

Group Number: Z908B
 Plan ID: OICEBT
 Effective Date: April 1



Reed College
 Summary of Benefits

BENEFIT	CO-PAYMENT
Annual Maximum	No Annual Maximum
Deductible	No Deductible
Office Visit	\$10 per visit
DIAGNOSTIC AND PREVENTIVE SERVICES	
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%
RESTORATIVE DENTISTRY AND PROSTHETICS	
Fillings	Covered at 100%
Permanent Crowns	\$50
Complete Upper or Lower Denture	\$100
Bridge – per tooth	\$50
Dental Lab Fees	Covered at 100%
ENDODONTICS AND PERIODONTICS	
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
ORAL SURGERY	
Routine Extraction – Single Tooth	Covered at 100%
Surgical Extraction	\$50
ORTHODONTIA	
Pre-Orthodontic Service	\$150*
Comprehensive Orthodontia	\$1,200
MISCELLANEOUS	
Local Anesthesia (Novocain)	Covered at 100%
Nitrous Oxide (per visit)	\$10
After Hours Emergency Care	\$20
Missed Appointment Fee	\$20
Out of Area Emergency Care Reimbursement Up to \$100	

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

Willamette Dental Insurance, Inc.

Please refer to your Certificate of Coverage for limitations and exclusions.