

SUMMARY OF BENEFITS

Inland Empire Teamsters Trust - WA416 - 1/01/2023



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	\$25 per Visit
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings	You pay a \$35 Copay
Porcelain-Metal Crown	You pay a \$300 Copay
PROSTHODONTICS	
Complete Upper or Lower Denture	You pay a \$450 Copay**
Bridge (per Tooth)	You pay a \$300 Copay**
ENDODONTICS & PERIODONTICS	
Root Canal Therapy - Anterior	You pay a \$90 Copay
Root Canal Therapy - Bicuspid	You pay a \$115 Copay
Root Canal Therapy - Molar	You pay a \$140 Copay
Osseous Surgery (per Quadrant)	You pay a \$200 Copay
Root Planing (per Quadrant)	You pay a \$65 Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	You pay a \$35 Copay
Surgical Extraction	You pay a \$80 Copay
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	You pay a \$150 Copay**
Comprehensive Orthodontia Treatment	You pay a \$2,500 Copay
DENTAL IMPLANTS	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
MISCELLANEOUS	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You pay a \$40 Copay
Specialty Office Visit	\$30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

*Benefits for TMJ, implant surgery, and orthognathic surgery have a benefit maximum, if covered. **Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. ***Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Underwritten by Willamette Dental of Washington, Inc.

Presented are just some of the most common procedures covered in your plan. The certificate of coverage contains a complete description of covered benefits and copays.

Administrative Office: 6950 NE Campus Way, Hillsboro, OR 97124
028-WA(7/20)a

EXCLUSIONS AND LIMITATIONS



This is only a summary. The certificate of coverage contains a complete description of the limitations and exclusions.

Exclusions

- Bone grafting.
- Bridges, crowns, dentures, or 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 or services performed or initiated prior to the effective date of coverage.
- Cone beam CT X-rays and tomographic surveys.
- Dental implant-supported prosthetics or abutment-supported prosthetics (crowns, bridges, and dentures).
- A dental implant surgically placed prior to the member's effective date of coverage that has not received final restoration or a dental implant for treatment of a primary or transitional dentition.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Eposteal, transosteal, endodontic endosseous, or mini dental implants.
- Exams or consultations needed solely in connection with a service not listed as covered.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant that was started or placed by a non-participating provider without a referral from a Willamette Dental Group provider.
- Maintenance, repair, replacement, or completion of an existing implant that was started or placed prior to the member's effective date of coverage.
- Maxillofacial prosthetic services.
- Nightguards.
- Orthognathic surgery, unless listed as covered in the contract.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders, unless listed as covered in the contract.
- Services for the treatment of an injury or disease that is covered under workers' compensation or that are the employer's responsibility.
- Services for treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for treatment of intentionally self-inflicted injuries.

- Services for which coverage is available under any federal, state, or other governmental program, unless required by law.
- Services not listed as covered in the contract.
- Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

Limitations

- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.
- Services listed in the contract, which are provided to correct congenital or developmental malformations which impair functions of the teeth and supporting structures will be covered for dependent children if dental necessity has been established.
- The retreatment of root canal therapy performed by a Willamette Dental Group dentist will be covered as part of the initial treatment for the first 24 months. The retreatment of root canal therapy performed by a non-participating provider will be subject to the applicable copays.
- General anesthesia is covered with the copays specified in the contract, if performed in a dental office, provided in conjunction with a covered service, and dentally necessary because the enrollee is under the age of 7, developmentally disabled, or physically handicapped.
- The services provided by a dentist in a hospital setting must meet the requirements in the contract to be covered.
- The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.

OFFICES & SPECIALTY LOCATIONS



Visit our website at willamettedental.com for up-to-date information about our dental offices and providers, including addresses, directions, hours and patient ratings & comments.

