This plan sponsored by:

OREGON SCHOOL BOARDS ASSOCIATION

Oregon School Boards Association Dentacare Plan

Benefit Features	
Choice of providers	Services are provided only through contracting dental offices (see Dentacare provider list). Orthodontia services are only available through Willamette Dental.
Maximum benefits	There is no maximum benefit
Visit charge	$10 each visit
Covered Services	
➢ Routine Exams	Fully covered after visit charge
➢ Cleanings	Fully covered after visit charge
➢ X-rays	Fully covered after visit charge
➢ Fluoride treatment	Fully covered after visit charge
➢ Fillings	Fully covered after visit charge
➢ Minor surgery	Fully covered after visit charge
➢ Crown or inlay (each)	Fully covered after visit charge
➢ Bridge (per tooth or tooth space affected)	Fully covered after visit charge
➢ Periodontal treatment (per quadrant or procedure; includes maintenance procedures)	Fully covered after visit charge
➢ Nitrous oxide (per occurrence)	Fully covered after visit charge and $15 copayment
➢ Dentures (each)	Fully covered after visit charge
➢ Surgical tooth extractions (per tooth)	Fully covered after visit charge
➢ Root planing (per quadrant)	Fully covered after visit charge
➢ Root canal therapy:	
Anterior teeth	Fully covered after visit charge
Bicuspid teeth	Fully covered after visit charge
Molar teeth	Fully covered after visit charge
Dental Implant Services	Check with Willamette Dental for the **copayment** amount, which they may change without notice
After hours emergency charge at Willamette Dental	$20 (instead of the $10 visit charge)
Dental services in hospital	$100 (in addition to applicable service copayments – does not include charge for operatory)
Pre-orthodontia Copay	Up to $150
Orthodontia – Provided only through Willamette Dental	Fully covered after visit charge and $1500 copayment
Out-of-area emergency benefit	Up to $100 reimbursement (less any required copayment)
Charge for missed appointments	$20

As a new patient of Williamette Dental, you can expect your first visit to include:

- necessary x-rays, a thorough examination, and the development of your treatment plan
- discussion of your medical and dental history
- adults will schedule a cleaning appointment
- children up to age 12 will receive a cleaning along with fluoride and decay reducing treatment
- review of causes of decay, gum disease, and a demonstration of effective methods of brushing and flossing

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Limitations and Exclusions

This is a benefit summary only. For a complete list of benefits and the limitations and exclusions that apply to them, please refer to the benefits booklet.

These Benefits Are Limited

- We will not duplicate benefits for which you are eligible under Medicare except as required by law.
- The replacement of an existing denture, dental implants and super structures, crown, or bridge less than five years after the date of the most recent placement.

Services And Supplies Not Covered

- Services or supplies you receive before your coverage starts or after your coverage ends. The date artificial teeth are placed in the mouth is considered as the date of service.
- Services that are not necessary dental care.
- Services and supplies related to the diagnosis or treatment of the temporomandibular joint.
- Lost, stolen, or broken appliances.
- Splints, nightguards, and other appliances used to increase vertical dimensions, restore bite, or correct habits such as tongue thrusting or teeth grinding.
- Treatment(s), procedures, equipment, medications, devices, and supplies that are experimental or investigational even when provided by foreign providers.
- Services or supplies not received from a Dentacare dentist (except as specifically listed).
- Surgery for fractures, cysts, or tumors.
- Models of teeth and surrounding tissue for purposes of study and treatment planning.
- Services provided by a dentist or denturist that are beyond the scope of his or her license.
- Cosmetic dental services including complications arising out of such services.
- General anesthesia, unless recommended by the referring or attending dentist for a medical condition which requires general anesthesia before services can be performed.
- Recording of jaw movements or positions.
- Services or supplies you receive from a dental or medical department maintained by or on behalf of any employer, a mutual benefit association, labor union, trustee, or similar person or group.
- Services and supplies not specifically listed.
- Medication or supply to be taken or used outside the dental office.

Willamette Dental, P.C.
Locations open: Monday thru Saturday 7 a.m. until 6 p.m.
Please call for appointments and emergencies:
Portland: (503) 644-3200 Vancouver: (360) 693-0050

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Toll-free, all areas 1 (800) 228-0978

TDD Line for people with hearing impairments 1 (800) 382-1003

www.or.regence.com