



HOSPITALITY  
**HEALTH**  
INSURANCE

  
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.



## NEARLY 50 NORTHWEST LOCATIONS



4.6 Average For All Offices

**nrc**  
HEALTH

As a member, you'll have access to our top quality dental providers across our convenient dental offices. 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, if covered.

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

019-WA(10/21)

## 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 – 5:30pm 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 BENEFITS EFFECTIVE DATE: 1/1/2024

COVERED SERVICE	BENEFIT
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General & Ortho Office Visit	You Pay \$30 per Visit
Diagnostic & Preventive Services	Covered with Office Visit Copay
Fillings	You Pay a \$35 Copay
Porcelain-Metal Crown	You Pay a \$400 Copay**
Complete Upper or Lower Denture	You Pay a \$500 Copay**
Bridge (per Tooth)	You Pay a \$400 Copay**
Root Canal Therapy – Anterior / Bicuspid / Molar	You Pay \$250 / \$275 / \$325 Copays
Routine Extraction (Single Tooth)	You Pay a \$35 Copay
Surgical Extraction	You Pay a \$160 Copay
Comprehensive Orthodontia Treatment	You Pay a \$3,000 Copay
Dental Implant Surgery	Benefit maximum of \$1,500 per calendar year
Nitrous Oxide	You Pay a \$40 Copay
Specialty Office Visit	You Pay \$40 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

\*Benefits for TMJ, implant surgery, and orthognathic 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.