# Summary of Benefits

**Group Number:** OR368  
**Effective Date:** July 1, 2020

## City of Roseburg

<table>
<thead>
<tr>
<th>Annual Maximum</th>
<th>No Annual Maximum*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>No Deductible</td>
</tr>
<tr>
<td>General or Orthodontic Office Visit</td>
<td>You pay $15 per Visit</td>
</tr>
</tbody>
</table>

### Diagnostic and Preventive Services

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine and Emergency Exams</td>
<td>Covered with the Office Visit Copay</td>
</tr>
<tr>
<td>X-rays</td>
<td>Covered with the Office Visit Copay</td>
</tr>
<tr>
<td>Teeth Cleaning</td>
<td>Covered with the Office Visit Copay</td>
</tr>
<tr>
<td>Fluoride Treatment</td>
<td>Covered with the Office Visit Copay</td>
</tr>
<tr>
<td>Sealants (per Tooth)</td>
<td>Covered with the Office Visit Copay</td>
</tr>
<tr>
<td>Head and Neck Cancer Screening</td>
<td>Covered with the Office Visit Copay</td>
</tr>
<tr>
<td>Oral Hygiene Instruction</td>
<td>Covered with the Office Visit Copay</td>
</tr>
<tr>
<td>Periodontal Charting</td>
<td>Covered with the Office Visit Copay</td>
</tr>
<tr>
<td>Periodontal Evaluation</td>
<td>Covered with the Office Visit Copay</td>
</tr>
</tbody>
</table>

### Restorative Dentistry

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td>You pay a $15 Copay</td>
</tr>
<tr>
<td>Porcelain-Metal Crown</td>
<td>You pay a $250 Copay**</td>
</tr>
</tbody>
</table>

### Prosthodontics

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Upper or Lower Denture</td>
<td>You pay a $375 Copay**</td>
</tr>
<tr>
<td>Bridge (per Tooth)</td>
<td>You pay a $250 Copay**</td>
</tr>
</tbody>
</table>

### Endodontics and Periodontics

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Root Canal Therapy - Anterior</td>
<td>You pay a $150 Copay</td>
</tr>
<tr>
<td>Root Canal Therapy - Bicuspid</td>
<td>You pay a $175 Copay</td>
</tr>
<tr>
<td>Root Canal Therapy - Molar</td>
<td>You pay a $200 Copay</td>
</tr>
<tr>
<td>Osseous Surgery (per Quadrant)</td>
<td>You pay a $175 Copay</td>
</tr>
<tr>
<td>Root Planing (per Quadrant)</td>
<td>You pay a $175 Copay</td>
</tr>
</tbody>
</table>

### Oral Surgery

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Extraction (Single Tooth)</td>
<td>You pay a $15 Copay</td>
</tr>
<tr>
<td>Surgical Extraction</td>
<td>You pay a $100 Copay</td>
</tr>
</tbody>
</table>

### Orthodontia Treatment

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Orthodontia Treatment</td>
<td>You pay a $150 Copay***</td>
</tr>
<tr>
<td>Comprehensive Orthodontia Treatment</td>
<td>You pay a $2,500 Copay</td>
</tr>
</tbody>
</table>

### Dental Implants

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Implant Surgery</td>
<td>Implant benefit maximum of $1,500 per calendar year</td>
</tr>
</tbody>
</table>

### Miscellaneous

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Anesthesia</td>
<td>Covered with the Office Visit Copay</td>
</tr>
<tr>
<td>Dental Lab Fees</td>
<td>Covered with the Office Visit Copay</td>
</tr>
<tr>
<td>Nitrous Oxide</td>
<td>You pay a $40 Copay</td>
</tr>
<tr>
<td>Specialty Office Visit</td>
<td>You pay $30 per Visit</td>
</tr>
<tr>
<td>Out of Area Emergency Care Reimbursement</td>
<td>You pay charges in excess of $100</td>
</tr>
</tbody>
</table>

