# Willamette Dental Group

For more than 50 years, Willamette Dental has proudly partnered with public employers throughout the Pacific Northwest, offering high quality dental care and outstanding insurance coverage to more than 425,000 patients. Our evidence-based, proactive treatment approach to dental care focuses on what matters most: providing quality, individualized care to each patient that educates for the future rather than only solving the immediate issues at hand.

### **QUICK FACTS**



No annual maximum<sup>1</sup>, no deductibles



Services covered at predictable, low copays



Affordable orthodontic coverage for adults and children



9 out of 10 OEBB members highly recommend Willamette Dental



Most offices open 7 AM to 5:30 PM Mon - Fri with Saturday appointments available

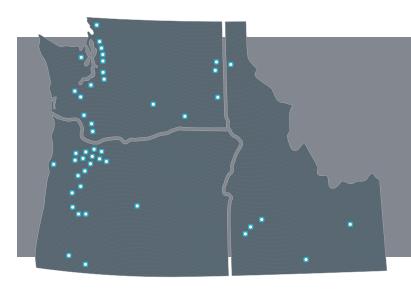


No copay changes for 2023 / 2024 plan year

## START YOUR PARTNERSHIP WITH US TODAY!

Practicing daily oral hygiene at home, and partnering with your dentist keeps your body healthier. Our dentists are here for you. For current and new Willamette Dental plan members, we're eager to start our partnership with you. So much so that we're waiving the office visit copay for your new patient appointment if you haven't come in to see us yet.

# CONVENIENT DENTAL OFFICE LOCATIONS



### Locations Include:

Albany, OR Medford, OR
Bend, OR Meridian, ID
Boise, ID Portland Metr

oise, ID Portland Metro (10 locations)

Corvallis, OR Richland, WA

Eugene, OR Salem, OR (2 locations)
Grants Pass, OR Springfield, OR (2 locations)
Lincoln City, OR Vancouver, WA (2 locations)

Learn more about providers and locations at willamettedental.com/oebb



# WILLAMETTE DENTAL PLAN BENEFIT SUMMARY

To receive the excellent benefits of the Willamette Dental plan, members must use a Willamette Dental provider at one of our conveniently located Willamette Dental offices.

This is a summary. Refer to the Certificate of Coverage for a complete description of benefits, exclusions, and limitations.

COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum <sup>1</sup>
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay \$20 per Visit <sup>2</sup>
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 <sup>3</sup>	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	You Pay a \$250 Copay <sup>4</sup>
PROSTHODONTICS <sup>3</sup>	
Complete Upper or Lower Denture	You Pay a \$100 Copay <sup>4</sup>
Bridge (per Tooth)	You Pay a \$250 Copay <sup>4</sup>
ENDODONTICS & PERIODONTICS <sup>3</sup>	
Root Canal Therapy – Anterior / Bicuspid / 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 <sup>3</sup>	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You Pay a \$50 Copay
ORTHODONTIA TREATMENT <sup>3</sup>	
Pre-Orthodontia Treatment	You Pay a \$150 Copay⁵
Comprehensive Orthodontia Treatment	You Pay a \$2,500 Copay
DENTAL IMPLANTS <sup>3</sup>	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
MISCELLANEOUS <sup>3</sup>	
Occlusal Guard	Covered with the Office Visit Copay
Athletic Mouth Guard	You Pay a \$100 Copay
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You Pay a \$15 Copay
Specialty Office Visit	You Pay \$20 per Visit <sup>2</sup>
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

<sup>1</sup>Benefits for implant surgery have a benefit maximum. <sup>2</sup>An office visit copayment applies at each visit, in addition to any copayments for services. <sup>3</sup>Benefit is subject to a 12-month waiting period for members who previously waived dental coverage. <sup>4</sup>Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. <sup>5</sup>Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.



