SUMMARY OF BENEFITS

Pacific Lutheran University - WA137 - 1/1/2022



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	\$15 per Visit
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	\$150"
PROSTHODONTICS	
Complete Upper or Lower Denture	\$275"
Bridge (per Tooth)	\$150"
ENDODONTICS & PERIODONTICS	
Root Canal Therapy - Anterior	\$75
Root Canal Therapy - Bicuspid	\$90
Root Canal Therapy - Molar	\$125
Osseous Surgery (per Quadrant)	Covered with the Office Visit Copay
Root Planing (per Quadrant)	Covered with the Office Visit Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	\$50
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	\$150°
Comprehensive Orthodontia Treatment	\$1,500
DENTAL IMPLANTS	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
MISCELLANEOUS	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	\$20
Specialty Office Visit	\$30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

Benefits for TMJ, implant surgery, and orthognathic surgery have a benefit maximum, if covered. "Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. "Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Underwritten by Willamette Dental of Washington, Inc.

Presented are just some of the most common procedures covered in your plan. The certificate of coverage contains a complete description of covered benefits and copays.

Administrative Office: 6950 NE Campus Way, Hillsboro, OR 97124 028-WA(7/20)a

EXCLUSIONS AND LIMITATIONS



This is only a summary. The certificate of coverage contains a complete description of the limitations and exclusions.

Exclusions

- · Bone grafting.
- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services performed or initiated prior to the effective date of coverage.
- Cone beam CT X-rays and tomographic surveys.
- Dental implant-supported prosthetics or abutment-supported prosthetics (crowns, bridges, and dentures).
- A dental implant surgically placed prior to the member's effective date of coverage that has not received final restoration or a dental implant for treatment of a primary or transitional dentition.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Eposteal, transosteal, endodontic endosseous, or mini dental implants.
- Exams or consultations needed solely in connection with a service not listed as covered.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant that was started or placed by a nonparticipating provider without a referral from a Willamette Dental Group provider.

- Maintenance, repair, replacement, or completion of an existing implant that was started or placed prior to the member's effective date of coverage.
- · Maxillofacial prosthetic services.
- · Nightguards.
- Orthognathic surgery, unless listed as covered in the contract.
- · Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- · Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders, unless listed as covered in the contract.
- Services for the treatment of an injury or disease that is covered under workers' compensation or that are the employer's responsibility.
- Services for treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for treatment of intentionally self-inflicted injuries.

- Services for which coverage is available under any federal, state, or other governmental program, unless required by law.
- Services not listed as covered in the contract.
- Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

Limitations

- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.
- Services listed in the contract, which are provided to correct congenital or developmental malformations which impair functions of the teeth and supporting structures will be covered for dependent children if dental necessity has been established.
- The retreatment of root canal therapy performed by a Willamette Dental Group dentist will be covered as part of the initial treatment for the first 24 months.
 The retreatment of root canal therapy performed by a non-participating provider will be subject to the applicable copays.
- General anesthesia is covered with the copays specified in the contract, if: performed in a dental office, provided in conjunction with a covered service, and dentally necessary because the enrollee is under the age of 7, developmentally disabled, or physically handicapped.
- The services provided by a dentist in a hospital setting must meet the requirements in the contract to be covered.
- The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.

OFFICES & SPECIALTY LOCATIONS



Visit our website at willamettedental.com

for up-to-date information about our dental offices and providers, including addresses, directions, hours and patient ratings & comments.

WASHINGTON OFFICES

Bellevue

626 120th Avenue NE, Suite B210 Bellevue, WA 98005 General Dentistry Orthodontics

Bellingham

4164 Meridian Street, Suite 300 Bellingham, WA 98226 General Dentistry

Endodontics
Implants
Orthodontics

Everett

3216 Norton Ave Everett, WA 98201 General Dentistry

Endodontics Orthodontics

Kent

510 Washington Ave N Kent, WA 98032 General Dentistry Implants Orthodontics

Longview

1461 Broadway Street, Suite A Longview, WA 98632 General Dentistry

Ocheral Dentistry

Mountlake Terrace 6505 216th Street SW, Suite 200 Mountlake Terrace, WA 98043 General Dentistry

Olympia

4550 3rd Ave SE, Lacey, WA 98503 General Dentistry Endodontics Implants Orthodontics Periodontics

