Willamette Dental is a multi-specialty group practice that practices evidence based dentistry. Members receive their care at a Willamette Dental office with highly credentialed dentists, hygienists and dental assistants. Local offices are located in Richland, Kennewick and Yakima.

This plan offers no annual maximums, no deductibles, no waiting periods and extensive coverage on preventative services. For more information on your plan, please contact Willamette Dental's Customer Service department at 1-855-4DENTAL (1-855-433-6825).

Group Number: Z148; Plan ID: HEWT

Willamette Dental

Benefit	Co-Payment
Annual Maximum	No annual maximum*
Deductible	No deductible
General Office Visit	$15 per visit
Diagnostic and Preventative Services	
Routine and Emergency Exams	Covered at 100%
All X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants	Covered at 100%
Head and Neck Cancer Screening	Covered at 100%
Oral Hygiene Instruction	Covered at 100%
Periodontal Charting	Covered at 100%
Periodontal Evaluation	Covered at 100%
Restorative Dentistry	
Fillings (Amalgam)	Covered at 100%
Stainless Steel Crown	Covered at 100%
Porcelain-Metal Crown	$120
Prosthetics	
Complete Upper or Lower Denture	$170
Bridge (per Tooth)	$120

Benefit	Co-Payment
Endodontics and Periodontics	
Root Canal Therapy – Anterior	$50
Root Canal Therapy – Bicuspid	$75
Root Canal Therapy – Molar	$100
Ossious Surgery (per Quadrant)	$140
Root Planing (per Quadrant)	Covered at 100%
Oral Surgery	
Routine Extraction (Single Tooth)	Covered at 100%
Surgical Extraction	$50
Orthodontia	
Pre-Orthodontic Service	$150**
Comprehensive Orthodontia	$1,500
Miscellaneous	
Local Anesthesia (Novocain)	Covered at 100%
Dental Lab Fees	Covered at 100%
Nitrous Oxide	$10 per Visit
After Hours Emergency Care	$20 per Visit

Out of Area Emergency Care Reimbursement up to $100

*TMJ has a $1000 annual maximum/$5000 lifetime maximum

**** Fee credited towards comprehensive orthodontic co-payment if patient accepts treatment plan.**

Willamette Dental of Washington, Inc.

This plan provides extensive coverage of services and supplies to prevent, diagnose and treat diseases or conditions of the teeth and supporting tissues. Presented are just some of the most common procedures in your plan. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.