



## Group Managed Care Dental Insurance Plan 1

### Northwest Auto Trade Association

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

LifeMap Assurance Company™ Group Managed Care Dental Plan provides employees and their family members the opportunity to purchase coverage dental services on a payroll deduction basis.

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).

#### Summary of Benefits

General Dentist Visit Charge	\$6 per visit
Specialist Dentist Visit Charge	\$30 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	\$0
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>Dental Implants</b>	
Dental Implant Surgery	1 implant per calendar year \$1500 maximum per calendar year
<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

**Aesthetic Dental Procedures** and complications arising out of such services. Including services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth and labial veneers.

**Benefits not stated** meaning services and supplies that are not identified as Benefits under the Policy.

**Charges by any person other than a Participating Provider** except for those instances indicated in the Benefits section of this Policy.

**Cosmetic/Reconstructive Services and Supplies, except in the treatment of the following:**

1. to treat a congenital anomaly for Members up to age 18; or
2. to restore a physical bodily function lost as result of injury or illness.

Cosmetic means services or supplies that are applied to normal structures of the body primarily to improve or change appearance and that do not primarily restore an impaired function of the body.

Reconstructive means:

1. services, procedures, and surgery performed on abnormal structures of the body that were caused by congenital defects; or
2. developmental abnormalities, trauma, infection, tumors, or disease.

Reconstructive services are generally performed to restore function, but also may be done to approximate a normal appearance.

For the purposes of this exclusion, psychological factors (for example, poor self-image, difficult social or peer relations) are not relevant and are not considered a physical bodily function.

**Coverage that is available under any federal, state, or other governmental program** if application is duly made therefore, except where required by law, such as for cases of emergency or for coverage provided by Medicaid.

**Dental services which are not Necessary Dental Services** as defined by this Policy.

**Diagnostic Casts or Study Models**

**Endodontics, bridges, crowns, or other service or prosthetic devices** requiring multiple treatment dates or fittings if treatment was started or ordered prior to the Member's Effective Date under this Policy or if the item was installed or delivered more than 60 days after the Member's coverage under this Policy has terminated. Root canal treatment will be covered if the tooth canal was opened prior to termination and treatment is completed within 60 days after termination.

**Excision of a tumor; biopsy of soft or hard tissue; removal of a cyst,** nonodontogenic or exostosis.

**Experimental/Investigational** treatments, procedures and services, supplies, and accommodations provided in connection with Experimental/Investigational treatments or procedures.

**Extraction of permanent teeth** for tooth guidance procedures; procedures for tooth movement, regardless of purpose; correction of malocclusion; preventive orthodontic procedures; craniomandibular orthopedic treatment; and other orthodontic treatment, unless specified in the Schedule of Covered Services and Copays.

**Full-mouth reconstruction.**

**General Anesthesia,** including conscious sedation and intravenous sedation, unless 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** including take home drugs, pre-medications, therapeutic drug injections, and supplies.

**Military Service-Related Conditions** which includes services and supplies for treatment of an illness or injury caused by or incurred during service in the armed forces of any state or country.

**Motor Vehicle Coverage and Other Insurance Liability** means any expenses for services and supplies that are payable under any:

1. automobile medical, personal injury protection ("PIP"), automobile no-fault, underinsured or uninsured motorist coverage;
2. homeowner's coverage;
3. commercial premises coverage; or
4. similar policy or insurance.

This applies when the policy or insurance is either issued to, or makes benefits available to a Member, whether or not the Member makes a claim under such coverage. Further, the Member is responsible for any cost-sharing required by the motor vehicle coverage, unless applicable state law requires otherwise. Once benefits under such policy or insurance are

exhausted or deemed to no longer be injury-related under the no-fault provisions of the Policy, we will provide Benefits according to the Policy.

**Non-Direct Patient Care** and services that are not direct patient care, including:

1. charges for appointments scheduled and not kept ("missed appointments");
2. charges for preparing medical reports, itemized bills or claim forms (even at our request); or
3. visits or consultations that are not in person (including telephone consultations and e-mail exchanges)

whether initiated by the Member or the Member's provider.

**Occlusal Treatment** and supplies provided in connection with dental occlusion, including the following:

1. complete occlusal adjustments; and
2. occlusal guards.

**Personalized restorations, precision attachments, and special techniques.**

**Repair or Replacement Services** and supplies provided in connection with the repair or replacement of any dental appliance (including but not limited to dentures and retainers), whether lost, stolen, or broken.

**Replacement of sound restorations.**

**Riot, Rebellion, War and Illegal Acts** including services and supplies for treatment of:

1. an illness or injury caused by a Member's unlawful instigation and/or active participation in a riot or war, whether declared or undeclared; armed invasion or aggression, insurrection, or rebellion; or
2. services and supplies for treatment of an illness or injury sustained by a Member while in the act of committing an illegal act.

**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.

**Services or supplies where there is no evidence of pathology, dysfunction, or disease** other than covered preventive services.

**Temporomandibular Joint (TMJ) Dysfunction Treatment.** Services and supplies provided in connection with Temporomandibular Joint (TMJ) dysfunction.

**Transseptal fiberotomy.**

**Treatment started prior to the Member's Effective Date under this Policy or completed after this Policy terminates, unless otherwise stated.**

**Work-Related Injuries** and expenses for services and supplies incurred as a result of any work-related injury, including any claims that are resolved pursuant to a disputed claim settlement for which a Member has or had a right to compensation.

**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.**