TrueCare Oregon 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 Service	$150 Copay [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.

[1] Benefit available after a twelve-month waiting period.
[2] Applies towards comprehensive orthodontic copayment if patient accepts treatment plan.

Underwritten by Willamette Dental Insurance, Inc. 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	$46.77
26 - 34	$50.96
35 - 44	$56.49
45 - 54	$66.18
55+	$78.11

**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, 2020.*

TrueCare Oregon Summary of Exclusions

Please refer to your policy for a complete description of copayments, exclusions and limitations.

- Bridges, crowns, dentures or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services initiated prior to the effective date of coverage.
- Dental implants.
- Endodontic services, prosthetic services, and implants provided prior to the effective date of coverage.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Experimental or investigational services.
- Exams or consultations needed solely in connection with a service or supply that is not covered.
- Full mouth reconstruction.
- General anesthesia, including conscious, intravenous and moderate sedation.
- Hospital care or other care outside of a dental office or facility fees.
- Maxillofacial prosthetic services.
- Nightguards.
- Orthognathic surgery.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery.
- Prescription and over-the-counter drugs and pre-medications.
- Replacement of lost, missing, stolen or damaged dental appliances.
- Replacement of sound restorations.
- Services or supplies and related exams or consultations that are not within the prescribed treatment plan, are not recommended and approved by a Participating Dentist or are not necessary.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders.
- Services for the treatment of an occupational injury or disease.
- Services for the treatment of injuries sustained while practicing for or competing in a professional athletic contest of any kind.
- Services for the treatment of intentionally self-inflicted injuries.
- Services for which coverage is available under any federal, state, or other governmental program.
- Services that are not listed as covered in the policy.
- Services where there is no evidence of pathology, dysfunction, or disease.