“Can tooth decay really be reversed? Wow!”

Willamette™
Dental Group

First In Proactive Dental Care

Dental Plus of Idaho

Form No. 005DPID(7/13)
Policy No. 001DPID(7/13)

THE POLICY PROVIDES DENTAL BENEFITS ONLY.

Personal care

for your individual needs

Willamette Dental of Idaho, Inc. is pleased to offer you Dental Plus of Idaho. This plan 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 plan 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 six-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. Plan participants do not need to fill out or submit claim forms. As a plan 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 Dental Plus of Idaho plan 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.

Idaho Locations

- Boise
- Coeur d'Alene
- Idaho Falls
- Meridian

Eastern Washington Locations

- Pullman
- Spokane - Northpointe
- Spokane - South Hill

To receive the maximum benefits of this plan, you should 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 representative or arrive at the dental office for your appointment, simply identify yourself as a Dental Plus of Idaho member. You will then receive dental care in accordance with your plan.

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

Premium Rates*

You may pay premiums on a monthly, quarterly, semi-annual or annual basis. Payment may be made by personal check or if paying monthly an automatic electronic funds transfer (EFT). There is a $5 fee per paper billing statement if paying by personal check. There is no additional fee if paying by EFT. No credit card payments will be accepted.

	Monthly	Quarterly	Semi-Annually	Annually
Member Only	$42.45	$127.35	$254.70	$509.40
Member & Spouse or Domestic Partner	$83.28	$249.84	$499.68	$999.36
Member & Children	$79.88	$239.64	$479.28	$958.56
Family	$147.93	$443.79	$887.58	$1775.16

*Rates are valid for 12 months from effective date.

How To Enroll

To enroll in the Dental Plus of Idaho plan, simply complete the application form and submit it along with premium payment. The application and premium payment must be received by the 25th of the month preceding the period for which coverage is to be effective.

You must be at least 18 years of age and a resident of Idaho. Your eligible dependents include your spouse or domestic partner and you or your spouse or domestic partner's children through age 25. Members cannot be enrolled with other Willamette Dental insurance coverage.

If you would like additional information, please contact us at dpi@willamettedental.com.

For Billing and Enrollment Questions, please call:
1.855.289.6318

For Customer Service, please call:
1.866.851.8314

The Dental Plus of Idaho plan is underwritten by:
Willamette Dental of Idaho, Inc.
6950 NE Campus Way, Hillsboro, OR 97124

Benefit Summary

For Services by a Participating Dentist

Benefit	Copayment
Annual Maximum	No Annual Maximum
Deductible	No Deductible
Office Visit	$0
Dental Exams	$20
X-rays	$20
Teeth Cleaning (adult)	$50
Fluoride Treatment	$15
Sealants per Tooth	$30
Fillings - Amalgam	$50
Filling - Resin (Anterior & Posterior Primary)	$50
Filling - Resin (Posterior Permanent)	$102
Stainless Steel Crown	$70
Porcelain Fused to Metal Crown[1]	$300
Complete Denture[1]	$425
Bridge (per tooth)[1]	$300
Root Canal Therapy – Anterior Tooth	$200
– Bicuspid Tooth	$200
– Molar	$200
Osseous Surgery Per Quadrant	$250
Root Planing Per Quadrant	$50
Routine Extraction	$50
Surgical Extraction	$100
Pre-Orthodontic Service[1,2]	$150
Comprehensive Orthodontia[1,2]	$3,000
Nitrous Oxide Per Visit	$20

1 Benefit available after a six month waiting period.

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

Services from a Non-Participating Provider are reimbursed $10. The enrollee is responsible for all other charges and fees charged by the Non-Participating Provider, to the extent such amount exceeds $10.

Willamette Dental - Dental Plus of Idaho Enrollment Form

Willamette Dental of Idaho, Inc.
6950 NE Campus Way, Hillsboro, Oregon 97124

Please print or type. Shaded areas are for producer or office use only.

Willamette Dental Group

Account Number:	Effective Date:

1 I'm filling out this application because I am...

☐ a new applicant applying for coverage for: (select box below)
- ☐ myself only
- ☐ myself & the dependents listed below

☐ a current Willamette Dental member switching to Dental Plus of Idaho:
- Years/Months on Willamette Dental plan: _____
- Group Number: _____
- Plan ID: _____

2 My information is...

Self (Last, First, Middle Initial)	Social Security Number	Gender ☐ M ☐ F
Mailing Address	City/State/Zip	Home Telephone Number
E-mail Address	Date of Birth	Requested Effective Date

3 My premium payment will be...

Paid:
- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-Annually
- ☐ Annually

By the following method:
- ☐ Personal Check
- ☐ Monthly EFT (please complete information below - we do not need a voided check)
  - Checking Account Number: _____
  - Routing Number: _____

4 I want to enroll my...

Legal Spouse or Domestic Partner (Last, First, Middle Initial)	Date of Birth	Gender ☐ M ☐ F
	Social Security Number	☐ Husband/Wife ☐ Domestic Partner
Dependent Child (Last, First, Middle Initial)	Date of Birth	Gender ☐ M ☐ F
	Social Security Number	
Dependent Child (Last, First, Middle Initial)	Date of Birth	Gender ☐ M ☐ F
	Social Security Number	
Dependent Child (Last, First, Middle Initial)	Date of Birth	Gender ☐ M ☐ F
	Social Security Number	

Pay Commissions To: ❑ Producer ◘ Agency	Producer or Agency Name: Steve Marsh, Medical Plans of Idaho	State License No. 36956
Producer or Agency Address: 2484 N. Stokesberry Pl. Suite 100 Meridian, Idaho 83646		

Please continue application on back...

Agreement

I hereby apply for coverage under the Dental Plus of Idaho plan underwritten by Willamette Dental of Idaho, Inc. for myself and for my listed dependents. I understand Dental Plus of Idaho provides dental benefits only and that I should review my policy carefully.

I authorize providers of services to give Willamette Dental of Idaho, 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 of Idaho, Inc. by state or federal law.

I understand the policy effective date will be the first day of the month if premium payment and application are received by the 25th of the previous month; and if the application is declined and coverage is not issued, Willamette Dental of Idaho, 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 terminated/voided.

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 of Idaho, 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, and that penalties may include imprisonment, fines and denial of insurance benefits.

Applicant's signature: _____ Date: _____

Mail this completed application and your premium payment to:

Willamette Dental of Idaho, Inc.
Dental Plus of Idaho
601 SW Second Avenue
Portland, OR 97204-3156

Make checks payable to: Willamette Dental of Idaho, Inc.

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, 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 included in the appendices to the policy. | Services or supplies where there is no evidence of pathology, dysfunction, or disease.