Willamette
Dental Group

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

ProCare Oregon

For Policy No. 001PRO-OR(1/16)
Form No. 006PRO-OR(1/16)

THE POLICY PROVIDES DENTAL BENEFITS ONLY.

Personal care
for your individual needs

Willamette Dental Insurance, Inc. is pleased to offer you ProCare Oregon. This policy is true individual dental insurance that offers two options for coverage for your dental care needs. With both options, you enjoy 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.

On both plan options, 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 also 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 ProCare Oregon policy keeps that care affordable for you and your family.

**Waiting period waived for treatment of cleft lip and/or cleft palate in an Enrollee under age 19.*

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 (1-855-433-6825), 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 ProCare 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.

Benefit Summaries for Plan 1 & Plan 2

Benefit	Plan 1 Copayments	Plan 2 Copayments
Annual Maximum	No Annual Maximum	No Annual Maximum
Deductible	No Deductible	No Deductible
Annual Child Out-of-Pocket Limit	One Child under Age 19 pays up to $350 Two or more Children under Age 19 pay up to $700	
General Office Visit	You pay a $35 Copay	You pay a $20 Copay
Specialist Office Visit	You pay a $35 Copay	You pay a $30 Copay
Routine Exams and X-rays	You pay a $0 Copay	You pay a $0 Copay
Teeth Cleaning	You pay a $5 Copay	You pay a $0 Copay
Fluoride Treatment	You pay a $20 Copay	You pay a $5 Copay
Sealants per Tooth	You pay a $20 Copay	You pay a $5 Copay
Filling - Amalgam	You pay a $45 Copay	You pay a $25 Copay
Porcelain/Metal Crown	You pay a $500 Copay [1]	You pay a $400 Copay [1]
Complete Denture	You pay a $600 Copay [1]	You pay a $500 Copay [1]
Bridge (per tooth)	You pay a $500 Copay [1]	You pay a $400 Copay [1]
Root Canal Therapy – Anterior Tooth	You pay a $200 Copay	You pay a $200 Copay
– Bicuspid Tooth	You pay a $300 Copay	You pay a $250 Copay
– Molar	You pay a $400 Copay	You pay a $300 Copay
Osseous Surgery (per quadrant)	You pay a $300 Copay	You pay a $200 Copay
Root Planing (per quadrant)	You pay a $100 Copay	You pay a $75 Copay
Routine Extraction	You pay a $45 Copay	You pay a $40 Copay
Surgical Extraction	You pay a $190 Copay	You pay a $150 Copay
Pre-Orthodontic Service	You pay a $150 Copay	You pay a $150 Copay
Comprehensive Orthodontia	You pay a $3,000 Copay [2]	You pay a $2,800 Copay [2]
Nitrous Oxide Per Visit	You pay a $40 Copay	You pay a $40 Copay
Out of area emergency treatment is reimbursed up to $100 minus applicable copayments.		

[1] Benefit is subject to a 6-month waiting period for enrollees age 19 and over.
[2] Benefit is subject to a 6-month waiting period for enrollees and is not included in the Out-of-Pocket limit, unless for treatment of cleft lip and/or cleft palate in an Enrollee under age 19.

The ProCare Oregon policy is underwritten by:

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

This is summary of common procedures covered in the ProCare Oregon plan. The policy will control. Please refer to the policy for a complete description of benefits, limitations, and exclusions.

Premium Rates for Plan 1 & Plan 2

Premiums are paid on a monthly basis. Payment may be made by Auto Pay (checking account deduction), credit card (Visa, Mastercard, Discover) or by personal check.

	Plan 1	Plan 2
	Monthly	
Per Enrollee Under Age 21	$30.40	$35.05
Per Enrollee Age 21 or Older	$41.32	$47.22

**Rates are effective January 1, 2016 through December 31, 2016.*

Contact Us

To schedule an appointment, please call:
1.855.433.6825, Option 1

For billing and enrollment information, please call:
1.855.433.6825, Option 5

For benefits and plan information, please call:
1.855.998.2273

For answers to frequently asked questions, visit our website at:
www.WillametteDental.com/procare-oregon

ProCare Oregon Enrollment Application

Willamette
Dental Group

You are eligible for individual coverage under the Willamette Dental ProCare Oregon plan if you are an Oregon resident. 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 plan issued or offered by Willamette Dental Insurance, Inc. or its affiliates.

To enroll in the Willamette Dental ProCare Oregon plan, complete both sides of this application, including your signature on the back. Please mailed the completed application and premium payment to the address below.

