



# DENTAL CARE + INSURANCE TOGETHER AND SIMPLIFIED

## ENROLLMENT GUIDE

Plans in Oregon underwritten by Willamette Dental Insurance, Inc.,  
plans in Washington underwritten by Willamette Dental of Washington,  
Inc., and plans in Idaho underwritten by Willamette Dental of Idaho, Inc.  
011-WDG(1/22)

  
**Willamette**  
Dental Group



# HOW WILLAMETTE DENTAL GROUP IS DIFFERENT

## SIMPLE, RELIABLE INSURANCE

We believe dental insurance should be simple so we've eliminated the guessing game. We blend preventive dental care with broad insurance coverage, making it affordable, with no annual maximum\* or deductibles and predictable out of pocket costs.



## COMMITTED TO YOUR ORAL HEALTH

Healthy teeth should last a lifetime and proper care doesn't always mean invasive treatments. We practice evidence-based dentistry to end the disease-repair cycle by focusing on prevention.

By partnering with you, we make sure you have the knowledge you need to practice healthy habits and we don't recommend any unnecessary treatments.

\*If covered by your plan, dental implant surgery, TMJ treatment, and orthognathic surgery are subject to benefit maximums.

# CONVENIENT PLAN FEATURES

- No annual maximums\*, deductibles, or waiting periods with predictable out of pocket costs
- Benefits and/or services are provided at Willamette Dental Group offices
- Extended hours: Monday - Friday 7am - 5:30pm and rotating Saturdays regionally
- Emergency services available in-person in 48 hours or less and on-call 24/7
- All dental specialty services available, including orthodontics for all ages
- No ID card necessary

## ABOUT WILLAMETTE DENTAL GROUP

For more than 50 years, it has been Willamette Dental Group's mission to deliver our proactive preventive dental care philosophy to our patients by focusing on promoting long term oral health.

We commit to service excellence through a dedicated team that exemplifies the following four core values: Health, Compassion, Innovation, Integrity.

\*If covered by your plan, dental implant surgery, TMJ treatment, and orthognathic surgery are subject to benefit maximums.

# QUALITY CARE FROM QUALITY PROVIDERS

With your Willamette Dental insurance plan, you have access to our top quality dental providers across all of our convenient locations. We make it easy for you to learn about all of our offices and providers with easy to access profiles on our website, complete with unfiltered star ratings and comments from real patients.

None of our general dentists are compensated by the number of high priced procedures they perform. Instead, they are rewarded by improving your oral health, educating you on home care, making timely appointments available, and doing their best to make you happy with your experience.

nrc  
HEALTH



4.5 Average For All Offices

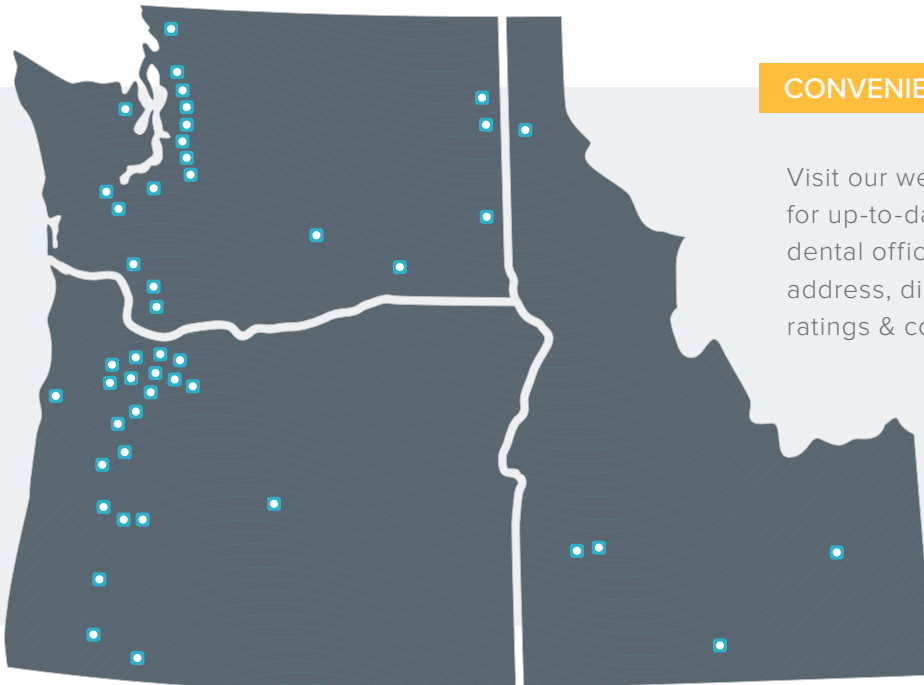


*“Sharing real patient feedback is so important to us at Willamette Dental Group. It helps our patients build trust with our providers before they even walk through our doors.”*

Dr. Eugene Skourtes  
CEO & President  
Willamette Dental Group

## CONVENIENT NORTHWEST LOCATIONS

Visit our website at [willamettedental.com](http://willamettedental.com) for up-to-date information about our dental offices and providers, including address, directions, hours, and patient ratings & comments.



