



Group Number: Z908B  
 Plan ID: PEHT  
 Effective Date: April 1, 2009

**Reed College**  
 Summary of Benefits

BENEFIT	CO-PAYMENT
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General Office Visit	\$10 per Visit
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>	
Routine and Emergency Exams	Covered at 100%
All X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants	Covered at 100%
Head and Neck Cancer Screening	Covered at 100%
Oral Hygiene Instruction	Covered at 100%
Periodontal Charting	Covered at 100%
Periodontal Evaluation	Covered at 100%
<b>RESTORATIVE DENTISTRY</b>	
Fillings (Amalgam)	Covered at 100%
Stainless Steel Crown	Covered at 100%
Porcelain-Metal Crown	\$50
<b>PROSTHETICS</b>	
Complete Upper or Lower Denture	\$100
Bridge (per Tooth)	\$50
<b>ENDODONTICS AND PERIODONTICS</b>	
Root Canal Therapy – Anterior	\$30
Root Canal Therapy – Bicuspid	\$60
Root Canal Therapy – Molar	\$90
Osseous Surgery (per Quadrant)	\$50
Root Planing (per Quadrant)	\$30
<b>ORAL SURGERY</b>	
Routine Extraction (Single Tooth)	Covered at 100%
Surgical Extraction	\$50
<b>ORTHODONTIA</b>	
Pre-Orthodontic Service	\$150*
Comprehensive Orthodontia	\$1,200
<b>MISCELLANEOUS</b>	
Local Anesthesia (Novocain)	Covered at 100%
Dental Lab Fees	Covered at 100%
Nitrous Oxide	\$10 per Visit
Specialty Office Visit	\$30 per Visit
Emergency Office Visit	\$50 per Visit
Missed Appointment Fee	\$30
<b>Out of Area Emergency Care Reimbursement Up to \$100</b>	

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

**Willamette Dental Insurance, Inc.**

This plan provides extensive 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.