



D-8 Dental Plan Summary

Effective 1/1/2021

This is only a summary of the key coverage provisions of the D-8 Dental Plan and is not intended to be used for general distribution purposes or in lieu of a Plan Booklet. If there are any discrepancies the plan booklet will govern.

Plan Benefits	D-8 Dental Plan	Orthodontia Rider
2020 Contribution Rate	\$130	\$11
Type of Plan	Indemnity/HMO	Indemnity/HMO
Deductible	None	None
Annual Plan Maximum	\$2,000	-
Lifetime Plan Maximum	-	\$2,500
Diagnostic & Preventative - Oral Examinations - Cleaning and Flouride - X-rays - Panorex/Full Mouth X-ray - Sealants	100% Two per calendar year Two per calendar year As needed One every two years Under age 19	50% - Age limit is 19 - Date of service is date of banding
Basic Restorative - Fillings - Sealants - Oral Surgery, Root Canal - Perio Maintenance - Dentures, Bridges - Crowns, Inlays and Onlays - Implants	75%	
Other - Anesthesia / Nitrous Oxide - Consultations - Nightguards	50%	

Willamette Dental of Washington

You have the option between the plan above or enrolling in this clinic based dental program.

Visit Charge Provides	\$25 Office Visit Copay
- Diagnostic Services	Covered with copay
- Preventive Services	Covered with copay
- Filings (Amalgam)	\$10 copay
- Root Planing (per quadrant)	\$25 copay
- Routine Extraction	Covered with copay
- Surgical Extraction	Covered with copay
- Nitrous Oxide	Covered with copay
- Office Visit with Specialist	\$30 copay
- Porcelain-Metal Crown	\$250 copay
- Bridge (per tooth)	\$250 copay
- Dentures (upper and lower)	\$300 copay
- Root Canals	\$75 / \$150 / \$225 copay
- Implant Surgery	\$1,500 benefit per calendar year
Orthodontia	
- Pre-Orthodontia Treatment	\$150 copay
- Orthodontia (banding)	\$1,800