WASHINGTON OFFICES

Bellevue
626 120th Avenue NE,
Suite B210
Bellevue, WA 98005
General Dentistry
Orthodontics

Bellingham
4164 Meridian Street, Suite 300
Bellingham, WA 98226
General Dentistry
Endodontics
Implants
Orthodontics

Everett
3216 Norton Ave
Everett, WA 98201
General Dentistry
Endodontics
Orthodontics

Kent
510 Washington Ave N
Kent, WA 98032
General Dentistry
Implants
Orthodontics

Longview
1461 Broadway Street, Suite A
Longview, WA 98632
General Dentistry

Mountlake Terrace
6505 216th Street SW,
Suite 200
Mountlake Terrace, WA 98043
General Dentistry

Olympia
4550 3rd Ave SE,
Lacey, WA 98503
General Dentistry
Dentures
Endodontics
Implants
Orthodontics
Periodontics

Pullman
1646 S Grand Avenue
Pullman, WA 99163
General Dentistry
Orthodontics

Puyallup
702 South Hill Park Drive,
Suite 201
Puyallup, WA 98373
General Dentistry
Orthodontics

Richland
1426 Fowler Street
Richland, WA 99352
General Dentistry
Implants
Endodontics
Oral Surgery
Orthodontics
Periodontics

Seattle
133 Dexter Avenue N
Seattle, WA 98109
General Dentistry

Seattle – Northgate Specialty
11011 Meridian Ave North,
Suite 104
Seattle, WA 98133
Endodontics
Implants
Orthodontics
Periodontics

Silverdale
3505 NW Anderson Hill Road
Silverdale, WA 98383
General Dentistry

Spokane – Northpointe
9717 N Nevada
Spokane, WA 99218
General Dentistry

Spokane Valley
9019 E Mission Avenue
Spokane Valley, WA 99212
General Dentistry
Endodontics
Implants
Oral Surgery
Orthodontics

Tacoma
3866 S 74th Street, Suite 200
Tacoma, WA 98406
General Dentistry
Dentures
Endodontics
Implants
Oral Surgery
Orthodontics
Periodontics

Tumwater
6120 SE Capitol Blvd.
Tumwater, WA 98501
General Dentistry

Vancouver – Hazel Dell
910 NE 82nd Street
Vancouver, WA 98665
General Dentistry
Orthodontics

Vancouver – Mill Plain
9609 E Mill Plain Blvd.
Vancouver, WA 98664
General Dentistry

Yakima
1200 Chesterly Drive, Ste 230
Yakima, WA 98902
General Dentistry
Implants
Orthodontics

IDAHO OFFICES

Boise
8950 W Emerald Street,
Suite 108
Boise, ID 83704
General Dentistry
Implants
Orthodontics

Coeur d'Alene
943 W Ironwood Drive,
Suite 200
Coeur d'Alene, ID 83814
General Dentistry
Orthodontics

Idaho Falls
2860 Valencia Drive
Idaho Falls, ID 83404
General Dentistry
Implants
Orthodontics

Meridian
1075 S Wells Street
Meridian, ID 83642
General Dentistry
Endodontics
Oral Surgery
Orthodontics

Twin Falls
452 Cheney Drive West,
Suite 150
Twin Falls, ID 83301
General Dentistry
Implants
Orthodontics

For Appointments or Customer Service, please call 1.855.433.6825

OFFICES & SPECIALTY LOCATIONS



Visit our website at willamettedental.com for up-to-date information about our dental offices and providers, including addresses, directions, hours and patient ratings & comments.

