

# 2026 Dental plan benefit summary

| Willamette Dental Voluntary Direct Option 5 – VDO5MK | Age 0-18, members pay                                | Age 19+, members pay                 |
|------------------------------------------------------|------------------------------------------------------|--------------------------------------|
| Annual maximum                                       | No annual maximum                                    | No annual maximum                    |
| Deductible                                           | No deductible                                        | No deductible                        |
| Annual out of pocket limit                           | \$450 for one member / \$900 for two or more members | Not applicable                       |
| General office visit                                 | \$25 per visit                                       | \$25 per visit                       |
| Diagnostic and preventive services                   |                                                      |                                      |
| Routine and emergency exams                          | Covered with the Office Visit Copay                  | Covered with the Office Visit Copay  |
| Routine X-rays                                       | Covered with the Office Visit Copay                  | Covered with the Office Visit Copay  |
| Teeth cleaning                                       | Covered with the Office Visit Copay                  | Covered with the Office Visit Copay  |
| Fluoride treatment                                   | Covered with the Office Visit Copay                  | Covered with the Office Visit Copay  |
| Sealants (per tooth)                                 | Covered with the Office Visit Copay                  | Covered with the Office Visit Copay  |
| Head and neck cancer screening                       | Covered with the Office Visit Copay                  | Covered with the Office Visit Copay  |
| Oral hygiene instruction                             | Covered with the Office Visit Copay                  | Covered with the Office Visit Copay  |
| Periodontal charting                                 | Covered with the Office Visit Copay                  | Covered with the Office Visit Copay  |
| Periodontal evaluation                               | Covered with the Office Visit Copay                  | Covered with the Office Visit Copay  |
| Restorative dentistry and prosthodontics             |                                                      |                                      |
| Fillings                                             | \$25                                                 | \$25                                 |
| Porcelain-metal crown                                | \$300                                                | \$300                                |
| Complete upper or lower denture                      | \$300                                                | \$300                                |
| Bridge (per tooth)                                   | \$300                                                | \$300                                |
| Dental implant surgery <sup>1</sup>                  | You pay charges in excess of \$1,500                 | You pay charges in excess of \$1,500 |
| Endodontics and periodontics                         |                                                      |                                      |
| Root canal therapy – anterior                        | \$150                                                | \$150                                |
| Root canal therapy – bicuspid                        | \$200                                                | \$200                                |
| Root canal therapy – molar                           | \$275                                                | \$275                                |
| Osseous surgery (per quadrant)                       | \$200                                                | \$200                                |
| Root planing (per quadrant)                          | \$120                                                | \$120                                |
| Oral surgery                                         |                                                      |                                      |
| Routine extraction (single tooth)                    | \$25                                                 | \$25                                 |
| Surgical extraction                                  | \$150                                                | \$150                                |
| Orthodontia treatment                                |                                                      |                                      |
| Pre-orthodontia services <sup>2</sup>                | \$25 - exam<br>\$125                                 | \$25 - exam<br>\$125                 |
| Comprehensive orthodontic services <sup>3</sup>      | \$3,000                                              | \$3,000                              |
| Miscellaneous                                        |                                                      |                                      |
| Local anesthesia                                     | Covered with the Office Visit Copay                  | Covered with the Office Visit Copay  |
| Dental lab fees                                      | Covered with the Office Visit Copay                  | Covered with the Office Visit Copay  |
| Nitrous oxide                                        | \$40                                                 | \$40                                 |
| Specialty office visit                               | \$30                                                 | \$30                                 |
| Out of area emergency care reimbursement             | You pay charges in excess of \$100                   | You pay charges in excess of \$100   |

<sup>1</sup> Limited to one dental implant surgery per calendar year.

<sup>2</sup> Copayment credited towards the Comprehensive Orthodontic Service copayment if patient accepts treatment plan.

<sup>3</sup> Copayment for Comprehensive Orthodontic Services provided for treatment of cleft palate with or without cleft lip is \$450 for members under age 19. Orthodontic Services for all other purposes are not included in the Annual Out of Pocket Limit.

