



Dental Plans Summary

Effective 1/1/2024

This is only a summary of the key coverage provisions of the Dental Plans 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.

Dental Plan				
<p>Participants will be enrolled in the UEBT Dental Plan indicated in the Collective Bargaining Agreement. Each participant has the option of Willamette Dental of WA, a clinic based dental program, you will need to complete the Willamette Dental of WA Enrollment Form and return it to the Trust.</p>				
Plan Benefits	Plan D5	Plan D7	Plan D8	Willamette Dental of WA (option)
2024 Contribution Rate	\$80	\$100	\$120	same rate as D5, D7 or D8
Annual Plan Maximum	\$1,000	\$1,500	\$2,000	No Annual Maximum
Dental Network	Delta Dental of WA			Willamette Dental of WA
Deductible	No Deductible			No Deductible
General, Specialty or Orthodontic Office Visit Copay	No Copay			\$30 per Visit
Diagnostic & Preventative	Percentage Covered			
Oral Examinations (2 per year)	Covered at 100%			Covered with office visit copay
Teeth Cleaning (2 per year)	Covered at 100%			Covered with office visit copay
Flouride Treatment	Covered at 100%			Covered with office visit copay
Selants (per tooth)	Covered at 100%			Covered with office visit copay
X-rays (as needed)	Covered at 100%			Covered with office visit copay
Panorex/Full Mouth X-ray (once every 2 years)	Covered at 100%			Covered with office visit copay
Restorative, Oral Surgery, Prosthodontics, Endodontics & Periodontics				
Periodontics & Periodontal Maint.	Covered at 75%			Covered with office visit copay
Fillings (amalgam)	Covered at 75%			You pay a \$25 Copay
Routine Extraction	Covered at 75%			You pay a \$25 Copay
Surgical Extraction	Covered at 75%			You pay a \$75 Copay
Root Planing (per quadrant)	Covered at 75%			You pay a \$25 Copay
Root Canal Therapy	Covered at 75%			You pay a \$75 Copay - Anterior You pay a \$150 Copay - Bicuspid You pay a \$225 Copay - Molar
Osseous Surgery (per Quadrant)	Covered at 75%			You pay a \$100 Copay
Complete Upper or Lower Denture	Covered at 75%			You pay a \$300 Copay
Bridge (per tooth)	Covered at 75%			You pay a \$250 Copay
Crowns, Inlays and Onlays	Covered at 75%			You pay a \$250 Copay (porcelain-metal)
Dental Implant Surgery	Covered at 75%			\$1,500 per calendar year max*
*Dental implant-supported prosthetics (crowns, bridges and dentures) are not a covered benefit under Willamette.				
Miscellaneous				
Local Anesthesia	Covered at 50%			Covered with office visit copay
Nitrous Oxide	Covered at 50%			You pay a \$20 Copay
Nightguards	Covered at 50%			Not covered
Orthodontia Treatment				
Pre-Orthodontia Treatment	Covered at 50%			\$150**
Orthodontia Treatment	Covered at 50%			You pay a \$2,700 Copay
	\$2,500 lifetime maximum			
Age Limit	Up to age 19			No age limit
**\$150 Copay is credited towards the Orthodontia Treatment if patient accepts Willamette treatment plan				