



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 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: WA79; Plan ID: HEWT

WILLAMETTE DENTAL			
BENEFIT	CO-PAYMENT	BENEFIT	CO-PAYMENT
Annual Maximum	No annual maximum*	Endodontics and Periodontics	
Deductible	No deductible	Root Canal Therapy – Anterior	\$50
General Office Visit	\$20 per visit	Root Canal Therapy – Bicuspid	\$75
Diagnostic and Preventative Services		Root Canal Therapy – Molar	\$100
Routine and Emergency Exams	Covered at 100%	Ossious Surgery (per Quadrant)	\$140
All X-rays	Covered at 100%	Root Planing (per Quadrant)	Covered at 100%
Teeth Cleaning	Covered at 100%	Oral Surgery	
Fluoride Treatment	Covered at 100%	Routine Extraction (Single Tooth)	Covered at 100%
Sealants	Covered at 100%	Surgical Extraction	\$50
Head and Neck Cancer Screening	Covered at 100%	Orthodontia	
Oral Hygiene Instruction	Covered at 100%	Pre-Orthodontic Service	\$150**
Periodontal Charting	Covered at 100%	Comprehensive Orthodontia	\$1,500
Periodontal Evaluation	Covered at 100%	Miscellaneous	
Restorative Dentistry		Local Anesthesia (Novocain)	Covered at 100%
Fillings (Amalgam)	Covered at 100%	Dental Lab Fees	Covered at 100%
Stainless Steel Crown	Covered at 100%	Nitrous Oxide	\$10 per Visit
Porcelain-Metal Crown	\$120	After Hours Emergency Care	\$20 per Visit
Prosthetics		Out of Area Emergency Care Reimbursement up to \$100	
Complete Upper or Lower Denture	\$170	*TMJ has a \$1000 annual maximum/\$5000 lifetime maximum	
Bridge (per Tooth)	\$120		

** 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.