

Summary of Benefits



West Linn-Wilsonville School District – OR260 – 12/1/2025

COVERED BENEFITS	COPAYS
Annual maximum	No annual maximum*
Deductible	No deductible
General & ortho office visit	You pay \$10 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	Covered with the office visit copay **
PROSTHODONTICS	
Complete upper or lower denture	Covered with the office visit copay **
Bridge (per tooth)	Covered with the office visit copay **
ENDODONTICS & PERIODONTICS	
Root canal therapy - anterior	Covered with the office visit copay
Root canal therapy - bicuspid	Covered with the office visit copay
Root canal therapy - molar	Covered with the office visit copay
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	Covered with the office visit copay
ORTHODONTIA TREATMENT	
Pre-orthodontia treatment	You pay a \$150 copay***
Comprehensive orthodontia treatment	You pay a \$1,500 copay
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	You pay a \$40 copay
Specialty office visit	You pay \$30 per visit
Out of area emergency care reimbursement	You pay charges in excess of \$100

*Benefits for implant 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 Idaho, 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.

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 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 services, prosthetic services, and implants that were provided prior to the effective date of coverage.
- 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.
- General anesthesia, moderate sedation and deep sedation.
- Hospital care or other care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant started or placed by a non-participating provider without a referral from a Willamette Dental Group, P.C. provider.
- Maintenance, repair, replacement, or completion of an existing implant started or placed prior to the member's effective date of coverage.
- Maxillofacial prosthetic services.
- Nightguards.
- Orthognathic surgery.
- 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, P.C. 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.
- Services for the treatment of an occupational injury or disease, including an injury or disease arising out of self-employment or for which benefits are available under workers' compensation or similar law.
- 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, P.C. dentist is covered.
- Services listed in the contract, which are provided to correct congenital are covered for dependent children if dental necessity has been established.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group, P.C. dentist.
- The retreatment of root canal therapy performed by a Willamette Dental Group, P.C. 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.
- 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.

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.

Oregon Offices

Albany

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

Beaverton

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

Bend

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

Gresham

1107 NE Burnside Road
Gresham, OR 97030
General Dentistry

Hillsboro

5935 SE Alexander Street
Hillsboro, OR 97123
General Dentistry

Lincoln City

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

Medford

773 Golf View Drive
Medford, OR 97504
General Dentistry
Orthodontics

Milwaukie

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

Portland – Jefferson

1933 SW Jefferson Street
Portland, OR 97201
General Dentistry

Portland – Lents

8931 SE Foster Road.,
Portland, OR 97266
General Dentistry
Dentures
Endodontics
Orthodontics
Pediatric Dentistry

Portland – Stark 1

13255 SE Stark Street
Portland, OR 97233
General Dentistry
Dentures

Portland – Stark 2

405 SE 133rd Avenue
Portland, OR 97233
General Dentistry

Salem – Lancaster

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

Salem – Liberty

142 Pembroke 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
Oral Surgery
Orthodontics

Tigard

7095 SW Gonzaga Street
Tigard, OR 97223
General Dentistry
Endodontics
Oral Surgery
Periodontics

Tualatin

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

Plan coverage also extends if you are referred to an outside dentist or specialist by your Willamette Dental dentist. If referred to an outside dentist or specialist, your copayments remain the same as shown in your Summary of Benefits.

For Appointments or Member Services, please call 1.855.433.6825

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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
Orthodontics*

Everett

3216 Norton Avenue
Everett, WA 98201
*General Dentistry
Endodontics
Orthodontics*

Kent

510 Washington Avenue N
Kent, WA 98032
*General Dentistry
Orthodontics*

Longview

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

Mountlake Terrace

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

Olympia

4550 3rd Avenue SE,
Lacey, WA 98503
*General Dentistry
Dentures
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 North

11011 Meridian Avenue North,
Suite 104
Seattle, WA 98133
*General Dentistry
Endodontics
Implants
Orthodontics
Periodontics*

Silverdale

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
Orthodontics
Periodontics*

Tacoma

3866 S 74th Street, Suite 200
Tacoma, WA 98406
*General Dentistry
Dentures
Endodontics
Implants
Oral Surgery
Orthodontics
Periodontics*

Tumwater

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 Boulevard.
Vancouver, WA 98664
General Dentistry

Yakima

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

Idaho Offices

Boise

607 N. Mitchell Street
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
Orthodontics*

Meridian

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

Nampa

16145 N High Desert St
Nampa, ID 83687
General Dentistry

Twin Falls

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

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