



Group Number: Z1812B
 Plan ID: WBACC3
 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	\$295
Complete Upper or Lower Denture	\$300
Bridge – per Tooth	\$295
Dental Lab Fees	Covered at 100%
ENDODONTICS AND PERIODONTICS	
Root Canal Therapy – Anterior	\$100
Root Canal Therapy – Bicuspid	\$200
Root Canal Therapy – Molar	\$250
Osseous Surgery (per Quadrant)	\$160
Root Planing (per Quadrant)	\$75
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered at 100%
Surgical Extraction	\$180
ORTHODONTIA	
Pre-Orthodontic Service	\$150**
Comprehensive Orthodontia	\$2,900
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.