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**Underwritten by Willamette Dental Insurance, Inc. 6950 NE Campus Way, Hillsboro, OR 97124**  
Presented are just some of the most common procedures covered in your plan. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.
Exclusions
- Bone grafting.
- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services initiated prior to the effective date of coverage.
- Cone beam CT X-rays and tomographic surveys.
- Dental implant-supported prosthetics or abutment-supported prosthetics (crowns, bridges, and dentures).
- A dental implant surgically placed prior to the member’s effective date of coverage that has not received final restoration or a dental implant for treatment of a primary or transitional dentition.
- Endodontic services, prosthetic services, and implants that were provided prior to the effective date of coverage.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Eposteal, transosteal, endodontic endosseous, or mini dental implants.
- Exams or consultations needed solely in connection with a service not listed as covered.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- General anesthesia or moderate sedation.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant started or placed by a non-participating provider without a referral from a Willamette Dental Group provider.
- Maintenance, repair, replacement, or completion of an existing implant started or placed prior to the member’s effective date of coverage.
- Nightguards.
- Orthognathic surgery.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, dentist assist, dentist, or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders.
- Services for the treatment of an injury or disease that is covered under workers’ compensation or that are an employer’s responsibility.
- Services for treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for treatment of intentionally self-inflicted injuries.
- Services for which coverage is available under any federal, state, or other governmental program, unless required by law.
- Services not listed as covered in the contract.
- Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

Limitations
- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.
- Services listed in the contract, which are provided to correct congenital or developmental malformations of the teeth and supporting structure will be covered if primarily for the purpose of controlling or eliminating infection, controlling or eliminating pain, or restoring function.
- Crowns, casis, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.
- The retreatment of root canal therapy performed by a Willamette Dental Group dentist will be covered as part of the initial treatment for the first 24 months. The retreatment of root canal therapy performed by a non-participating provider will be subject to the applicable copays.
- The services provided by a dentist in a hospital setting must meet the requirements in the contract to be covered.
- The replacement of an existing denture, crown, onlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.
Visit our website at willamettedental.com for up-to-date information about our dental offices and providers, including addresses, directions, hours and patient ratings & comments.

**Oregon Offices**

**Albany**
2225 Pacific Boulevard SE, Ste 201
Albany, OR 97321
General Dentistry

**Beaverton**
4925 SW Griffith Drive
Beaverton, OR 97005
General Dentistry
Orthodontics
Pediatric Dentistry

**Bend**
62968 O.B. Riley Road, Ste 12
Bend, OR 97703
General Dentistry
Orthodontics

**Corvallis**
2420 NW Professional Dr., Ste 150
Corvallis, OR 97330
General Dentistry
Orthodontics

**Eugene**
2703 Delta Oaks Drive, Ste 300
Eugene, OR 97408
General Dentistry

**Grants Pass**
702 SW Romsey Ave, Ste 224
Grants Pass, OR 97527
General Dentistry

**Gresham**
1107 NE Burnside Road
Gresham, OR 97030
General Dentistry

**Hillsboro**
5935 SE Alexander Street
Hillsboro, OR 97123
General Dentistry
Dentures

**Lincoln City**
1105 SE Jetty Avenue, Ste B
Lincoln City, OR 97367
General Dentistry
Dentures

**Medford**
773 Golf View Drive
Medford, OR 97504
General Dentistry
Dentures
Orthodontics
Periodontics
Implants

**Milwaukie**
6902 SE Lake Road, Ste 200
Milwaukie, OR 97267
General Dentistry
Dentures

**Portland – Jefferson**
1993 SW Jefferson Street
Portland, OR 97201
General Dentistry
Orthodontics

**Portland – Lents**
8931 SE Foster Rd.
Portland, OR 97266
General Dentistry
Endodontics
Orthodontics
Oral Surgery
Pediatric Dentistry
Periodontics
Implants

