

Group # 10015591

# Capitol Auto Group



## **Dental Customer Service**

503-265-2965 or 800-452-1058, [dental@modahealth.com](mailto:dental@modahealth.com)

## **Customer Service Hours**

Monday through Friday, 7:30 a.m. - 5:30 p.m. PST



# Use Find Care to locate a dental provider near you

Our provider directory tool can help you save money when seeking care.

Find Care, our online provider directory tool, makes it easy for you to locate an in-network provider by name, provider type, specialty, network, location, gender identity and more. Plus, finding an in-network dental provider that's right for you can also save you out-of-pocket costs.

## How to find a provider

1. Visit [deltadentalOR.com](https://deltadentalOR.com).
2. Under the "Online Tools" drop-down menu, select "Find a dentist".
3. Choose the "In Oregon or Alaska" link or "Outside of Oregon and Alaska" link depending on the state you live in.
4. Under network, choose the Delta Dental PPO or Delta Dental Premier network, which can be found on your member ID card.
5. Under location, enter in a city, state or zip code, and then search.

## Save costs when you choose in-network care

Getting quality care is easier and more affordable when you see "in-network" dental providers. These providers agree to accept your insurance at lower rates and meet quality standards. Choosing an in-network dental provider keeps your out-of-pocket costs low.

## In-and out-of-network costs

It's important to know you may pay more for services from out-of-network dental providers than from in-network providers. If you choose an out-of-network provider, your benefits only cover a percentage of the maximum plan allowance for these services. Out-of-network providers may also bill you for the difference between the maximum plan allowance and their billed charges. This is known as balance billing. In-network dental providers can't do this. Please see your plan summary or your Member Handbook to learn more about in-network and out-of-network benefits and costs.

## Questions?

**We're here to help.** For questions or help finding a provider, please contact the Delta Dental Customer Service team at 888-217-2365.

# 2024 Delta Dental Plan Benefit Summary



Delta Dental of Oregon & Alaska

## Delta Dental Voluntary Premier Plan VB3X501\_PF.OR.24

### Annual Maximum Benefit\*\*

Per member \$1,000

### Deductible

Per member \$50

Per family \$150

### Class 1\*

Periodic examinations / X-rays 100%

Prophylaxis (cleanings) / periodontal maintenance 100%

Sealants 100%

Space maintainers 100%

Topical application of fluoride 100%

### Class 2

Restorative fillings 80%

Oral surgery (extractions & certain minor surgical procedures) 80%

Endodontics (treatment of teeth with diseased or damaged nerves) 80%

Periodontics (treatment of diseases of the gums and supporting structures of the teeth) 80%

### Class 3

Implants 50%

Crowns and other cast restorations 50%

Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures) 50%

\* Deductible waived for preventive services.

\*\* Preventative care does not accumulate to the annual max.

This is a benefit summary only. For a more detailed description of benefits, refer to your member handbook.

### How to use this dental plan

When you visit your dental provider, tell them you are a Delta Dental member.

#### When the member visits:

##### Delta Dental Premier Dentist:

Members are held harmless from balance billing (will not be billed for the difference between the dentist's billed charge and the Delta Dental negotiated fee).

##### Non Participating Dentists:

Members may be held liable for the difference between the dentist's billed charge and the non-participating allowable.



Delta Dental of Oregon & Alaska

## Limitations

If a more expensive treatment than is functionally adequate is performed, Delta Dental Plan of Oregon will pay the applicable percentage of the maximum plan allowance for the least costly treatment.

### Preventive (Class 1 services)

- **Diagnostic** Routine or comprehensive examinations or consultations covered once in any 6-month period. Supplementary bitewing x-rays are covered once in any 12-month period. Complete series x-rays or a panoramic film are covered once in any 5-year period.
- **Preventive** Prophylaxis (cleaning) or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of 2 additional periodontal maintenances per year. Topical application of fluoride is covered once in any 6-month period for members until age 19. For members age 19 and older, topical application of fluoride is covered once in any 6-month period if there is a recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment. Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant, per tooth, during any 5-year period except for evidence of clinical failure.

### Basic (Class 2 services)

- **Oral Surgery** Limited to extractions and other minor surgical procedures.
- **Restorative** Amalgam and composite fillings are covered for all teeth. A separate charge for general anesthesia and/or IV sedation is not covered when used for non-surgical procedures.
- **Periodontic** Scaling and root planing is limited to once per quadrant in any 2-year period.

