

Dental Summary

Supervisory/Technical

Benefit	Blue Cross B-300
Choice of Provider	Services are provided ONLY through Willamette Dental Group
Annual Deductible (per calendar year)	Combined deductible with medical.
Annual Limit (per calendar year)	\$1500
Preventive/Basic Care Exams, Cleaning, X-rays, fluoride, fillings, simple extractions, root canal therapy	100% (deductible waived)
Prosthetics Dentures, bridges, crowns, inlays, space retainers	50%
Orthodontia	None