



**HOSPITALITY
HEALTH
INSURANCE**
FORMERLY H.I.H.I.T.


Willamette
Dental Group

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.



CONVENIENT NORTHWEST LOCATIONS



As a member, you'll have access to our top quality dental providers across our nearly 50 convenient locations. Learn more about our offices and providers at 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*, deductible or waiting periods with predictable out-of-pocket costs
- Benefit coverage at all Willamette Dental Group locations
- Extended hours: Monday – Friday 7am – 6pm 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 MONTHLY RATES

| TIER | MONTHLY |
|---------------------|----------|
| Employee Only | \$52.05 |
| Employee & Spouse | \$98.60 |
| Employee & Children | \$109.85 |
| Employee & Family | \$156.45 |

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

YOUR BENEFITS EFFECTIVE DATE: 1/1/2023

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

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**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 or by phone at 1.855.433.6825.

019-WA742R(1/22)

This material is intended for informational purposes only for specific plan details, please reference plan summaries