



Contact AB Northwest Insurance at
(208) 861-8442 for more information
or to enroll in the plan.

TRUECARE OREGON

Willamette Dental Insurance, Inc.
6950 NE Campus Way, Hillsboro, OR 97124
For Policy 001TRUE-OR(1/21)
THE POLICY PROVIDES DENTAL BENEFITS ONLY.

005TRUEOR(1/21)


Willamette
Dental Group

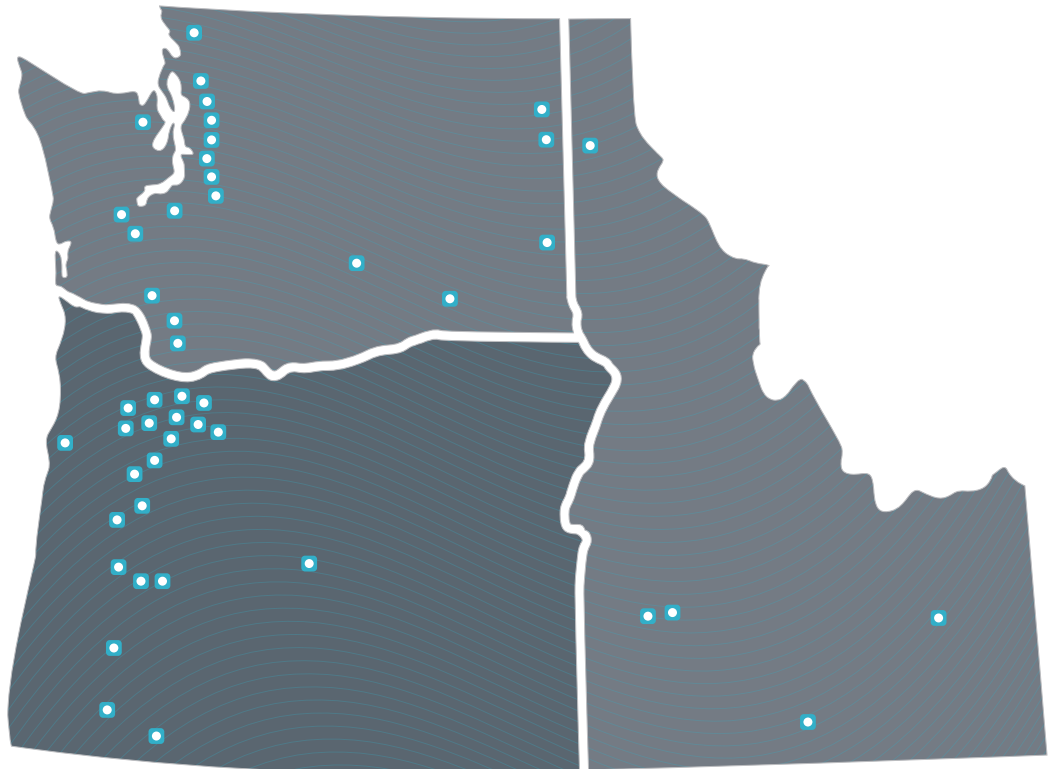
PERSONAL CARE

FOR YOUR INDIVIDUAL NEEDS

Willamette Dental Insurance, Inc. is pleased to offer you **TrueCare Oregon**. Enjoy no annual maximum and no deductible with predictable copays for covered services. As an enrollee, you simply schedule your appointments at your nearest Willamette Dental Group office to receive your covered benefits.

OREGON AND SW WASHINGTON LOCATIONS

- Albany
- Beaverton
- Bend
- Corvallis
- Eugene
- Grants Pass
- Gresham
- Hillsboro
- Lincoln City
- Longview
- Medford
- Milwaukie
- Portland - Jefferson
- Portland - Lents
- Portland - Stark 1
- Portland - Stark 2
- Roseburg
- Salem - Lancaster
- Salem - Liberty
- Springfield
- Springfield Specialty
- Tigard
- Tualatin
- Vancouver - Hazel Dell
- Vancouver - Mill Plain



To receive benefits, you must receive your care at a Willamette Dental Group, P.C., dental office. An advance appointment is required to receive care. To schedule your dental appointments, call our Appointment Center at 1.855.433.6825, Option 1. When you speak to a Willamette Dental Group representative or arrive at the dental office for your appointment, simply identify yourself as a TrueCare Oregon member. You will then receive dental care in accordance with your policy.

Most dental offices are open Monday through Friday, 7 AM to 6 PM, and occasional Saturdays.

BENEFIT SUMMARY

COVERED SERVICES	MEMBER BENEFITS
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General Office Visit	\$25 Copay
Specialist Office Visit	\$35 Copay
Dental Exams and X-rays	\$0 Copay
Teeth Cleaning	\$0 Copay
Fluoride Treatment	\$15 Copay
Sealants per Tooth	\$15 Copay
Filling - Amalgam	\$45 Copay
Filling - Resin (Anterior)	\$70 Copay
Filling - Resin (Posterior)	\$80 Copay
Stainless Steel Crown	\$90 Copay
Porcelain/Metal Crown	\$500 Copay ¹
Complete Upper or Lower Denture	\$600 Copay ¹
Bridge (per Tooth)	\$500 Copay ¹
Root Canal Therapy - Anterior Tooth / Biscupid Tooth / Molar	\$225 / \$325 / \$425 Copays
Osseous Surgery (per Quadrant)	\$325 Copay
Root Planing (per Quadrant)	\$100 Copay
Routine Extraction (per Tooth)	\$50 Copay
Surgical Extraction (per Tooth)	\$190 Copay
Pre-Orthodontic Services	\$150 Copay ^{1,2}
Comprehensive Orthodontia	\$2,800 Copay ¹
Nitrous Oxide Per Visit	\$50 Copay

Out of area emergency treatment is reimbursed up to \$100 minus applicable copayments.

¹Benefit available after a twelve-month waiting period.

² Applies towards comprehensive orthodontia copayment if patient accepts treatment plan.

This is a summary of common procedures covered in the TrueCare Oregon plan. The policy will control. Please refer to the policy for a complete description of benefits, limitations, and exclusions.

PREMIUM RATES

Premiums are paid on a monthly basis. Payment may be made by personal or cashier's check, money order, Auto Pay (checking account deduction) or credit card (Visa, Mastercard, Discover). If you select Auto Pay, we process payments by checking account on the 5th of each month and payment by credit card on the 6th of each month.

AGE	MONTHLY RATE
0 - 25	\$45.43
26 - 34	\$49.50
35 - 44	\$54.87
45 - 54	\$64.28
55+	\$75.87

**Rates are based on the age of each family member on the date the policy becomes effective. Premiums are adjusted annually. Rates shown are valid through December 31, 2022.*