## APPOINTMENTS OR EMERGENCIES

**Toll Free: 1.855.433.6825**

### Appointment Center Hours

Monday - Friday: 7am - 5:30pm PT

Saturday: 7am - 1pm PT

### For Dental Emergencies

Call 24 hours / 7 days-a-week

## QUESTIONS?

We have a full staff of member service representatives who will answer any question that you may have about your dental plan or service.

**Toll Free: 1.855.433.6825**

### Member Services Hours

Monday - Friday: 8am - 5pm PT

E-mail: [memberservices@willamettedental.com](mailto:memberservices@willamettedental.com)

**[willamettedental.com](http://willamettedental.com)**

Dental Services Provided by: Willamette Dental Group, P.C.

Plans in Oregon underwritten by Willamette Dental Insurance, Inc., plans in Washington underwritten by Willamette Dental of Washington, Inc., and plans in Idaho underwritten by Willamette Dental of Idaho, Inc.

© 2022, Willamette Dental Group. All rights reserved.

"NRC Health" and the NRC Health logo are copyright of NRC Health.



# SUMMARY OF BENEFITS

Multnomah County – OR331 – 1/1/2024



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay \$10 per Visit
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b>	
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 & Evaluation	Covered with the Office Visit Copay
<b>RESTORATIVE DENTISTRY</b>	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	Covered with the Office Visit Copay
<b>PROSTHODONTICS</b>	
Complete Upper or Lower Denture	Covered with the Office Visit Copay
Bridge (per Tooth)	Covered with the Office Visit Copay
<b>ENDODONTICS &amp; PERIODONTICS</b>	
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
<b>ORAL SURGERY</b>	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	Covered with the Office Visit Copay
<b>ORTHODONTIA TREATMENT</b>	
Pre-Orthodontia Treatment	You Pay a \$150 Copay**
Comprehensive Orthodontia Treatment	You Pay a \$1,500 Copay
<b>DENTAL IMPLANTS</b>	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
<b>MISCELLANEOUS</b>	
Occlusal Guard	Covered with the Office Visit Copay
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. \*\*Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

## Underwritten by Willamette Dental Insurance, 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 or moderate sedation.
- Hospitalization 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 provider.
- Maintenance, repair, replacement, or completion of an existing implant started or placed prior to the member's effective date of coverage.
- 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 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 injury or disease that is covered under workers' compensation or that are an employer's responsibility.
- 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 dentist is covered.
- Services listed in the contract, which are provided to correct congenital or developmental malformations of the teeth and supporting structure will be covered if primarily for the purpose of controlling or eliminating infection, controlling or eliminating pain, or restoring function.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.
- When the initial root canal therapy was performed by a Willamette Dental Group dentist, the retreatment of such root canal therapy will be covered as part of the initial treatment for the first 24 months. When the initial root canal therapy was performed by a non-participating provider, the retreatment of such root canal therapy by a Willamette Dental Group dentist will be subject to the applicable copays.
- The services provided by a dentist in a hospital setting are covered if: a hospital or similar setting is medically necessary; the services are authorized in writing by a Willamette Dental Group dentist; the services provided are the same services that would be provided in a dental office; and applicable copays are paid.
- 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.
- The replacement of a lost occlusal guard is covered only once in a 2-year period. Repair or replacement of a broken or damaged occlusal guard is covered as needed.

# OFFICES & SPECIALTY LOCATIONS



Visit our website at [willamettedental.com](http://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 Blvd. SE, Suite 201  
Albany, OR 97321

