



2022 Dental Plans Summary

Plan Benefits	<u>D8 Dental</u>	<u>D7 Dental</u>	<u>D5 Dental</u>
2022 Contribution Rate	\$120.00	\$100.00	\$80.00
Annual Plan Maximum	\$2,000	\$1,500	\$1,000
Dental Network	Delta Dental of WA		
Deductible	No		
Diagnostic & Preventative	100%		
Oral Examinations	Two per calendar year		
Cleaning and Fluoride	Two per calendar year		
X-rays	As needed		
Panorex/Full Mouth X-ray	One every two years		
Sealants	Under age 19 (over age 19 covered at 75%)		
Basic, Major & Restorative	75%		
Fillings	Do not downgrade composite (resin) to amalgam		
Oral Surgery, Root Canal			
Perio Maintenance			
Dentures, Bridges	Not more often than once every five years		
Crowns, Inlays and Onlays	Not more often than once every five years for a given tooth		
Implants	Not more often than once every five years for a given tooth		
Other	50%		
Anesthesia, Nitrous Oxide, Consultations, Nightguards			
Orthodontia (Up to age 19)	50% up to \$2,500 lifetime maximum		

Willamette Dental is a clinic based dental program. Willamette is an option to Delta Dental		
	<u>Plan 2 (option under Plan D8)</u>	<u>Plan 1 (option under Plans D7 and D5)</u>
Covered Benefits	No Annual Maximum and No Plan Deductible	
General or Orthodontic Office Visit	\$25 copay per visit	\$30 copay per visit
Specialty Office Visit	\$30 copay per visit	\$30 copay per visit
Diagnostic & Preventive Services	Covered with office visit copay	
Cleanings, X-rays, Fluoride, Sealants		
Restorative, Oral Surgery, Prosthodontics, Endodontics and Periodontics		
Fillings (amalgam)	\$25 copay	
Root Planing (per quadrant)	\$25 copay	
Routine Extraction	\$25 copay	
Surgical Extraction	Covered with office visit copay	\$75 copay
Nitrous Oxide	Covered with office visit copay	\$20 copay
Porcelain-Metal Crown	\$250 copay	
Bridge	\$250 copay per tooth	
Dentures	\$300 copay for complete upper or lower denture	
Root Canals	\$75 copay Anterior; \$150 copay Bicuspid; \$225 copay Molar	
Implant Surgery	Implant benefit maximum of \$1,500 per calendar year	
Orthodontia Treatment (no age limit)		
Pre-Orthodontia Treatment	\$150 copay**	
Orthodontia (banding)	\$2,200	\$2,700
**\$150 Copay is credited towards the Orthodontia Treatment if patient accepts Willamette treatment plan .		

This is only a summary of the key coverage provisions of the dental plans effective January 1, 2022 and is not intended to be used for general distribution purposes or in lieu of a Plan Booklet. If there are any discrepancies the plan booklet will govern.