### **Can I sign up for the Direct Option Plan and still go to my own dentist?**

To receive the excellent benefits of your Direct Option Plan you must receive care from a Willamette Dental dentist or specialist. Your 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.

### **How do I schedule an appointment?**

To schedule an appointment that meets your scheduling needs, please call the Willamette Dental Appointment Center: Toll Free ..... 1-855-4DENTAL (433-6825)  
Appointment Center Hours:  
Monday – Friday 7 a.m. to 5:30 p.m. PT  
Saturday 7 a.m. to 1 p.m. PT

### **How long does it generally take to get an appointment?**

The length of wait-time for an appointment may vary based on your choice of provider, dental office location, appointment type and your desired day or time of appointment. Willamette Dental's goal is to get you in within days or weeks to fit your lifestyle.

All of Willamette Dental office locations practice the Simple Scheduling method. Through this model, more appointment types are offered everyday so you can be seen when it fits your schedule and needs.

### **What can I expect at my first visit?**

During your first visit to a Willamette Dental office, you will receive a thorough dental examination that includes X-rays and comprehensive risk assessments. Your dentist will develop a Proactive Dental Care Plan based upon your immediate needs, current dental health and long-term oral health goals. This individual plan will include recommendations for cleanings, restorations and preventive treatments. Most patients will receive a cleaning at their first visit, based on the assessment and recommendation from your dentist.

### **Is orthodontia available at every office?**

Specialty services, including orthodontia are generally available on a regional basis. To find out where specialty services are available in your area, simply contact the Willamette Dental Appointment Center toll free at (855) 433-6825.

### **What if I have a dental emergency?**

Willamette Dental provides emergency dental care during regular office hours. If you have a dental emergency, you should call the Appointment Center toll free at (855) 433-6825. If necessary, you will be scheduled to see a dentist within approximately 24 hours. After-hours, a dentist is available for dental emergency consultation over the telephone, at no cost.

### **What if I have a dental emergency while I'm out of town?**

If you are traveling 50 miles or more from a Willamette Dental office, you may obtain emergency treatment from any licensed dentist. Emergency dental treatment may be eligible for reimbursement up to the amount stated in your Member Handbook. Upon returning home, contact Willamette Dental Member Services Department for reimbursement.

### **What kind of training and experience do Willamette Dental dentists have?**

All Willamette Dental dentists meet high standards for professional qualifications, licenses, endorsements, and certifications. Most have years of experience, and every dentist participates in the Willamette Dental Quality Assurance Program that includes regular peer reviews to ensure optimal care. Willamette Dental actively promotes professional development to continually enhance the capabilities of all Willamette Dental providers. Credentialing and information for all Willamette Dental providers, including patient ratings and comments, is available at [willamettedental.com](http://willamettedental.com).

### **Can I get major work done right away?**

The practice philosophy at Willamette Dental is to first diagnose and treat urgent conditions that pose an immediate threat to your oral health. The next priority is prevention; controlling the disease process. It is important that you be an active partner in maintaining good oral health to ensure the long-term success of the major restorative work you receive. Major restorative work is performed when your Willamette Dental dentist determines your teeth and supporting structures are stabilized, and when you have demonstrated a commitment to maintaining your oral health. This is the best way to ensure the long-term success of whatever major restorative work that you may need.

### **How do I change an appointment?**

If you need to reschedule or cancel an appointment, please call the Willamette Dental Appointment Center at (855) 433-6825 as soon as possible. Your provider may charge a missed appointment fee for any appointment that you miss without a minimum of 24 hours prior notice.

### **Who do I call for more information?**

Please direct questions about your dental plan or service to the Willamette Dental Member Services Department:  
Monday – Friday ..... 7 a.m. to 5:30 p.m. PT  
Saturday ..... 7 a.m. to 1 p.m. PT  
Phone ..... 1-855-4DENTAL (433-6825)  
Email ..... [memberservices@willamettedental.com](mailto:memberservices@willamettedental.com)

*Please refer to your Member Handbook for limitations and exclusions.*