### Major (Class 3 services)

- **Implants** and implant removal are limited to once per lifetime per tooth space. A crown over an implant is covered once per lifetime of the implant.
- **Restorative** Cast restorations (including pontics) are covered once in a 7-year period on any tooth.
- **Prosthodontic** A bridge or denture (full or partial, including alternate benefits) will be covered once in a 7-year period only if the tooth, tooth site, or teeth involved have not received a cast restoration benefit in the last seven (7) years. Specialized or personalized prosthetics are limited to the cost of standard devices.
- **Occlusal guard** (nightguard) covered at 100% once in a 5-year period, up to \$200 maximum. Over-the-counter nightguards are excluded.
- **Athletic mouthguard** covered once in any 12-month period for members age 15 and under and once in any 2-year period age 16 and over. Over-the-counter athletic mouthguards are excluded.

### Exclusions

- Services covered under worker's compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency, except Medicaid.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint.
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth except for occlusal guards.
- Services started prior to the date the individual became eligible for services under the program.
- Hypnosis, prescribed drugs, premedications or analgesia (e.g. nitrous oxide) or any other euphoric drugs.
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized.
- General anesthesia and/or IV sedation except when administered by a dentist in conjunction with covered oral surgery in the dentist's office.
- Plaque control and oral hygiene or dietary instructions.
- Experimental procedures.
- Missed appointment charges.
- Precision attachments.
- Orthodontic services (except when an orthodontia rider is included).
- Services for cosmetic reasons.
- Claims submitted more than 12 months after the date of service are not covered.
- All other services or supplies, not specifically covered.

This is a summary of the dental plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. Dental plans in Oregon provided by Oregon Dental Service dba Delta Dental Plan of Oregon. Delta Dental is a trademark of Delta Dental Plans Association.





## MEMBER DASHBOARD

# Get your benefits on the go

As a member, you have a personalized Member Dashboard that puts the information you need at your fingertips.

### What's in the Member Dashboard?

The Member Dashboard is a one-stop resource for all you need to get the most out of your plan, including:



ID cards



Claim status



Benefits overview



Provider search



Calculate costs



Explanation of Benefits (EOBs)



Customer service contact information


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If you don't have a Member Dashboard account, creating one is easy. Go to [deltadentalOR.com](https://deltadentalOR.com) and enter your information. Be sure to have your member ID card handy.

## Access the Member Dashboard on your smartphone

The easiest way to open the Member Dashboard is to add a shortcut on your phone. Anytime you want to access your benefits or resources, just tap the Member Dashboard icon.

### On an iPhone

1. Open the browser on your phone and go to [deltadentalOR.com/memberdashboard](https://deltadentalOR.com/memberdashboard)
2. From the login screen, tap the Share  icon in the menu at the bottom of the screen
3. From the Share menu (scroll right to see more options), choose “Add to Home Screen”
4. Tap “Add” to confirm

Your phone will now have an icon that says “Login|Member Dashboard.”

### On an Android device:

1. On your phone, go to [deltadentalOR.com/memberdashboard](https://deltadentalOR.com/memberdashboard)
2. Using the menu (three vertical dots) at the top of the screen, choose “Add to Home screen”
3. Tap “Add” to confirm
4. On the next screen, choose “ADD AUTOMATICALLY” so the icon will be placed on your phone

Your phone will now have an icon that says “Login|Member Dashboard.”

## Questions?

We're here to help.  
Call us toll-free at  
888-217-2365. TTY  
users, please call 711.

We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711)  
CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

 MEMBER ID CARDS

# Online or in your wallet, your member ID card has you covered.

To use your benefits, just have your member ID card ready. It shows your member and group numbers, along with other important details. Hand it to your provider whenever you go in for care.

## New member?

If you just joined us, welcome. We're thrilled to partner with you along your health journey. We'll mail you an ID card right away. We suggest you keep it in your wallet or purse.

## View your card online

It's easy to access your ID card from a computer or smartphone, too. Here's how:

### On your Member Dashboard

Log in to your Member Dashboard on our website and click on the "ID card" tile to access a PDF version of your card.

Don't have an account? Create one in seconds. With your member ID

handy, visit our website and follow the instructions to enter your information. You'll love everything you can do — check your benefits, review claims, see your Member Handbook, and more.

### On the mobile ID app

Access your digital ID card on a smartphone or tablet by downloading the "Moda Health eCard" app. To sign in, use the mobile PIN listed on your online ID card (within Member Dashboard) and your subscriber ID.

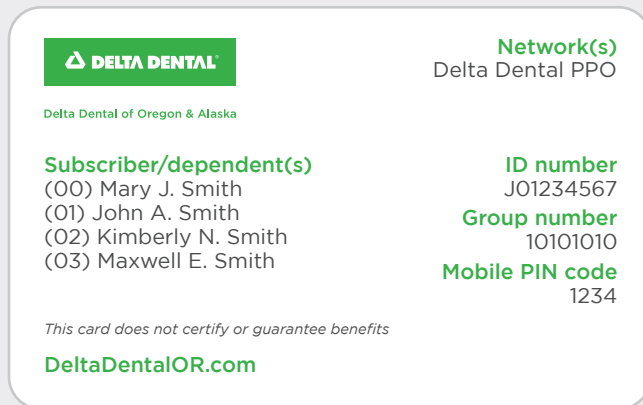
We hope these digital options make getting care a little easier.

