



Dental Plans Summary

Effective 1/1/2026

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

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.

Plan Benefits	Plan D5	Plan D7	Plan D8	Willamette Dental of WA (option)
2026 Contribution Rate	\$80	\$100	\$120	same rate as 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
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% \$2,500 lifetime maximum			You pay a \$2,700 Copay
Age Limit	Up to age 19			No age limit
**\$150 Copay is credited towards the Orthodontia Treatment if patient accepts Willamette treatment plan				