

# Summary of Benefits

Plan ID: WEA Plan 1  
 Effective Date: 10/1/2010



## La Center School District All Employees

BENEFIT	CO-PAYMENT
<b>Annual Maximum</b>	No Annual Maximum*
<b>Deductible</b>	No Deductible
<b>General Office Visit</b>	\$15 per Visit
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>	
<b>Routine and Emergency Exams</b>	Covered at 100%
<b>All X-rays</b>	Covered at 100%
<b>Teeth Cleaning</b>	Covered at 100%
<b>Fluoride Treatment</b>	Covered at 100%
<b>Sealants</b>	Covered at 100%
<b>Periodontal Evaluation</b>	Covered at 100%
<b>RESTORATIVE DENTISTRY</b>	
<b>Fillings (Amalgam)</b>	Covered at 100%
<b>Stainless Steel Crown</b>	Covered at 100%
<b>Porcelain-Metal Crown</b>	\$50
<b>PROSTHETICS</b>	
<b>Complete Upper or Lower Denture</b>	\$50
<b>Bridge (per Tooth)</b>	\$50
<b>ENDODONTICS AND PERIODONTICS</b>	
<b>Root Canal Therapy</b>	Covered at 100%
<b>Root Planing (per Quadrant)</b>	Covered at 100%
<b>ORAL SURGERY</b>	
<b>Routine Extraction (Single Tooth)</b>	Covered at 100%
<b>Surgical Extraction</b>	Covered at 100%
<b>MISCELLANEOUS</b>	
<b>Nitrous Oxide</b>	Covered at 100%
<b>ORTHODONTIA</b>	
<b>Pre-Orthodontia Service</b>	\$150**
<b>Orthodontia Plan 1 (Children Only)</b>	\$1,500
<b>Out of Area Emergency Care Reimbursement up to \$500</b>	
<b>Plan 1 Rate: 73.05 + Orthodontia Plan 1 Rate: \$9.35                      Composite Rate: \$82.40</b>	

\*Orthognathic surgery has a benefit maximum. TMJ has a \$1000 annual maximum/\$5000 lifetime maximum.

\*\*Fee credited towards orthodontic co-payment if patient accepts treatment plan.

## Willamette Dental of Washington, Inc.

This plan provides coverage of services and supplies to prevent diagnose and treat diseases or conditions of the teeth and supporting tissues. Presented are just some of the most common procedures covered in your plan. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.

