

Summary of Benefits

VDO2F

COPAYS	
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General & Orthodontic Office Visit	You pay \$25 per Visit
DIAGNOSTIC AND PREVENTIVE SERVICES	
Routine and Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	You pay a \$375 Copay
PROSTHODONTICS	
Complete Upper or Lower Denture	You pay a \$500 Copay
Bridge (per Tooth)	You pay a \$375 Copay
ENDODONTICS AND PERIODONTICS	
Root Canal Therapy – Anterior	You pay a \$125 Copay
Root Canal Therapy – Bicuspid	You pay a \$200 Copay
Root Canal Therapy – Molar	You pay a \$250 Copay
Osseous Surgery (per Quadrant)	You pay a \$175 Copay
Root Planing (per Quadrant)	You pay a \$100 Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You pay a \$175 Copay
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	You pay a \$150 Copay*
Comprehensive Orthodontia Treatment	You pay a \$2,200 Copay
MISCELLANEOUS	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You pay a \$40 Copay
Specialty Office Visit	You pay \$30 per visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

*Copayment credited towards the Comprehensive Orthodontia Service copayment if patient accepts treatment plan.

Underwritten by Delta Dental Plan of Oregon

Dental Services provided by Willamette Dental Group, P.C.

Please refer to your Member Handbook for limitations and exclusions.