



Willamette Dental of Washington, Inc.

WILLAMETTE DENTAL OF WASHINGTON, INC., PLAN (WDW)

A contributory dental plan alternative, new in 1998 and 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, 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 either the Dental Assistance or Dental Plus plans. Details of this program are available from WDW .

**Willamette Dental of Washington, Inc.
Summary of Benefits
Fluor Hanford, Inc.**

Customer Service: 1-800-360-1909

| Benefit | Co-Payment |
|---------------------------------------|--------------------|
| Annual Maximum | No Annual Maximum* |
| Deductible | No Deductible |
| Office Visit Co-payment | \$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 Instructions | Covered at 100% |
| Periodontal Screening | Covered at 100% |
| Periodontal Maintenance | Covered at 100% |
| Restorative Dentistry and Prosthetics | |
| Fillings | Covered at 100% |
| Permanent Crowns | \$120 |
| Complete Upper or Lower Denture | \$170 |

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| Bridge per tooth | \$120 |
| All lab fees | Covered at 100% |
| Endodontics and Periodontics | |
| 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 |
| 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% |
| 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 | |

-- FOR MORE INFORMATION, CONTACT WILLAMETTE DENTAL DIRECTLY --