

# Willamette Dental of Washington, Inc.

**Summary of Benefits – CY 2009**  
**Customer Service: 1-800-360-1909**

A contributory dental plan alternative available to many employees, is the Willamette Dental of Washington, Inc. Plan (WDW). Employees selecting this plan receive their dental care from a WDW provider at one of their facilities located in the Tri-Cities, Yakima, Spokane, or in one of several locations in western Washington and western Oregon. This plan pays a majority of the cost of dental care. The employee/dependent will pay a copayment for each office visit, and for many services with the amount depending on the service received. Because this is a managed dental program, the employee's share of the cost for dental services will be lower than it would be under Washington Dental. Details of this program are available from WDW.

<b>Benefit</b>	<b>Co-Payment</b>
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
Office Visit Co-payment	\$15 per visit
<b>Diagnostic and Preventative Services</b>	
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 Instructions	Covered at 100%
Periodontal Screening	Covered at 100%
Periodontal Maintenance	Covered at 100%
<b>Restorative Dentistry and Prosthetics</b>	
Fillings	Covered at 100%
Permanent Crowns	\$120
Complete Upper or Lower Denture	\$170
Bridge per tooth	\$120
All lab fees	Covered at 100%
<b>Endodontics and Periodontics</b>	
Root canal therapy - anterior	\$50
Root canal therapy - bicuspid	\$75
Root canal therapy - molar	\$100
Osseous Surgery - per quadrant	\$140
Root Planing - per quadrant	Fully Covered
<b>Oral Surgery</b>	
Routine extraction - single tooth	Covered at 100%
Surgical extraction	\$50
<b>Orthodontia</b>	
Pre-orthodontic service	\$150*
Comprehensive Orthodontia	\$1,500
<b>Miscellaneous</b>	
Local Anesthesia (Novocain)	Covered at 100%
Nitrous Oxide (per visit)	\$10
After-hours emergency care	\$20
Missed appointment fee	\$20
Out of area emergency care reimbursement up to	\$100
TMJ	1,000 annual maximum/- \$5,000 lifetime maximum*

\*Fee credited toward comprehensive orthodontic co-payment if patient accepts treatment plan