

**Group Managed Care Dental Insurance Plan 1**  
**For Members and Families of Northwest Auto Trade Association**  
**Effective: January 1, 2012**

*This summary of benefits is designed to give you a very brief description of the important features of the Dental Plan.*

Regence Life and Health's Group Managed Care Dental Plan provides employees and their family members the opportunity to purchase coverage dental services on a payroll deduction basis.

With this group managed care plan your dental care is coordinated to ensure that your expenses stay as low as possible through cost-effective dental care and an emphasis on prevention to help avoid more costly care later. You'll work with Participating Providers to maintain your oral health and enhance your overall health through routine exams and other preventive care. In order to take advantage of the benefits of this plan you must receive your dental care from a Participating Provider.

For the purposes of this plan Participating Providers include Willamette Dental Group, P.C., and the providers who are employed by or are under contract with Willamette Dental Group, P.C., or any of its affiliates. For assistance in locating a Willamette Dental office please visit their web site at [www.willamettedental.com](http://www.willamettedental.com).

**Benefit Features**

- You may choose coverage for yourself only, or you may elect to also cover family members.
- Eligible dependents include your spouse and children under age 26.
- Premiums are paid through payroll deduction.

**Summary of Benefits**

Visit Charge	\$6 per visit
Benefit Waiting Period	6 month Benefit Waiting Period for Orthodontic Services Only
Annual Maximum	None
Deductible	None

**Summary of Covered Services and Service Copay amounts**

Covered Services	Service Copays Charged Per Service in addition to the visit charge
<b>Diagnostic and Preventive Services</b>	
Oral examinations, Dental Cleanings, and All X-Rays	\$0
<b>Restorative Services</b>	
Amalgam & Resin anterior, posterior primary, & resin based crowns	\$0
Resin - 2 to 4 surfaces, posterior permanent	\$52
Inlay/Onlay (cast restorations)	\$25
Crowns	\$25
<b>Endodontic Services</b>	
Root canal therapy, Retreatment and Apicectomy - anterior	\$20
Root canal therapy, Retreatment and Apicectomy- bicuspid	\$40
Root canal therapy, Retreatment and Apicectomy - molar	\$60
<b>Periodontal Services</b>	
Periodontal scaling and root planing	\$20
Preliminary full-mouth debridement & Periodontal maintenance	\$0
<b>Prosthetic Services</b>	
Complete or Immediate Dentures	\$25
Partial or Interim Dentures	\$12
Bridges	\$25
<b>Oral Surgery</b>	
Extraction - coronal remnants primary or erupted tooth	\$0
Surgical extraction - erupted tooth or impacted tooth	\$20
<b>Orthodontic Services (after a 6 month Benefit Waiting Period)</b>	
Comprehensive Orthodontic Service Copay	\$2,800

## Exclusions

Your policy does not cover:

Aesthetic Dental Procedures and complications arising out of such services

Benefits not stated

Charges by any person other than a Participating Provider, except as otherwise indicated in the certificate

Cosmetic/Reconstructive Services and Supplies (certain exceptions apply)

Coverage available under any federal, state, or other governmental program, except where required by law

Diagnostic Casts or Study Models

Endodontics, bridges, crowns, and other prosthetic devices or services if treatment was started or ordered prior to the Member's effective date or delivered more than 60 days after the Member's coverage under this Policy has terminated

Excision of a tumor; biopsy of soft or hard tissue; removal of a cyst

Experimental/Investigational treatments, procedures, services and supplies

Extraction of permanent teeth for tooth guidance procedures; procedures for tooth movement

Full-mouth reconstruction

General Anesthesia, except as specified in the Schedule of Covered Services and Copays

Habit-breaking or Stress-Breaking Appliances

Hospitalization for dentistry

Maxillofacial prosthetic services

Medication and Supply Charges

Military Service-Related Conditions

Motor Vehicle Coverage and Other Insurance Liability

Non-Direct Patient Care

Occlusal Treatment including complete occlusal adjustments and occlusal guards

Personalized restorations, precision attachments, and special techniques

Repair or replacement of lost, stolen, or broken items

Replacement of sound restorations

Services and supplies for treatment of an illness or injury caused by Riot, Rebellion, War and Illegal Acts

Services for accidental injury to natural teeth that are provided more than 12 months after the date of the accident

Services or supplies and related exams or consultations that are not within the prescribed treatment plan and/or are not recommended and approved a Participating Provider.

Temporomandibular Joint (TMJ) Dysfunction Treatment

Transseptal fiberotomy

Treatment started prior to the Member's Effective Date under this Policy or completed after this Policy terminates

Work-Related Injuries

**This is a brief summary of benefits and exclusions; it is not a certificate of coverage. For full coverage provisions, including limitations and exclusions, refer to your certificate.**