

Contact AB Northwest Insurance
for additional information and to
enroll in the plan.

TRUECARE WASHINGTON

Willamette Dental of Washington, Inc.
6950 NE Campus Way, Hillsboro, OR 97124
For Policy 001TRUE-WA(1/22)
THE POLICY PROVIDES DENTAL BENEFITS ONLY.
005TRUEWA(1/22)


Willamette
Dental Group

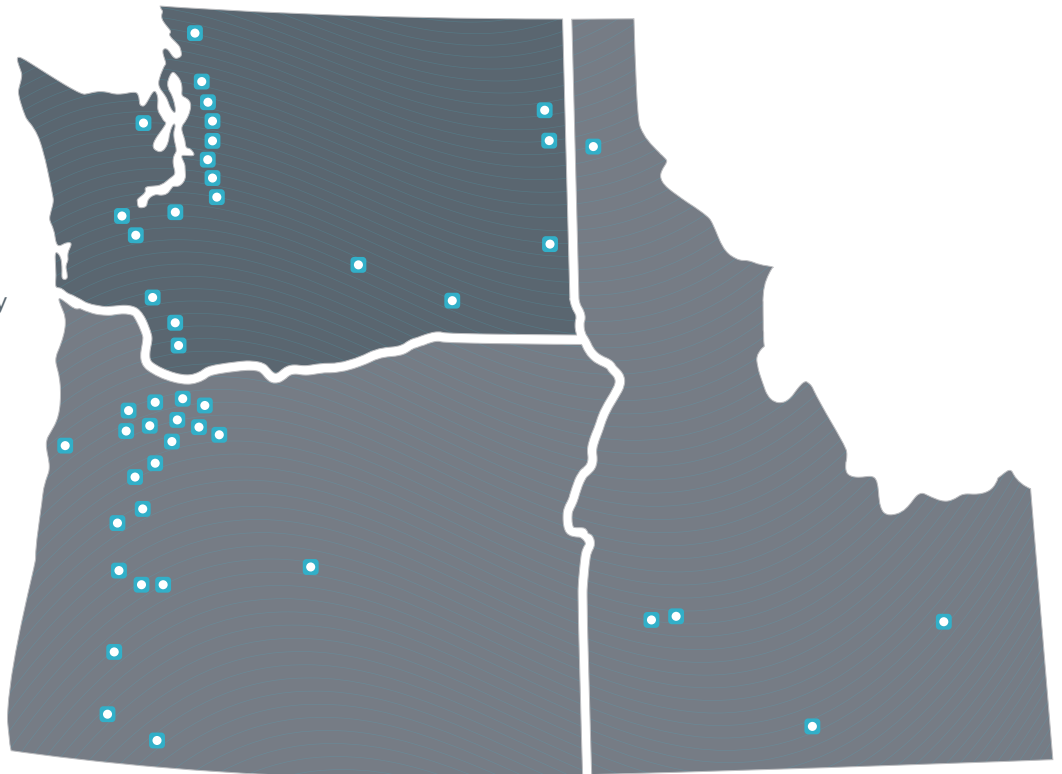
PERSONAL CARE

FOR YOUR INDIVIDUAL NEEDS

Willamette Dental of Washington, Inc. is pleased to offer you [TrueCare Washington](#). 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.

WASHINGTON LOCATIONS

- Bellevue
- Bellingham
- Everett
- Kent
- Longview
- Mountlake Terrace
- Olympia
- Pullman
- Puyallup
- Richland
- Seattle
- Seattle - Northgate Specialty
- Silverdale
- Spokane - Northpointe
- Spokane Valley
- Tacoma
- Tumwater
- Vancouver - Hazel Dell
- Vancouver - Mill Plain
- Yakima



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 Washington 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 Washington 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.*