OREGON OFFICES

Albany
2225 Pacific Blvd. SE, Suite 201
Albany, OR 97321

General Dentistry

Beaverton
4925 SW Griffith Drive
Beaverton, OR 97005

General Dentistry
Orthodontics
Pediatric Dentistry

Bend
62968 O.B. Riley Road, Suite 12
Bend, OR 97703

General Dentistry
Implants
Orthodontics

Corvallis
2420 NW Professional Drive,
Suite 150
Corvallis, OR 97330

General Dentistry
Orthodontics

Eugene
2703 Delta Oaks Drive,
Suite 300
Eugene, OR 97408

General Dentistry
Implants

Grants Pass
702 SW Ramsey Ave, Suite 224
Grants Pass, OR 97527

General Dentistry

Gresham
1107 NE Burnside Road
Gresham, OR 97030

General Dentistry

Hillsboro
5935 SE Alexander Street
Hillsboro, OR 97123

General Dentistry
Dentures

Lincoln City
1105 SE Jetty Avenue, Suite B
Lincoln City, OR 97367

General Dentistry

Medford
773 Golf View Drive
Medford, OR 97504

General Dentistry
Implants
Orthodontics

Milwaukie
6902 SE Lake Road, Suite 200
Milwaukie, OR 97267

General Dentistry

Portland – Jefferson
1933 SW Jefferson Street
Portland, OR 97201

General Dentistry

Portland – Lents
8931 SE Foster Rd.,
Portland, OR 97266

General Dentistry
Endodontics
Oral Surgery
Orthodontics

Portland – Stark 1
13255 SE Stark Street
Portland, OR 97233

General Dentistry
Dentures

Portland – Stark 2
405 SE 133rd Avenue
Portland, OR 97233

General Dentistry

Salem – Lancaster
3490 NE Lancaster Drive
Salem, OR 97305

General Dentistry
Implants
Endodontics
Oral Surgery
Orthodontics

Salem – Liberty
142 Pembroke Street SE
Salem, OR 97302

General Dentistry

Springfield
2510 Game Farm Road
Springfield, OR 97477

General Dentistry
Implants

Springfield Specialty
2530 Game Farm Road
Springfield, OR 97477

Endodontics
Oral Surgery
Orthodontics

Tigard
7095 SW Gonzaga Street
Tigard, OR 97223

General Dentistry
Endodontics
Implants
Oral Surgery
Periodontics

Tualatin
17130 SW Upper Boones Ferry Road
Durham, OR 97224

General Dentistry

For Appointments or Customer Service, please call 1.855.433.6825

**WILLAMETTE DENTAL
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION IS IMPORTANT TO US.**

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect November 6, 2020, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We use and disclose protected health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use and disclose your protected health information to provide, manage and coordinate your dental coverage.

Payment: We may use and disclose your protected health information to conduct payment related activities, such as determinations of eligibility and coverage, billing, administration and coordination of benefit payments.

Healthcare Operations: We may use and disclose your protected health information in connection with our healthcare operations. Healthcare operations include, but are not limited to, establishment of premium rates; activities relating to the creation, renewal or replacement of a dental plan; performing quality assessment and improvement activities; licensing or accreditation activities; responding to and resolving complaints and appeals; plan communications; and facilitating your enrollment in and renewal of your dental plan and value-added services. We will not use or disclose any of your protected health information that contains genetic information for underwriting purposes.

To You, Your Personal Representatives and Plan Sponsor: We must disclose your protected health information to you, as described in the Member Rights section of this Notice, and to a parent of a minor under the age of consent or legal guardian as necessary to help with your healthcare or with payment. We may disclose your protected health information to the sponsor of your dental plan.

Family and Friends: We may disclose protected health information about you to your family members or friends if we obtain your verbal authorization to do so, or if we give you an opportunity to object and you do not object. We also may disclose protected health information to your family or friends if we can infer from the circumstances, based on our reasonable judgment, that you would not object, for example if your spouse is a covered member with you under your dental plan.

Marketing Health-Related Services: We may use or disclose your protected health information for marketing purposes with your written authorization.

Required by Law: We may use or disclose your protected health information when we are required to do so by federal, state or local law or legal process, for example, subpoena, court order, administrative order, warrant, or summons; and pursuant to workers' compensation laws.

Abuse or Neglect: We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your protected health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Plan Sponsors: If your coverage is through an employer sponsored dental plan, we may disclose certain protected health information to the plan sponsor or its authorized representative(s) to perform plan administration functions.

Governmental Officials and Law Enforcement: We may disclose to authorized governmental officials protected health information required for lawful investigation; military authorities, the protected health information of Armed Forces personnel; and a correctional institution or law enforcement officials having lawful custody of protected health information of an inmate or patient under certain circumstances.

Authorization: Other uses and disclosures of your protected health information will be made only with your, or your Personal Representative's, written authorization. You may revoke such authorization at any time by written request, but we cannot take back any uses or disclosures already made with your permission.

MEMBER RIGHTS

Access: You have the right to look at or get copies of your protected health information, with limited exceptions. You must request access by sending us a letter to the address at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies, postage and staff time. If you request an alternative format that we can practicably provide, we will charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fees.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before November 6, 2014. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request in writing that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how account information will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Breach Notification: You have the right to receive notice if the security of your unsecured protected health information is breached.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice upon request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means or at alternative locations, you may submit a complaint to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your protected health information. You will not be penalized in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Member Rights
Information: Willamette Dental Member Services
6950 NE Campus Way
Hillsboro, Oregon 97124
(855) 433-6825, Option 2

Complaints: Willamette Dental Privacy Officer
6950 NE Campus Way
Hillsboro, Oregon 97124
(855) 433-6825

Willamette Dental Corporate Privacy Statement

At Willamette Dental Management Corporation and its affiliated companies, Willamette Dental Group, P.C., Willamette Dental Insurance, Inc., Willamette Dental of Washington, Inc., and Willamette Dental of Idaho, Inc., ("Willamette Dental", collectively) we value the trust subscribers and patients ("customer or customers", collectively) have placed in us. That is why we welcome this opportunity to describe the steps we take to protect customer information. This Statement provides details about these policies and procedures.

