



Willamette
Dental Group

DENTAL CARE + INSURANCE TOGETHER AND SIMPLIFIED

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.

We practice evidence-based dentistry and partner with you to make sure you have the knowledge you need to practice healthy habits.



QUALITY CARE FROM QUALITY PROVIDERS



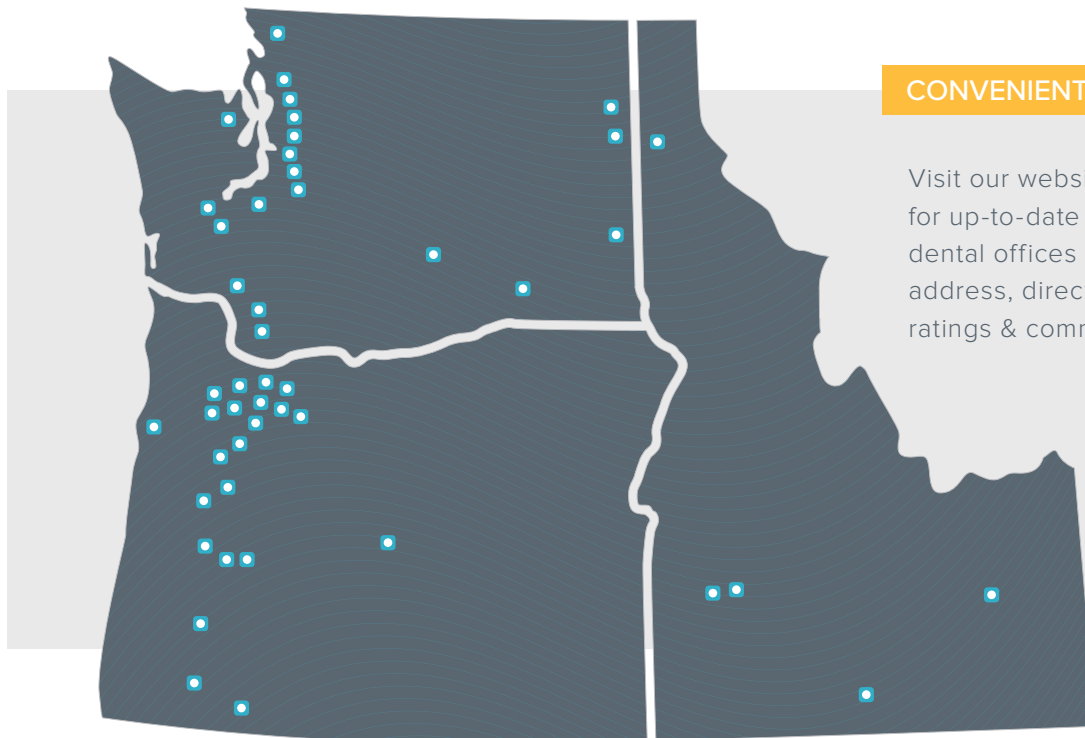
4.5 Average For All Offices



With your Willamette Dental insurance plan, you have access to our top quality multi-specialty dental providers across all of our convenient locations. Our doctors aren't paid by the number of crowns they perform. Instead they're rewarded by improving your health, getting you timely appointments and making you happy.

CONVENIENT PLAN FEATURES

- No annual maximum*, deductible or waiting periods with predictable out-of-pocket costs
- Benefit coverage at all Willamette Dental Group locations
- Extended hours: Monday – Friday 7am – 5:30pm and rotating Saturdays regionally
- Easy appointment scheduling – just call 1.855.433.6825
- Emergency services available in-person in 48 hours or less and by phone 24/7
- All dental specialty services available, including orthodontics for all ages
- No ID card needed - all information securely stored in Willamette Dental Group system



CONVENIENT NORTHWEST LOCATIONS

Visit our website at willamettedental.com for up-to-date information about our dental offices and providers, including address, directions, hours, and patient ratings & comments.

QUESTIONS?

Contact our Member Services team via email at memberservices@willamettedental.com or by phone at 1.855.433.6825.

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. 6950 NE Campus Way, Hillsboro, OR 97124
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SUMMARY OF BENEFITS

Multnomah Bar Association – OR133 – 4/1/2025



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic 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	You Pay a \$250 Copay**
PROSTHODONTICS	
Complete Upper or Lower Denture	You Pay a \$350 Copay**
Bridge (per Tooth)	You Pay a \$250 Copay**
ENDODONTICS & PERIODONTICS	
Root Canal Therapy - Anterior	You Pay a \$85 Copay
Root Canal Therapy - Bicuspid	You Pay a \$110 Copay
Root Canal Therapy - Molar	You Pay a \$140 Copay
Osseous Surgery (per Quadrant)	You Pay a \$150 Copay
Root Planing (per Quadrant)	You Pay a \$60 Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You Pay a \$80 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 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.
- 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 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.

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 Blvd. 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

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

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

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 Group 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

OFFICES & SPECIALTY LOCATIONS



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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 Ave
Everett, WA 98201
*General Dentistry
Endodontics
Orthodontics*

Kent

510 Washington Ave 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 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
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
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
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
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*

Plan coverage also extends if you are referred to an outside dentist or specialist by your Willamette Dental Group 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

Rev 8.6.24

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
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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: _____