



## Dental Insurance

For Willamette University

### How the Plan Works

Group Dental Coverage helps ensure you and your family get the preventive care you need for your chompers. Plus, you'll save money in the long run.

- Eligibility Requirement**  
 If you are a full-time active employee working a minimum of 30 hours per week, you will be covered with these benefits.
- Who pays for the coverage?**  
 Dental Insurance premiums for employees and family members are shared between you and your employer.
- Dependent Eligibility Requirement**  
 Dependents must be a Legal spouse, State Registered Domestic Partner and or child(ren) of the covered employee to be eligible for coverage. Children are covered up to age 26 for Preventive, Basic & Major Services and for Orthodontia services.
- LifeMap Network**  
 We utilize one of the largest dental networks in the region, so your choice of dentists is vast.

**LifeMapCo.com**  
**1 (800) 794-5390**

### Benefits Summary

#### Plan Benefits

Deductible (per calendar year)	\$50 per member \$150 per family
Calendar Year Maximum Benefit	\$1,500 per member
Lifetime Orthodontia Maximum	\$1,500 per member

#### Coinsurance (Percentage of the allowed amount the plan pays)

	In-Network	Out of Network
Class A (Preventive)	100% (deductible waived)	
Class B (Basic)	80%	
Class C (Major)	50%	
Class D (Ortho)	50%	

#### Benefit Waiting Periods

	Initial Enrollment
Class A Services	0 Months
Class B Services	0 Months
Class C Services	0 Months
Orthodontia	0 Months

#### Plan Features

Class A (Preventive) Services	<ul style="list-style-type: none"> <li>Oral Exams</li> <li>Dental Cleanings</li> <li>Fluoride Treatment</li> <li>Space Maintainers</li> <li>Intraoral Bitewing, Periapical and Occlusal X-rays</li> <li>Complete and Panoramic X-Rays</li> <li>Sealants and Preventive Resin</li> </ul>
Class B (Basic) Services	<ul style="list-style-type: none"> <li>Fillings</li> <li>Emergency Treatment</li> <li>General Anesthesia</li> <li>Oral Surgery</li> <li>Periodontic Treatment, including Scaling and Root Planing and Periodontal Surgery</li> <li>Endodontic Treatment, including Root Canals and Pulp Capping</li> </ul>
Class C (Major) Services	<ul style="list-style-type: none"> <li>Crowns, Inlays, and Onlays</li> <li>Crown Build-ups/ Core and Post</li> <li>Fixed Bridges</li> <li>Dentures</li> <li>Tissue Conditioning</li> </ul>

*This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.*



Plan Features (Continued)	
Orthodontia	Orthodontic Dental services and supplies provided in connection with orthodontics covered up to \$1,500 per member. This is a lifetime benefit.

### Limitations & Exclusions

- Aesthetic Dental Procedures
- Antimicrobial Agents
- Benefits Not Stated
- Collection of Cultures and Specimens
- Connector Bar or Stress Breaker
- Cosmetic/Reconstructive Services and Supplies
- Desensitizing
- Diagnostic Casts or Study Models
- Duplicate X-Rays
- Experimental/Investigational
- Facility Charges
- Fees, Taxes, Interest, etc.
- Fractures of the Mandible
- Gold Foil Restorations
- Home Visits
- Implants and implant related services
- Medication and Supply Charges
- Military Service-Related Conditions
- Motor Vehicle Coverage and Other Insurance Liability
- Nitrous Oxide
- Non-Direct Patient Care
- Occlusal Treatment
- Oral Hygiene Instructions
- Personal Comfort Items
- Photographic Images
- Pin Retention in Addition to Restoration
- Precision Attachments
- Prosthesis Services
- Provisional Splinting
- Riot, Rebellion, War and Illegal Acts
- Self-Help, Non Dental Self-Care, Training, or Instructional Programs
- Separate Charges
- Services and Supplies Provided by a Member of your Immediate Family
- Services Performed in a Laboratory
- Surgical Procedures
- Temporomandibular Joint (TMJ) Dysfunction Treatment Services
- Third Party Liability
- Tooth Transplantation Services
- Travel and Transportation Expenses
- Treatment, Procedures, Techniques or Therapies Outside Generally Accepted Dental Care Practices.
- Treatment started prior to the Member's Effective Date
- Work-Related Conditions

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