



Group Number: Z1812A
 Plan ID: WBACC2
 Effective Date: 3/1/2010

Washington Business Association & Chamber of Commerce

Summary of Benefits

| BENEFIT | CO-PAYMENT |
|---|--------------------|
| Annual Maximum | No Annual Maximum* |
| Deductible | No Deductible |
| General Office Visit | \$15 per Visit |
| DIAGNOSTIC AND PREVENTIVE 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 Instruction | Covered at 100% |
| Periodontal Charting | Covered at 100% |
| Periodontal Evaluation | Covered at 100% |
| RESTORATIVE DENTISTRY AND PROSTHETICS | |
| Fillings | Covered at 100% |
| Permanent Crown | \$230 |
| Complete Upper or Lower Denture | \$230 |
| Bridge – per Tooth | \$230 |
| Dental Lab Fees | Covered at 100% |
| ENDODONTICS AND PERIODONTICS | |
| Root Canal Therapy – Anterior | \$90 |
| Root Canal Therapy – Bicuspid | \$180 |
| Root Canal Therapy – Molar | \$250 |
| Osseous Surgery (per Quadrant) | \$150 |
| Root Planing (per Quadrant) | \$60 |
| ORAL SURGERY | |
| Routine Extraction (Single Tooth) | Covered at 100% |
| Surgical Extraction | \$160 |
| ORTHODONTIA | |
| Pre-Orthodontic Service | \$150** |
| Comprehensive Orthodontia | \$2,800 |
| MISCELLANEOUS | |
| Local Anesthesia (Novocain) | Covered at 100% |
| Nitrous Oxide | \$20 per Visit |
| Specialty Office Visit | \$30 per Visit |
| Emergency Office Visit During Office Hours | \$50 per Visit |
| Out of Area Emergency Care Reimbursement Up to \$100 | |
| *TMJ has a \$1000 annual maximum / \$5000 lifetime maximum | |

**Services for temporomandibular joint disorder (TMJ) have a maximum benefit*

***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 covered in your plan. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.