Pullman

1646 S Grand Avenue Pullman, WA 99163 General Dentistry Orthodontics

Puyallup

702 South Hill Park Drive, Suite 201 Puyallup, WA 98373 General Dentistry Orthodontics

Richland

1426 Fowler Street Richland, WA 99352 General Dentistry

Implants
Endodontics
Orthodontics
Periodontics

Seattle

133 N Dexter Avenue Seattle, WA 98109 General Dentistry

Seattle – Northgate Specialty 11011 Meridian Ave North,

Seattle, WA 98133

Endodontics
Implants
Orthodontics
Periodontics

Silverdale

Suite 104

3505 NW Anderson Hill Road Silverdale, WA 98383 General Dentistry

Spokane – Northpointe

9717 N Nevada Spokane, WA 99218 General Dentistry

Spokane Valley

9019 E Mission Avenue Spokane Valley, WA 99212 General Dentistry Endodontics Implants Orthodontics

Tacoma

3866 S 74th Street, Suite 200 Tacoma, WA 98406 General Dentistry Dentures Endodontics Implants

Periodontics Tumwater

Orthodontics

6120 SE Capitol Blvd. Tumwater, WA 98501 General Dentistry

Vancouver – Hazel Dell

910 NE 82nd Street Vancouver, WA 98665 General Dentistry Orthodontics

Vancouver - Mill Plain

9609 E Mill Plain Blvd. Vancouver, WA 98664 *General Dentistry*

Yakima

1200 Chesterly Drive, Ste 230 Yakima, WA 98902 General Dentistry Implants Orthodontics

IDAHO OFFICES

Boise

8950 W Emerald Street, Suite 108 Boise, ID 83704 General Dentistry Implants Orthodontics

Coeur d'Alene

943 W Ironwood Drive, Suite 200 Coeur d'Alene, ID 83814 General Dentistry Orthodontics

Idaho Falls

2860 Valencia Drive Idaho Falls, ID 83404 General Dentistry Implants Orthodontics

Meridian

1075 S Wells Street Meridian, ID 83642 General Dentistry Endodontics Oral Surgery Orthodontics

Twin Falls

452 Cheney Drive West, Suite 150 Twin Falls, ID 83301 General Dentistry Implants Orthodontics

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OREGON OFFICES

Albany

2225 Pacific Blvd. SE, Suite 201 Albany, OR 97321 General Dentistry

Beaverton

4925 SW Griffith Drive Beaverton, OR 97005 General Dentistry Orthodontics Pediatric Dentistry

Bend

62968 O.B. Riley Road, Suite 12 Bend, OR 97703 General Dentistry Implants Orthodontics

Corvallis

2420 NW Professional Drive, Suite 150 Corvallis, OR 97330 General Dentistry Orthodontics

Eugene

2703 Delta Oaks Drive, Suite 300 Eugene, OR 97408 General Dentistry Implants

Grants Pass

702 SW Ramsey Ave, Suite 224 Grants Pass, OR 97527 General Dentistry

Gresham

1107 NE Burnside Road Gresham, OR 97030 General Dentistry

Hillsboro

5935 SE Alexander Street Hillsboro, OR 97123 General Dentistry Dentures

Lincoln City

1105 SE Jetty Avenue, Suite B Lincoln City, OR 97367 General Dentistry

Medford

773 Golf View Drive Medford, OR 97504 General Dentistry Dentures Implants Orthodontics

Milwaukie

6902 SE Lake Road, Suite 200 Milwaukie, OR 97267 General Dentistry

Portland – Jefferson

1933 SW Jefferson Street Portland, OR 97201 General Dentistry Orthodontics

Portland – Lents 8931 SE Foster Rd.,

Portland, OR 97266 General Dentistry Endodontics Oral Surgery Orthodontics

Portland - Stark 1

13255 SE Stark Street Portland, OR 97233

General Dentistry

Portland - Stark 2

405 SE 133rd Avenue Portland, OR 97233 General Dentistry Dentures

Roseburg

2365 NW Stewart Parkway Roseburg, OR 97471 General Dentistry Implants Orthodontics

Salem - Lancaster

3490 NE Lancaster Drive Salem, OR 97305 General Dentistry Implants Endodontics Oral Surgery Orthodontics

Salem - Liberty

142 Pembrook Street SE Salem, OR 97302 General Dentistry

Springfield

2510 Game Farm Road Springfield, OR 97477 General Dentistry

Springfield Specialty

2530 Game Farm Road Springfield, OR 97477 *Endodontics*

Endodontics Oral Surgery Orthodontics

Tigard

7095 SW Gonzaga Street Tigard, OR 97223

General Dentistry Endodontics Implants Oral Surgery Periodontics

Tualatin

17130 SW Upper Boones Ferry Road Durham, OR 97224 General Dentistry