



Willamette Dental Group

First In Proactive Dental Care

“ You’re telling
me my teeth
can really last
a lifetime? ”



TrueCare Oregon

Personal care

for your individual needs

Willamette Dental Insurance, Inc. is pleased to offer you **Willamette Dental TrueCare Oregon**. This policy is true individual dental insurance that will provide coverage for your dental care needs. There is **no maximum** to the amount of dental services that this policy will cover and there are **no deductibles** that need to be met. Your coverage gives you simple access to dental care.

Routine and preventive services are covered with low copayments. Major services, such as crowns, bridges, and dentures are covered following a twelve month waiting period at substantial savings with predictable costs. Coverage for orthodontic treatment is available to both adults and children after a six month waiting period. Participants do not need to fill out or submit claim forms. As an enrollee, you simply schedule your appointments, see the dentist and pay copayments at that visit. Willamette Dental Group, P.C., dentists make access to quality dental care easy, while the Willamette Dental TrueCare Oregon policy keeps that care affordable for you and your family.

With more than 50 Locations

throughout the Pacific Northwest, we're likely to have an office in your neighborhood.



Oregon Locations

- Albany
- Beaverton
- Bend
- Corvallis
- Eastport
- Eugene
- Gateway Specialty
- Grants Pass
- Gresham
- Hillsboro
- Lincoln City
- Medford
- Milwaukie
- Portland – Westside
- Roseburg
- Salem – Lancaster
- Salem – Liberty
- S.E. Stark
- Stark Specialty
- Springfield
- Tigard
- Tillamook
- Tualatin
- Weidler

To receive benefits, you must receive your care at a Willamette Dental Group, P.C., dental office. An advance appointment is required to receive care. To schedule your dental appointments, call our Appointment Center at 1.855.4DENTAL (433.6825), Option 1. When you speak to a Willamette Dental Group representative or arrive at the dental office for your appointment, simply identify yourself as a Willamette Dental TrueCare Oregon member. You will then receive dental care in accordance with your policy.

Most dental offices are open Monday through Friday, 7 AM to 6 PM, and occasional Saturdays.

Premium Rates

Premiums are paid on a monthly basis. Payment may be made by Auto Pay (checking account deduction) or by personal check. An additional \$5 paper billing statement fee will be applied to each billing statement if paying by personal check. There is no additional fee if paying by Auto Pay. No credit card payments will be accepted.

	Monthly
Member Only	\$48.45
Member & Spouse/Partner	\$96.91
Member & Children	\$87.22
Member, Spouse/Partner & Children	\$135.67

*Rates are valid through December 31, 2014 and for 12 months from effective date of policy.

To schedule an appointment,
please call:

1.855.433.6825, Option 1

For billing and enrollment
information, please call:

1.855.289.6318

For benefits and plan
information, please call:

**1.855.99TCARE
(1.855.998.2273)**

The Willamette Dental TrueCare Oregon
policy is underwritten by:

Willamette Dental Insurance, Inc.
6950 NE Campus Way, Hillsboro, OR 97124

Benefit Summary

Benefit	Copayment
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General Office Visit	\$25
Specialist Office Visit	\$30
Dental Exams and X-rays	\$0
Teeth Cleaning	\$0
Fluoride Treatment	\$15
Sealants per Tooth	\$15
Filling - Amalgam	\$25
Filling - Resin (Anterior & Posterior Primary)	\$50
Filling - Resin (Posterior Permanent)	\$102
Stainless Steel Crown	\$70
Porcelain/Metal Crown ¹	\$400
Complete Denture ¹	\$500
Bridge (per tooth) ¹	\$400
Root Canal Therapy – Anterior Tooth	\$200
– Bicuspid Tooth	\$225
– Molar	\$250
Osseous Surgery Per Quadrant	\$300
Root Planing Per Quadrant	\$75
Routine Extraction	\$50
Surgical Extraction	\$100
Pre-Orthodontic Service ^{2,3}	\$150
Comprehensive Orthodontia ^{2,3}	\$2,800
Nitrous Oxide Per Visit	\$40
Out of area emergency treatment is reimbursed up to \$100 minus applicable copayments.	

