Willamette Dental Group

AFFORDABLE DENTAL INSURANCE + QUALITY DENTAL CARE

OPEN ENROLLMENT JUST BECAME AN EASY DECISION

A SIMPLER SOLUTION

With no plan maximums*, no deductibles and predictable copays for covered services**, Willamette Dental Group helps you plan for your care and treatments rather than being surprised by a bill based on unknown fees and percentages after the fact.

Willamette Dental Group Insurance

- No Annual Plan Maximum*
- No Annual Deductible
- Out-of-Pocket Costs Based on Predictable Copays**
- Comprehensive Orthodontia Coverage for Adults and Children
- Exclusive Provider Network with more than 50 Willamette Dental office locations

Traditional Dental Insurance

- Annual Plan Maximum Coverage
- Annual Deductible to Meet Before Insurance Pays
- Out-of-Pocket Costs Based on a Percentage of What Your Provider Charges**
- Orthodontia Coverage Typically Only for Children with a Plan Maximum
- Provider Network Based on Insurance Plan

**Benefits for TMJ, orthognathic surgery, and implant surgery have a benefit maximum, if covered.*
***Orthognathic surgery has a coinsurance.*

MEET OUR DENTISTS

Willamette Dental Group is determined to create the best patient experience possible. That's why we share patient ratings and comments for all of our dentists and dental specialists right on our website. As a patient, you're welcome to choose the office and provider that's best for you.

VISIT **SEBB.WILLAMETTEDENTAL.COM**
TO VIEW PATIENT RATINGS & COMMENTS

Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

Covered Service	Benefit
Annual Plan Maximum	No Annual Plan Maximum*
Annual Deductible	No Annual Deductible
General Office Visit	$0 Copay per visit
Diagnostic & Preventive Services	Covered with the Office Visit Copay
Fillings	$10 - $50 Copay
Porcelain-Metal Crown	$100 - $175 Copay**
Complete Upper or Lower Denture	$140 Copay**
Bridge (per Tooth)	$125 - $175 Copay**
Root Canal Therapy - Anterior / Bicuspid / Molar	$100 / $125 / $150 Copays
Osseous Surgery (per Quadrant)	$75 - $100 Copay
Root Planing (per Quadrant)	$15 - $35 Copay
Routine Extraction (Single Tooth)	$10 Copay
Surgical Extraction	$10 - $50 Copay
Comprehensive Orthodontia Treatment	$1,500 Copay
Dental Implant Surgery	Benefit maximum of $1,500 per calendar year
Specialty Office Visit	$0 Copay per visit

**Benefits for TMJ, orthognathic surgery, and implant 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. 6950 NE Campus Way, Hillsboro, OR 97124
Dental services must be provided by a Willamette Dental Group, P.C. provider, except as specified otherwise. 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. The Certificate of Coverage can be found at sebb.willamettedental.com.

Questions?

Contact our Member Services team via email at memberservices@willamettedental.com or by phone at

1.855.4DENTAL (1.855.433.6825)

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