annual Maximum <sup>1</sup>
Deductible	No Deductible
General & Ortho Office Visit	No Visit Charge
Diagnostic & Preventive Services	Covered at 100%
Fillings	You Pay a \$10 - \$50 Copay
Porcelain-Metal Crown	You Pay a \$100 - \$175 Copay <sup>2</sup>
Complete Upper or Lower Denture	You Pay a \$140 Copay <sup>2</sup>
Bridge (per Tooth)	You Pay a \$125 - \$175 Copay <sup>2</sup>
Root Canal Therapy – Anterior / Bicuspid / Molar	You Pay \$100 / \$125 / \$150 Copays
Osseous Surgery (per Quadrant)	You Pay a \$75 - \$100 Copay
Root Planing (per Quadrant)	You Pay a \$15 - \$35 Copay
Routine Extraction (Single Tooth)	You Pay a \$10 Copay
Surgical Extraction	You Pay a \$10 - \$50 Copay
Pre-Orthodontia Treatment	You Pay a \$50 Copay <sup>3</sup>
Comprehensive Orthodontia Treatment	You Pay a \$1,500 Copay
Dental Implant Surgery	Benefit maximum of \$1,500 per calendar year <sup>4</sup>
Specialty Office Visit	No Visit Charge
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$200

<sup>1</sup>Benefits for TMJ, implant surgery, and orthognathic surgery have a benefit maximum. <sup>2</sup>Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. <sup>3</sup>Copay Credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan. <sup>4</sup>Limited to one dental implant surgery per calendar year.

Underwritten by Willamette Dental of Washington, Inc. Please refer to your Certificate of Coverage for limitations and exclusions.

## QUESTIONS?

Contact our Member Services team via email at [memberservices@willamettedental.com](mailto:memberservices@willamettedental.com) or by phone at 1.855.433.6825.