**Portland – Stark 1**
13255 SE Stark Street
Portland, OR 97233
General Dentistry

**Portland – Stark 2**
405 SE 133rd
Portland, OR 97233
General Dentistry

**Portland – Weidler**
220 NE Weidler
Portland, OR 97232
General Dentistry
Dentures

**Roseburg**
2865 NW Stewart Parkway
Roseburg, OR 97471
General Dentistry
Dentures
Orthodontics

**Salem – Lancaster**
3490 Lancaster Drive NE
Salem, OR 97305
General Dentistry
Oral Surgery

**Salem – Liberty**
142 Pembrook St SE
Salem, OR 97302
General Dentistry
Endodontics

**Springfield**
2510 Game Farm Road
Springfield, OR 97477
General Dentistry
Dentures

**Springfield Specialty**
2590 Game Farm Road
Springfield, OR 97477
Endodontics
Oral Surgery
Orthodontics
Implants

**Tigard**
7095 SW Gonzaga Street
Tigard, OR 97223
General Dentistry
Endodontics
Oral Surgery
Periodontics
Implants

**Tualatin**
17130 SW Tusher Bicorns Ferry Rd
Durham, OR 97224
General Dentistry

**Idaho Offices**

**Boise**
8950 West Emerald Street, Ste 108
Boise, ID 83704
General Dentistry

**Coeur d’Alene**
943 West Ironwood Dr, Ste 200
Coeur d’Alene, ID 83814
General Dentistry
Orthodontics

**Idaho Falls**
2860 Valencia Drive, Ste 100
Idaho Falls, ID 83404
General Dentistry
Orthodontics

**Meridian**
1075 S Wells Street
Meridian, ID 83642
General Dentistry
Endodontics
Oral Surgery
Orthodontics
Implants

**Twin Falls**
452 Cheney Drive West, Ste 150
Twin Falls, ID 83301
General Dentistry
Orthodontics

For Appointments or Customer Service, please call 1.855.4DENTAL (1.855.433.6825)

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Visit our website at willamettedental.com for up-to-date information about our dental offices and providers, including addresses, directions, hours and patient ratings & comments.

**Washington Offices**

**Bellevue**
626 120th Avenue NE, Ste B210
Bellevue, WA 98005
General Dentistry
Orthodontics

**Bellingham**
4164 Meridian Street, Ste 300
Bellingham, WA 98226
General Dentistry
Endodontics
Orthodontics

**Everett**
3215 Horton Ave
Everett, WA 98201
General Dentistry
Endodontics
Orthodontics

**Kent**
510 Washington Ave N
Kent, WA 98032
General Dentistry
Orthodontics

**Longview**
1461 Broadway Street, Ste A
Longview, WA 98632
General Dentistry

**Lynnwood**
6101 200th Street SW, Ste 201
Lynnwood, WA 98036
General Dentistry

**Olympia**
4550 3rd Ave SE,
Lacey, WA 98503
General Dentistry
Oral Surgery
Periodontics
Implants

**Pullman**
1646 South Grand Avenue
Pullman, WA 99163
General Dentistry
Orthodontics

**Puyallup**
702 South Hill Park Drive, Ste 201
Puyallup, WA 98373
General Dentistry
Orthodontics

**Richland**
1426 Fowler Street
Richland, WA 99352
General Dentistry
Endodontics
Orthodontics
Periodontics
Implants

**Seattle**
133 Dexter Ave North
Seattle, WA 98109
General Dentistry

**Seattle – Northgate**
2111 N Northgate Way, Ste 100
Seattle, WA 98133
General Dentistry

**Seattle – Northgate Specialty**
11011 Meridian Ave N, Ste 304
Seattle, WA 98133
Endodontics
Orthodontics
Periodontics
Implants

**Silverdale**
3505 NW Anderson Hill Road
Silverdale, WA 98383
General Dentistry
Orthodontics

**Spokane – Northpointe**
9717 North Nevada
Spokane, WA 99218
General Dentistry
Implants

**Spokane Valley**
9019 E Mission Avenue
Spokane, WA 99212
General Dentistry
Endodontics
Orthodontics
Implants

**Tacoma**
3866 S. 74th Street
Tacoma, WA 98406
General Dentistry
Endodontics
Oral Surgery
Orthodontics
Periodontics
Implants

**Tumwater**
6120 SE Capitol Boulevard
Tumwater, WA 98501
General Dentistry
Endodontics
Orthodontics

**Vancouver – Hazel Dell**
910 NE 82nd Street
Vancouver, WA 98665
General Dentistry
Orthodontics

**Vancouver – Mill Plain**
9605 East Mill Plain Blvd
Vancouver, WA 98664
General Dentistry

**Yakima**
1200 Chesterly Drive, Ste 230
Yakima, WA 98902
General Dentistry
Orthodontics

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