

Willamette Dental Group Plan Details



- No annual deductible
- No annual maximum*
- \$10 copay per general office visit

BENEFIT	COPAYMENT
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General & Ortho Office Visit	\$10 per visit
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & Emergency Exams	Covered at 100%
X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants (per tooth)	Covered at 100%
Head & Neck Cancer Screening	Covered at 100%
Oral Hygiene Instruction	Covered at 100%
Periodontal Charting	Covered at 100%
Periodontal Evaluation	Covered at 100%
RESTORATIVE DENTISTRY & PROSTHODONTICS	
Fillings (Amalgam)	Covered at 100%
Porcelain-Metal Crowns	Covered at 100%
Complete Upper or Lower Denture	\$200
Bridge (per tooth)	Covered at 100%
ENDODONTICS & PERIODONTICS	
Root Canal Therapy	Covered at 100%
Osseous Surgery (per quadrant)	Covered at 100%
Root Planing (per quadrant)	Covered at 100%
ORAL SURGERY	
Routine Extraction	Covered at 100%
Surgical Extraction	Covered at 100%
ORTHODONTIC SERVICES	
Pre-Orthodontic Service	\$150**
Comprehensive Orthodontia	\$2,000
MISCELLANEOUS	
Dental Lab Fees	Covered at 100%
Local Anesthesia	Covered at 100%
Nitrous Oxide (per visit)	\$20
Specialty Office Visit	\$30
OUT OF AREA EMERGENCY CARE IS REIMBURSED UP TO \$100	

*TMJ has a \$1,000 annual maximum / \$5,000 lifetime maximum

**Copay credited towards comprehensive orthodontic copayment if patient accepts treatment plan. This plan provides extensive coverage of services and supplies to prevent, diagnose and treat diseases or conditions of the teeth and supporting tissues. Presented are just some of the most common procedures covered in your plan. Please see the Certificate of Coverage for a complete plan description, limitations and exclusions.

Underwritten by Willamette Dental of Washington, Inc.