



WEA Willamette Dental Managed Care Plan Group #W400

Annual Maximum per Person/Per Benefit Period:	No Annual Maximum
Deductible	No Deductible
Diagnostic & Preventive Services Exams, Cleanings, Fluoride, X-rays, Sealants	Covered in full after \$15 copay per visit
Restorative Dentistry Fillings (Amalgam) Stainless Steel Crown Porcelain-Metal Crown	Covered in full after \$15 copay per visit Covered in full after \$15 copay per visit Covered in full after \$50 copay per visit
Prosthetics Complete Upper or Lower Denture, Bridge (Per Tooth)	Covered in full after \$50 copay per visit
Endodontics & Periodontics Root Canal Therapy, Root Planing (Per Quadrant)	Covered in full after \$15 copay per visit
Oral Surgery Routine Extraction (Single Tooth), Surgical Extraction	Covered in full after \$15 copay per visit
Implants	Excluded
TMJ Annual Maximum Benefit	\$1,000 (\$5,000 lifetime)
SEIU ONLY	
Orthodontia - Adult and Child	Covered in full after \$1,500 copay
Please visit their website at: www.willamettedental.com	