1 Benefit available after a twelve month waiting period.

2 Applies toward comprehensive orthodontic copayment if patient accepts treatment plan.

3 Benefit available after six month waiting period.

Willamette Dental TrueCare Oregon Enrollment Application



You are eligible for individual coverage under the Willamette Dental TrueCare Oregon plan if you are an Oregon resident and are at least 18 years of age. Your eligible dependents include your spouse or domestic partner, child, and spouse's or domestic partner's child. Members may not be enrolled under any other insurance policy or contract issued or offered by Willamette Dental Group or its affiliates.

To enroll in the Willamette Dental TrueCare Oregon plan, please complete both sides of this application form, including your signature on the back, and submit along with your premium payment if you are paying by check. You do not need to include a check if paying via Auto Pay.

If you are paying by Auto Pay (checking acct. deduction), you can submit your completed application in three ways:

- via mail to the address below (you do not need to include your first month's premium payment or a voided check)
- via email to tco@willamettedental.com
- via fax to 503-219-3696

If you are paying by check, enclose a check for your first month's premium payment with your completed application to the address below.

Willamette Dental Insurance, Inc.
Willamette Dental TrueCare Oregon
601 SW Second Avenue
Portland, OR 97204-3156

The application and premium payment must be received by the 25th of the month preceding the period for which coverage is to be effective.

1 Type of Enrollment Application

- I am a new applicant applying for coverage for myself only.
- I am a new applicant applying for coverage for myself & the dependents listed below.

2 Billing Information

- Option 1: Auto Pay (checking account deduction). Please complete information below - we do not need a voided check.
 - Checking Account Number: _____
 - Routing Number: _____
- Option 2: Personal Check (make checks payable to: Willamette Dental Insurance, Inc.)

3 Applicant Enrollment Information

Self (Last, First, Middle Initial):	Requested Effective Date:		
Social Security Number:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	
Mailing Address:	City:	State:	Zip:
Home Phone:	Email Address:		

4 Dependent Enrollment Information

Legal Spouse or Domestic Partner (Last, First, Middle Initial):		
Social Security Number:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Dependent Child (Last, First, Middle Initial):		
Social Security Number:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Dependent Child (Last, First, Middle Initial):		
Social Security Number:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
Dependent Child (Last, First, Middle Initial):		
Social Security Number:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:

5 Producer of Record Information *Producers are required to have and maintain an Oregon producer license and appointment with Willamette Dental Insurance, Inc.*

Producer Name:	Agency Name:		
Physical Address:	City:	State:	Zip:

6 Acknowledgments and Signature

- I hereby apply for coverage under the Willamette Dental TrueCare Oregon policy underwritten by Willamette Dental Insurance, Inc., 6950 NE Campus Way, Hillsboro, OR 97124, for myself and my listed dependents.
- I authorize providers of services to give Willamette Dental Insurance, Inc., upon request, any information concerning the health, condition, or treatment of any person included under such coverage whenever such information is considered necessary for the proper administration of benefits in fulfillment of obligations imposed on Willamette Dental Insurance, Inc., by state or federal law.
- I understand if the application is declined and coverage is not issued, Willamette Dental Insurance, Inc.'s only obligation will be to return any premium paid. If an incomplete application is received, a letter will be mailed to the applicant requesting the additional information. If the missing information is not received within two weeks, the application will be declined.
- I certify that all information supplied in this application form is true and complete to the best of my knowledge. I agree to advise Willamette Dental Insurance, Inc., of any change in status within 31 days from the date of change.
- I understand that it may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
- If I choose to sign this application by typing my name below, I acknowledge and agree that my typewritten signature has the same legal effect as my written signature on this application.

Applicant's Signature

Date

Summary of Exclusions

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

Bridges, crowns, dentures or any 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, services, or supplies 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 or supplies. | Exams or consultations needed solely in connection with a service or supply not listed as 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 or supplies by any person other than a licensed dentist, denturist, hygienist, or dental assistant. | Services or supplies for the diagnosis or treatment of temporomandibular joint disorders. | Services or supplies for the treatment of an occupational injury or disease. | Services or supplies for treatment of injuries sustained while practicing for or competing in a professional athletic contest of any kind. | Services or supplies for treatment of intentionally self-inflicted injuries. | Services or supplies for which coverage is available under any federal, state, or other governmental program. | Services or supplies that are not listed as covered in the policy. | Services or supplies where there is no evidence of pathology, dysfunction, or disease.