

# Summary of Benefits



Association of Washington Cities – Retiree Plan – SW12 – 1/1/2026

COVERED BENEFITS	COPAYS
Annual maximum	No annual maximum*
Deductible	No deductible
General & ortho office visit	You pay \$15 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	Covered with the office visit copay
Periodontal evaluation	Covered with the office visit copay
<b>RESTORATIVE DENTISTRY</b>	
Fillings	Covered with the office visit copay
Porcelain-metal crown	You pay a \$200 copay**
<b>PROSTHODONTICS</b>	
Complete upper or lower denture	You pay a \$300 copay**
Bridge (per tooth)	You pay a \$200 copay**
<b>ENDODONTICS &amp; PERIODONTICS</b>	
Root canal therapy - anterior	You pay a \$75 copay
Root canal therapy - bicuspid	You pay a \$100 copay
Root canal therapy - molar	You pay a \$125 copay
Osseous surgery (per quadrant)	You pay a \$150 copay
Root planing (per quadrant)	You pay a \$60 copay
<b>ORAL SURGERY</b>	
Routine extraction (single tooth)	Covered with the office visit copay
Surgical extraction	You pay a \$80 copay
<b>ORTHODONTIA TREATMENT</b>	
Pre-orthodontia treatment	You pay a \$150 copay***
Comprehensive orthodontia treatment	You pay a \$2,000 copay
<b>DENTAL IMPLANTS</b>	
Dental implant surgery	Implant benefit maximum of \$1,500 per calendar year
<b>MISCELLANEOUS</b>	
Local anesthesia	Covered with the office visit copay
Dental lab fees	Covered with the office visit copay
Nitrous Oxide	You pay a \$20 copay
Specialty office visit	You pay \$30 per visit
Out of area emergency care reimbursement	You pay charges in excess of \$100

\*Benefits for TMJ, implant surgery, and orthognathic 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 Washington, 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 performed or 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 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.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant that was 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 that was started or placed prior to the member's effective date of coverage.
- Maxillofacial prosthetic services.
- Nightguards.

- Orthognathic surgery, unless listed as covered in the contract.
- 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, unless listed as covered in the contract.
- Services for the treatment of an injury or disease that is covered under workers' compensation or that are the 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, P.C. dentist is covered.
- Services listed in the contract, which are provided to correct congenital or developmental malformations which impair functions of the teeth and supporting structures will be covered for dependent children if dental necessity has been established.
- The retreatment of root canal therapy performed by a Willamette Dental Group 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.
- General anesthesia is covered with the copays specified in the contract, if: performed in a dental office, provided in conjunction with a covered service, and dentally necessary because the enrollee is under the age of 7, developmentally disabled, or physically handicapped.
- 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.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group, P.C. dentist.

## 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  
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*

#### 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*

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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### 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*

#### **Grants Pass**

702 SW Ramsey Avenue,  
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 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*

#### **Salem – Liberty**

142 Pembrook 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*

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