



14025 SW Farmington Rd.
Beaverton, OR 97005
Phone: (800) 460-7644

Managed Dental Plan

The Willamette Dental Plan is a managed plan with facilities in Oregon, Washington and Idaho. In this plan, you access care through the plan's providers. You select a primary care dentist, and all future regularly scheduled appointments will be with that provider. You may change among Willamette dentists or locations at any time.

For specialty services, including orthodontia treatment, you will be referred to Willamette specialists if they are available in the region. If your primary care dentist refers you to a provider outside the plan, your co-payments will stay the same as in the plan.

To choose a dentist or schedule an appointment, call the Appointment Center at the numbers and times below:

Phone	Schedule
Oregon (800) 461-8994	Mon. -Thur., 7 a.m. - 8 p.m.
Washington (800) 359-6019	Friday, 7 a.m. - 6 p.m.
Idaho (800) 603-1738	Saturday, 7 a.m. - 4 p.m.

You'll have your first appointment in 21 to 42 days after your initial call. Appointments for cleanings and non-emergency operative procedures will be scheduled for 42 to 90 days after your call.

On your first visit, you will receive a thorough examination with X-rays. Your selected dentist will then develop a Personal Dental Care Plan based on your overall dental health. The treatment plan will determine the sequence and number of procedures to be undertaken on future visits.

Children receive a cleaning at their first appointment; adults do not. For adults, the first cleaning is scheduled after this initial appointment. Your dentist will determine your cleaning schedule based on your oral health.

Willamette Dental Plan's first priority with new patients is to diagnose and treat urgent conditions that pose an immediate threat to oral health or that put one or more teeth at risk. The next step is to control the disease process and to promote wellness and health maintenance. Major restorative work is normally delayed until a satisfactory state of oral health is achieved, and the teeth and supporting structures are stabilized.

Willamette Dental Group provides emergency coverage 24 hours a day, 365 days a year. It generally takes 24 to 48 hours to arrange an appointment for emergencies (constant pain, bleeding or swelling). If you schedule an appointment for regular clinic hours, you pay the usual office visit charge. After hours, the visit charge is usually higher, as stated in the member handbook.

If you have a dental emergency while out of the Willamette service area, services will be reimbursed at the amount stated in the Summary of Benefits. For an emergency, you can see any licensed dentist to obtain relief from constant pain, bleeding or swelling. Contact Patient Relations for reimbursement. Schedule

Orthodontic and Implant Services for non-Willamette Members

Willamette Dental Group offers discounted orthodontic and dental implant services to PEBB members regardless of whether they have the Willamette Dental Plan as their primary dental insurance. If you take advantage of this offer, you would not have to change to the Willamette Dental Plan and can stay with your current dentist and dental insurance plan.

Dental implants are provided in implant specialty centers located in the Portland metropolitan area and Eugene. Patients located in the Eugene, Springfield, Medford, Grants Pass, Corvallis, Albany and Bend areas receive implant care at the specialty center in Eugene. Patients located in the Portland and Salem areas receive implant care at the specialty centers in the Portland metropolitan area.

your follow-up care with your primary care dentist. For more information, call the Patient Relations Department at (800) 460-7644 Option 8, e-mail relations@willamettedental.com or visit the Web site at www.willamettedental.com.

Exclusions and Limitations

The following are general services not covered under the Willamette Dental Insurance plan: services rendered prior to coverage effective date or after coverage ends; replacement of an existing denture, crown or bridge less than five years after the date of the most recent replacement; replacement of a lost or stolen denture, crown or bridge; services or supplies related to the diagnosis or

treatment of the temporomandibular joint; splints, nightguards and other appliances used to increase vertical dimension or restore bite; study models and dental implants; surgery for fractures, cysts, tumors or cosmetic reasons; IV sedation and/or general anesthesia; service that is unnecessary. This means, for example, that an inlay or onlay is not necessary dental care if an amalgam filling would serve in a functionally equivalent manner. If an enrollee elects to have procedures performed that equate to a higher level of care than the least-costly alternative or recommendation, the enrollee will be responsible for the costs over and above that of any applicable service co-payment charge for the least-costly alternative.