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

The application and premium payment must be received by the 25th of the month preceding the period for which coverage is to be effective. If paying by Auto Pay or credit card, application and payment can be submitted by fax or email to 503-952-2679 or pco@willamettedental.com.

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 Premium Calculation

			☐ Plan 1	☐ Plan 2	(Select One)
# of Enrollees under age 21	________	x	$30.40 = $ ____	$35.05 = $ ____	
# of Enrollees age 21 or older	________	x	$41.32 = $ ____	$47.22 = $ ____	
Total Monthly Premium (# of Enrollees x Premium)			$	$	

3 First Month's Premium Payment

☐ Auto Pay (checking account deduction). Please complete information below - we do not need a voided check.

- Checking Account Number: ______________________________
- Routing Number: ______________________________

If Auto-Pay is selected, I hereby authorize Willamette Dental Insurance, Inc., to make reoccurring monthly withdrawals from the checking account listed for the then-current ProCare Oregon premium amount. This authorization will remain in effect until I have provided notice to Willamette Dental Insurance, Inc., and my bank with a reasonable amount of time to act upon the notice.

☐ Personal Check: Enclose a check for the first month's premium with this application payable to Willamette Dental Insurance, Inc.

☐ Credit Card: Provide the card information below.

Card Type: ☐ Visa ☐ Mastercard ☐ Discover	Credit Card Number:
Expiration Date:	3-Digit Security Code:
Cardholder's Signature:	

4 Applicant Enrollment Information

Self (Last, First, Middle Initial):	Requested Effective Date:		
Social Security Number:	Gender: ☐ M ☐ F		Date of Birth:
Mailing Address:	City:	State:	Zip:
Home Phone:	Email Address:		

CONTINUE APPLICATION ON NEXT PAGE...

5 Dependent Enrollment Information

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

6 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:
Phone Number:	Email Address:		

7 Acknowledgments and Signature

- I hereby apply for coverage under the Willamette Dental ProCare 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

The following is a summary of the exclusions and limitations of the ProCare Oregon plan.

- An amalgam or composite restoration and a crown on the same tooth.
- Any service provided by a non-participating provider with the exception of services provided under the referral of a participating provider or treatment of a dental emergency while out of area.
- 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 are not covered.
- Charges for missed or broken appointments.
- Crowns in cases of advanced periodontal disease. Crowns when a poor crown/root ratio exists, for any reason.
- Desensitization.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Exams or consultations needed solely in connection with a non-covered service.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction and occlusal rehabilitation.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- If alternative services can be used to treat a condition, the service prescribed by the participating provider is covered.
- Implant and implant services.
- Mastique or veneer procedures.
- Maxillofacial prosthetic services other than covered fluoride gel carriers.
- Night guards.
- Orthognathic surgery.
- Overhang removal.
- Prescription and over-the-counter drugs, except as specified otherwise.
- Procedures, appliance, or restorations solely for aesthetic or cosmetic purposes.
- Prosthetic treatment, including porcelain fused to metal crowns, is limited until: rampant progression of caries is arrested; a period of adequate oral hygiene and periodontal stability is demonstrated; and the enrollee’s periodontal health is stable and supportive of a prosthetic.
- Replacement of lost, missing, or stolen dental appliances and replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Restorative, periodontal, and prosthetic treatments must be consistent with the prevailing standard of care and are limited as follows: when prognosis is unfavorable; when treatment is impractical; a lesser-cost procedure would achieve the same ultimate result; or the treatment has specific limitations described in the plan.
- Services and related exams or consultations that are not within the prescribed treatment plan and/or are not recommended and approved by the participating provider attending the enrollee.
- Services by any person other than a dentist, denturist, hygienist, or dental assistant or services outside of the scope of the provider’s license.
- Services for the treatment of injuries or conditions that are compensable under workers’ compensation or employer liability law.
- Services provided prior to the enrollee’s effective date of coverage.
- Services provided or arranged by criminal justice institutions for enrollees confined therein.
- Services that are not dentally appropriate, including the replacement of sound restorations.
- Services that are not listed as covered in the plan.
- Temporomandibular joint dysfunction treatment.
- The completion or delivery of treatments, services, or supplies initiated prior to the effective date of coverage under the plan. This includes an appliance or modification of one, if an impression for it was made prior to the effective date of coverage under the plan; and a crown, bridge, or cast or processed restoration, if the tooth was prepared prior to the effective date of coverage under the plan.
- The treatment of a dental emergency is limited only to covered services. Routine dental treatment or treatment of incipient decay does not constitute treatment of a dental emergency.
- Tooth bleaching.