



**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](http://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

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

\*\*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 1.855.433.6825.

019-WA742R(1/22)

\*\*This material is intended for informational purposes only. For specific plan details, please reference plan summaries\*\*