

FOR OVER 65 RETIREES
(Effective January 1, 2021)

Benefit Option:	Plan 1
Annual Maximum	No Annual Maximum
Deductible	No Deductible
Waiting Periods	No Waiting Periods
Office Visit Copay	\$15
DIAGNOSTIC AND PREVENTIVE SERVICES	
Routine and Emergency Exams, X-rays, Teeth Cleaning, Fluoride Treatment, Sealants, Head and Neck Cancer Screening, Oral Hygiene Instruction, Periodontal Charting, Periodontal Evaluation	Covered with the Office Visit Copayment
RESTORATIVE DENTISTRY	
Fillings	\$15 Copayment
Porcelain-Metal Crown	\$150 Copayment
PROSTHODONTICS	
Complete Upper or Lower Denture	\$200 Copayment
Bridge (per Tooth)	\$150 Copayment
ENDODONTICS AND PERIODONTICS	
Root Canal Therapy – Anterior	\$50 Copayment
Root Canal Therapy – Bicuspid	
Root Canal Therapy – Molar	
Osseous Surgery (per Quadrant)	\$75 Copayment
Root Planing (per Quadrant)	\$25 Copayment
ORAL SURGERY	
Routine Extraction (Single Tooth)	\$15 Copayment
Surgical Extraction	\$75 Copayment
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	\$150 Copayment
Comprehensive Orthodontia Treatment	\$1,500 Copayment
DENTAL IMPLANTS	
Dental Implant Surgery	Effective 01/01/21 – Implant benefit maximum of \$1,500 per calendar year
MISCELLANEOUS	
Local Anesthesia, Dental Lab Fees	Covered with the Office Visit Copayment
Nitrous Oxide	\$20 Copayment
Specialty Office Visit	\$30 Copayment
Out-of-Area Emergency Care	\$250 Reimbursement

Willamette Dental Group is the exclusive provider network for Dental Blue Connect plans.