

Willamette Dental Group

AFFORDABLE DENTAL INSURANCE + QUALITY DENTAL CARE

OPEN ENROLLMENT JUST BECAME AN EASY DECISION

SWITCH TO A SIMPLER SOLUTION

With no maximums, no deductibles and predictable copays for all covered services, Willamette Dental Group helps you plan for your care and treatments rather than being surprised by a bill based on unknown fees and percentages after the fact.



Willamette Dental Group Insurance

- No Annual Maximum
- No Deductible
- Out-of-Pocket Costs Based on Predictable Copays
- Comprehensive Orthodontic Coverage for Adults and Children
- Exclusive Provider Network



Traditional Dental Insurance

- Annual Maximum Coverage
- Annual Deductible to Meet Before Insurance Pays
- Out-of-Pocket Costs Based on a Percentage of What Your Provider Charges
- Orthodontic Coverage Typically Only for Children with Maximum Coverage
- Provider Network Based on Insurance Plan

MEET OUR DENTISTS

Willamette Dental Group is determined to create the best patient experience possible. That's why we share patient ratings and comments for all of our dentists and dental specialists right on our website. As a patient, you're welcome to choose the office and provider that's best for you.



VISIT WILLAMETTEDENTAL.COM
TO VIEW PATIENT RATINGS & COMMENTS

CONVENIENT. FAST. FRIENDLY.

With more than 50 office locations in Washington, Oregon and Idaho, chances are we have a dental office that's convenient for you.

VISIT WILLAMETTEDENTAL.COM TO VIEW LOCATIONS

WA & ID OPERATING ENGINEERS BENEFIT SUMMARY

| Benefit | Copays |
|--|--------------------|
| Annual Maximum | No Annual Maximum* |
| Deductible | No Deductible |
| General & Ortho Office Visit | \$20 per visit |
| X-rays | \$10 – \$50 |
| Teeth Cleaning | \$45 |
| Fluoride Treatment | \$15 |
| Sealants (per tooth) | \$20 |
| Fillings | \$60 – \$120 |
| Porcelain-Metal Crown | \$400 |
| Complete Upper or Lower Denture | \$525 |
| Bridge (per Tooth) | \$400 |
| Root Canal Therapy - Anterior / Bicuspid / Molar | \$175 – \$350 |
| Osseous Surgery (per Quadrant) | \$155 |
| Root Planing (per Quadrant) | \$90 |
| Routine Extraction | Covered at 100% |
| Surgical Extraction | \$95 |
| Comprehensive Orthodontia Treatment | \$2500 |
| Nitrous Oxide | \$20 |
| Specialty Office Visit | \$30 |
| Out of Area Emergency Care Reimbursement | Up to \$100 |

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

Underwritten by Willamette Dental of Washington, Inc. Please refer to your Certificate of Coverage for limitations and exclusions.

Questions?

Contact our Member Services team via email at memberservices@willamettdental.com or by phone at

1.855.4DENTAL (1.855.433.6825)


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