*General Dentistry*

### **Beaverton**

4925 SW Griffith Drive  
Beaverton, OR 97005

*General Dentistry*

*Dentures*

*Orthodontics*

*Pediatric Dentistry*

### **Bend**

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

*General Dentistry*

*Implants*

*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*

*Implants*

### **Grants Pass**

702 SW Ramsey Ave, Suite 224  
Grants Pass, OR 97527

*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*

*Implants*

*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 Rd.,  
Portland, OR 97266

*General Dentistry*

*Endodontics*

*Oral Surgery*

*Orthodontics*

*Pediatric Dentistry*

### **Portland – Stark 1**

13255 SE Stark Street  
Portland, OR 97233

*General Dentistry*

### **Portland – Stark 2**

405 SE 133rd Avenue  
Portland, OR 97233

*General Dentistry*

### **Salem – Lancaster**

3490 NE Lancaster Drive  
Salem, OR 97305

*General Dentistry*

*Dentures*

*Implants*

*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*

*Implants*

### **Springfield Specialty**

2530 Game Farm Road  
Springfield, OR 97477

*Endodontics*

*Oral Surgery*

*Orthodontics*

### **Tigard**

7095 SW Gonzaga Street  
Tigard, OR 97223

*General Dentistry*

*Endodontics*

*Implants*

*Oral Surgery*

*Periodontics*

### **Tualatin**

17130 SW Upper Boones Ferry Road  
Durham, OR 97224

*General Dentistry*

For Appointments or Customer Service, please call 1.855.433.6825



# OFFICES & SPECIALTY LOCATIONS



Visit our website at [willamettedental.com](http://willamettedental.com)

for up-to-date information about our dental offices and providers, including addresses, directions, hours and patient ratings & comments.

## 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  
Implants  
Orthodontics*

### Everett

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

### Kent

510 Washington Ave N  
Kent, WA 98032  
*General Dentistry  
Implants  
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 Ave 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  
Oral Surgery  
Orthodontics  
Periodontics*

### Seattle North

11011 Meridian Ave 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  
Implants  
Oral Surgery  
Orthodontics*

### 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 Blvd.  
Vancouver, WA 98664  
*General Dentistry*

### Yakima

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

## IDAHO OFFICES

### Boise

607 N. Mitchell St  
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  
Implants  
Orthodontics*

### Meridian

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

For Appointments or Customer Service, please call 1.855.433.6825

# Dental Enrollment Application and Change of Information Form

Willamette Dental Insurance, Inc.  
6950 NE Campus Way, Hillsboro, Oregon 97124



Please print your answers clearly in ink and fill out both sides of this form so we can process your application quickly. Thank you.

## 1

### I'm filling out this application because I am...

- a new applicant
- a retiree
- a current member: (select a box below)
  - changing my name
  - changing my address
  - changing my dependents
  - terminating my coverage due to...
  - open enrollment
  - qualifying event - Type of qualifying event: \_\_\_\_\_  
Date of qualifying event: \_\_\_\_\_
- a COBRA member: (select a box below)
  - 18 months
  - 29 months
  - 36 months
  - Date of Continuation Qualifying Event: \_\_\_\_\_

## 2

### My employer information is...

Name of Employer	Group ID	Effective Date	
Address	City	State	Zip Code
Work Telephone Number	Occupation	Date of Hire	

## 3

### My information is...

Self (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Home Address	City/State/Zip	Home Telephone Number
E-mail Address	Date of Birth	Old Name, if applicable

## 4

### I want to enroll my...

Legal Spouse or Domestic Partner (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Dom. Part.	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Dependent Child (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Dependent Child (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Dependent Child (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth	<input type="checkbox"/> Add <input type="checkbox"/> Delete



**5**

**Additional dependents...**

Dependent Child (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Dependent Child (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth	<input type="checkbox"/> Add <input type="checkbox"/> Delete

**6**

**Other dental insurance I have...**

Are you or any of your dependents are covered by another dental plan?

Yes  No

If yes, name of enrollee: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**7**

**Signatures**

I hereby apply for coverage through Willamette Dental Insurance, Inc. for myself and for my listed dependents.

I authorize my employer to make payroll deductions from my salary or wages in the amount required, if any, to cover my contribution to coverage with Willamette Dental Insurance, Inc. I authorize any provider of health services to give Willamette Dental Insurance, Inc., upon request, any information concerning the health, condition, or treatment of any person included under such coverage whenever such information is considered necessary for the proper disposition of a claim in fulfillment of obligations imposed on Willamette Dental Insurance, Inc. by State or Federal law.

I certify that all information supplied in this application is true and complete to the best of my knowledge. I agree to advise Willamette Dental Insurance, Inc. of any change in status within 60 days from the date of change. Limited to two years within filing this form, I understand that my coverage may be null and void if I have provided any information which is false or misleading regarding myself or my dependents on this form or any form filed in conjunction with this plan.

Signature of Primary Applicant	Date of Signature
--------------------------------	-------------------

**Waiving your group dental insurance...**

Do you wish to waive the right to group dental insurance offered through your employer?

Yes  No

If yes, please choose who you are waiving coverage for below:

Myself & my dependents  My dependents only

Signature: \_\_\_\_\_

Date: \_\_\_\_\_