



WILLAMETTE DENTAL OF IDAHO, INC.
Summary of Benefits

Group Name: NORTHWEST NAZARENE UNIVERSITY
Group Number: Z1405 **Plan Id:** NWNNU **Effective Date:** August 1, 2006

BENEFIT	CO-PAYMENT
Annual Maximum	No Annual Maximum
Deductible	No Deductible
Office Visit Co-payment	\$10 per visit

DIAGNOSTIC AND PREVENTIVE SERVICES

Routine and Emergency Exams	Covered at 100%
All X-rays	Covered at 100%
Teeth Cleaning	Covered at 100%
Fluoride Treatment	Covered at 100%
Sealants	Covered at 100%
Head and Neck Cancer Screening	Covered at 100%
Oral Hygiene Instruction	Covered at 100%
Periodontal Charting	Covered at 100%
Periodontal Evaluation	Covered at 100%

RESTORATIVE DENTISTRY AND PROSTHETICS

Fillings	Covered at 100%
Permanent Crowns	\$200
Complete Upper or Lower Denture	\$300
Bridge – per tooth	\$200
All lab fees	Covered at 100%

ENDODONTICS AND PERIODONTICS

Root canal therapy – anterior	\$75
Root canal therapy – bicuspid	\$100
Root canal therapy – molar	\$125
Osseous Surgery – per quadrant	\$150
Root Planing – per quadrant	\$60

ORAL SURGERY

Routine Extraction – Single Tooth	Covered at 100%
Surgical Extraction	\$75

ORTHODONTIA

Pre-Orthodontic Service	\$150*
Comprehensive Orthodontia	\$2,000

MISCELLANEOUS

Local Anesthesia (Novocain)	Covered at 100%
Nitrous Oxide (per visit)	\$20
After Hours Emergency Care	\$20
Missed Appointment Fee	\$20

Out of area emergency care reimbursement up to \$250 less co-payments

**Fee credited towards comprehensive orthodontic co-payment if patient accepts treatment plan.*