

Willamette Dental Plan Details

- ▲ No annual deductible
- ▲ No annual maximum
- ▲ \$10 co-payment per general office visit

Benefit	Co-Payment	Benefit	Co-Payment
Diagnostic And Preventive Services			
Routine and Emergency Exams	Covered at 100%	All X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%	Fluoride Treatment	Covered at 100%
Sealants	Covered at 100%	Head and Neck Cancer Screening	Covered at 100%
Oral Hygiene Instruction	Covered at 100%	Periodontal Charting	Covered at 100%
Periodontal Evaluation	Covered at 100%		
Restorative Dentistry			
Fillings (Amalgam)	Covered at 100%	Stainless Steel Crown	Covered at 100%
Porcelain-Metal Crown	Covered at 100%		
Prosthetics			
Complete Upper or Lower Denture	\$200	Bridge (per Tooth)	Covered at 100%
Endodontics And Periodontics			
Root Canal Therapy – Anterior	Covered at 100%	Root Canal Therapy – Bicuspid	Covered at 100%
Root Canal Therapy – Molar	Covered at 100%	Osseous Surgery (per Quadrant)	Covered at 100%
Root Planing (per Quadrant)	Covered at 100%		
Oral Surgery			
Routine Extraction (Single Tooth)	Covered at 100%	Surgical Extraction	Covered at 100%
Orthodontia			
Pre-Orthodontic Service	\$150**	Comprehensive Orthodontia	\$2,000
Miscellaneous			
Local Anesthesia (Novocain)	Covered at 100%	Dental Lab Fees	Covered at 100%
Nitrous Oxide	\$20 per Visit	Specialty Office Visit	\$30 per Visit
Emergency Office Visit During Office Hours	\$50 per Visit		
Out of Area Emergency Care Reimbursement Up to \$100			
*TMJ has a \$1,000 annual maximum / \$5,000 lifetime maximum			

**Fee credited towards comprehensive orthodontic co-payment 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.