

# Willamette Dental Group

For almost 50 years, Willamette Dental Group has proudly partnered with public employers throughout the Pacific Northwest, offering high quality dental care and outstanding insurance coverage to more than 500,000 patients.

Our evidence-based, proactive treatment approach to dental care focuses on what matters most: providing quality, individualized care to each patient that educates for the future rather than only solving the immediate issues at hand.

## QUICK FACTS



No annual maximum<sup>1</sup>, no deductibles



Services covered at predictable, low copays



Affordable orthodontic coverage for adults and children



OEGB patient satisfaction averages over 96%

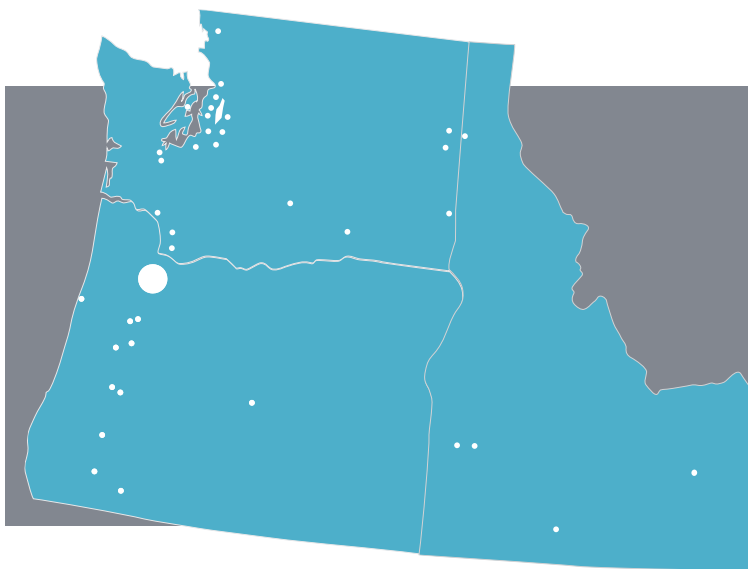


Most offices open 7AM to 6 PM Mon – Fri with Saturday appointments available



No premium or copay changes for 2020/2021 plan year

## MORE THAN 50 DENTAL OFFICE LOCATIONS



### Locations Include:

Albany, OR	Meridian, ID
Bend, OR	Portland Metro (11 locations)
Boise, ID	Richland, WA
Corvallis, OR	Roseburg, OR
Eugene, OR	Salem, OR (2 locations)
Grants Pass, OR	Springfield, OR (2 locations)
Lincoln City, OR	Vancouver, WA (2 locations)
Medford, OR	

Learn more about providers and locations at [willamettedental.com/oebb](http://willamettedental.com/oebb)

Form No. 044-OR91(5/20) Underwritten by Willamette Dental Insurance, Inc.



# WILLAMETTE DENTAL GROUP

## PLAN BENEFIT SUMMARY

To receive the excellent benefits of the Willamette Dental Group plan, members must use a Willamette Dental Group provider at one of our more than 50 Willamette Dental Group dental office locations.

This is a summary. Refer to the Certificate of Coverage for a complete description of benefits, exclusions, and limitations.

Benefits	
Annual Maximum	No Annual Maximum <sup>1</sup>
Deductible	No Deductible
Office Visit	\$20 per visit <sup>2</sup>
Diagnostic & Preventive Services	
Routine & Emergency Exams	Covered at 100%
X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants (per tooth)	Covered at 100%
Periodontal Evaluation	Covered at 100%
Restorative Dentistry & Prosthodontics <sup>3</sup>	
Fillings	Covered at 100%
Porcelain-Metal Crowns	\$250 <sup>4</sup>
Complete Upper or Lower Denture	\$100 <sup>4</sup>
Bridge (per tooth)	\$250 <sup>4</sup>
Endodontics & Periodontics <sup>3</sup>	
Root Canal Therapy	\$50
Root Planing (per quadrant)	Covered at 100%
Oral Surgery <sup>3</sup>	
Routine Extraction (Single Tooth)	Covered at 100%
Surgical Extraction	\$50
Orthodontic Services <sup>3</sup>	
Pre-Orthodontic Service	\$150 <sup>5</sup>
Comprehensive Orthodontia	\$2,500
Dental Implants <sup>3</sup>	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
Miscellaneous <sup>3</sup>	
Nitrous Oxide (per visit)	\$15
Occlusal (Night) Guard	Covered at 100%
Athletic Mouth Guard	\$100
Out of Area Emergency Care is Reimbursed Up to \$100	

<sup>1</sup>Benefits for implant surgery have a benefit maximum, if covered.

<sup>2</sup>An office visit copayment applies at each visit, in addition to any copayments for services.

<sup>3</sup>Benefit is subject to a 12 month waiting period for members who previously waived dental coverage.

<sup>4</sup>Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit.

<sup>5</sup>Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.