- ❖ We do not sell customer information.
- ❖ We do not share customer information with outside persons or companies for unrelated purposes such as selling their products or services.
- ❖ We do not share customer health information provided as part of a dental record, insurance application or claim, with outside persons or companies, except for legally authorized purposes.
- ❖ We maintain security standards and procedures designed to protect customer information.
- ❖ We require outside persons or companies that validly need our customer information to protect the confidentiality and prohibit independent use of customer information.
- ❖ We afford prospective and former customers the same protections as existing customers with respect to the use of customer information.

INFORMATION COLLECTION

The primary reason that we collect and maintain customer information is to serve and administer customer relationships. This information may be collected from a variety of sources, such as the following:

- ❖ Information provided to us on applications or forms, such as names, addresses, dates of birth, and phone, social security, insurance and account numbers; and
- ❖ Information resulting from dental treatment, and dental account transactions, obtained from within Willamette Dental and from non-affiliated companies we work with to administer our business, including such information as health history, dental records, payment history and credit history.

HEALTH INFORMATION CONFIDENTIALITY

We will not disclose health information to anyone without authorization unless the law permits or requires us to do so. Our contractual relationships with health care providers, as well as state and federal laws require the providers to keep customer health information confidential. Willamette Dental, its health care providers and payers (including self-funded employers) require access to customers' medical/dental information for a number of necessary reasons. These reasons include underwriting, claims payment, fraud prevention, case management, delivery of care, quality assessment, utilization review, compliance with state and federal requirements, data collection and reporting, accreditation, and statistical research. Customer authorization as well as federal and state laws permits these disclosures.

INFORMATION USE AND DISCLOSURE WITHIN WILLAMETTE DENTAL

We use and share customer information within Willamette Dental to provide products, services and administer our business. The information we maintain about customer relationships helps us verify identity, provide insurance benefits and dental treatment, and administer claims. Within Willamette Dental, we share the customer information we collect with our affiliates as reasonably necessary, including to provide dental care, dental insurance, enrollment, eligibility, claims management, billing and accounting.

WITH OUTSIDE COMPANIES OR PARTIES

We share information outside Willamette Dental only for necessary and appropriate business purposes. We require these non-affiliates to keep customer information confidential. We may disclose customer information to the following types of outside companies or parties:

- ❖ Insurers, insurance administrators, benefit administrators, dentists and health care providers;
- ❖ Companies that perform services on our behalf, such as check printing, preparation of account statements, and product marketing;
- ❖ Government, credit, and collection agencies and other outside entities as permitted or required by federal and state law. These disclosures are made for specific limited purposes, such as to verify identity, credit and accounts, collect debts or respond to a court order or subpoena; and
- ❖ Others, such as technical consultants engaged to program our computer systems to help us provide, track, analyze and market our services and products.

INFORMATION CONFIDENTIALITY AND PROTECTION PRACTICES

Willamette Dental is committed to preventing others from unauthorized access to customer information, and we maintain procedures and technology designed for this purpose. We take steps to protect the customer information we have, including the following:

- ❖ We update our technology in accordance with federal and state privacy regulations to improve the protection of customer information; and
- ❖ We have internal procedures that limit access to customer information, such as procedures requiring an employee to have a business need to access customer information. We maintain policies to provide security of workplaces and records.

INFORMATION INTEGRITY MEASURES

At Willamette Dental, we work hard to ensure customer information is complete and accurate. We have procedures and processes for updating our customer information. We protect the integrity and survivability of customer information through measures such as maintaining backup copies of account data in the event of power outages or other business interruptions, using computer virus detection and eradication software on systems containing customer information, upgrading computer hardware and software, and employing other technical means to protect against unauthorized computer entry into systems containing customer information.

COMMUNICATION

To contact Willamette Dental, write to: Willamette Dental Privacy Officer
Willamette Dental Management Corporation
6950 NE Campus Way
Hillsboro, Oregon 97124