

# Willamette Dental Group

## AFFORDABLE DENTAL INSURANCE + QUALITY DENTAL CARE

OPEN ENROLLMENT JUST BECAME AN EASY DECISION

### SWITCH TO A SIMPLER SOLUTION

With no maximums\*, no deductibles and predictable copays for covered services, Willamette Dental Group helps you plan for your care and treatments rather than being surprised by a bill based on unknown fees and percentages after the fact.



#### Willamette Dental Group Insurance

- No Annual Maximum\*
- No Deductible
- Out-of-Pocket Costs Based on Predictable Copays
- Comprehensive Orthodontia Coverage for Adults and Children
- Exclusive Provider Network



#### Traditional Dental Insurance

- Annual Maximum Coverage
- Annual Deductible to Meet Before Insurance Pays
- Out-of-Pocket Costs Based on a Percentage of What Your Provider Charges
- Orthodontia Coverage Typically Only for Children with Maximum Coverage
- Provider Network Based on Insurance Plan

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

### MEET OUR DENTISTS

Willamette Dental Group is determined to create the best patient experience possible. That's why we share patient ratings and comments for all of our dentists and dental specialists right on our website. As a patient, you're welcome to choose the office and provider that's best for you.



VISIT [WILLAMETTEDENTAL.COM](http://WILLAMETTEDENTAL.COM)  
TO VIEW PATIENT RATINGS & COMMENTS

CONVENIENT. FAST. FRIENDLY.

With more than 50 office locations in Washington, Oregon and Idaho, chances are we have a dental office that's convenient for you.

VISIT [WILLAMETTEDENTAL.COM](http://WILLAMETTEDENTAL.COM) TO VIEW LOCATIONS



## YOUR RATES & BENEFITS

Tier	Monthly
Employee	\$51.08
Employee & Spouse	\$96.77
Employee & Child(ren)	\$107.82
Employee, Spouse & Child(ren)	\$153.51

Rates shown are the dental plan premiums plus the policyholder's additional administrative charge.

Covered Service	Benefit
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General & Ortho Office Visit	\$20 Copay per visit
Diagnostic & Preventive Services	Covered with the Office Visit Copay
Fillings	\$30 Copay
Porcelain-Metal Crown	\$300 Copay**
Complete Upper or Lower Denture	\$400 Copay**
Bridge (per Tooth)	\$300 Copay**
Root Canal Therapy - Anterior / Bicuspid / Molar	\$150 / \$225 / \$300 Copays
Osseous Surgery (per Quadrant)	\$350 Copay
Root Planing (per Quadrant)	\$115 Copay
Routine Extraction (Single Tooth)	\$20 Copay
Surgical Extraction	\$175 Copay
Comprehensive Orthodontia Treatment	\$2,500 Copay
Dental Implant Surgery	Benefit maximum of \$1,500 per calendar year
Nitrous Oxide	\$40 Copay
Specialty Office Visit	\$30 Copay per visit
Out of Area Emergency Care Reimbursement	Up to \$100

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

\*\*Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit.

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

**1.855.4DENTAL** (1.855.433.6825)

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