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## What does my ID card look like?

Each card is a little different. Your card includes your member ID number and plan provider network. If you have a group plan, the card might also have your employer's logo. Most cards look something like this:

### Front



**DELTA DENTAL**  
Delta Dental of Oregon & Alaska

**Subscriber/dependent(s)**  
(00) Mary J. Smith  
(01) John A. Smith  
(02) Kimberly N. Smith  
(03) Maxwell E. Smith

**Network(s)**  
Delta Dental PPO

**ID number**  
J01234567

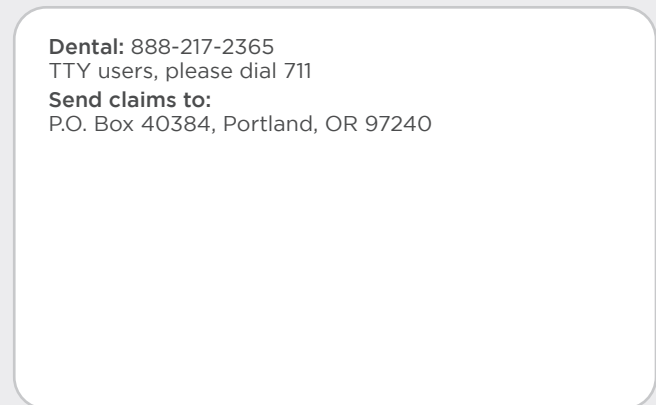
**Group number**  
10101010

**Mobile PIN code**  
1234

*This card does not certify or guarantee benefits*

[DeltaDentalOR.com](http://DeltaDentalOR.com)

### Back



**Dental:** 888-217-2365  
TTY users, please dial 711

**Send claims to:**  
P.O. Box 40384, Portland, OR 97240

## Questions?

We're happy to help.  
Just call our customer  
service team at  
888-217-2365

We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.  
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注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229 (聾啞人專用: 711)



ORAL HEALTH, TOTAL HEALTH

# Dental benefits that protect more than just your smile

If you are diabetic or pregnant in your third trimester, the Oral Health, Total Health program offers more ways to care for your teeth and mouth — and keep the rest of your body healthy, too.

## If you have diabetes

Diabetes increases the risk of cavities, periodontal (gum) disease, tooth loss, dry mouth and infection. If you have been diagnosed with this disease you are eligible for four prophylactic (preventive) cleanings or periodontal maintenance visits per year through our Oral Health, Total Health program. Protect your teeth and gums by enrolling today.

For details on the Oral Health, Total Health program, refer to the dental Member Handbook or visit Member Dashboard, your personalized member website.

## If you're pregnant

Pregnant members who have periodontal (gum) disease are more likely to have a premature and underweight baby. Bacteria can enter the bloodstream through the mouth, and the body's response to the infection can trigger early labor.

If you are expecting, you can enroll in the Oral Health, Total Health program to help prevent gum disease. If you've already had two cleanings for the year, you'll be eligible for another cleaning or checkup during your third trimester. This added preventive (prophylactic) visit is covered regardless of normal plan frequency limits. That way, you can receive a dental cleaning during the third trimester, no matter what.

## Learn more and enroll

To enroll in the Oral Health, Total Health program, fill out the form on the reverse side of this sheet or access the form online by logging in to Member Dashboard. Once you've signed in, simply click on "Oral Health, Total Health" in the myHealth tab.

## Questions?

We're here to help.  
For questions, call our dental services team toll free.  
Oregon: 888-217-2365  
Alaska: 888-374-8906

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## Oral Health, Total Health enrollment form

To enroll in our Oral Health, Total Health program, please follow the instructions below.

### For expectant members, enrolling is a one-step process

If you are pregnant, you can enroll in the Oral Health, Total Health program by calling Delta Dental Customer Service after you have scheduled your third trimester cleaning appointment. Be sure to tell us the date of your appointment. It's that easy.

### For diabetics, enrolling is as easy as 1-2-3

- 1 Complete the form below.
- 2 Include proof of diagnosis.
- 3 Mail or fax both to Delta Dental.

### Section 1: Insurance information

If you are diabetic and wish to enroll in the Oral Health, Total Health program, complete this enrollment form and fax it — along with proof of diagnosis.

Member name	Subscriber name	Subscriber ID number*
Group (plan) number*	Group name*	

\* Find this information on your ID card and through Member Dashboard.

### Section 2: Proof of diagnosis

Please select one of the following:

- I have attached proof of my diabetes diagnosis. *Examples of proof of diagnosis include a doctor's note or a copy of a prescription supporting a diabetes diagnosis.*
- I have Moda Health medical coverage and have had a claim paid by Moda Health for medical or pharmacy services related to my diabetes. We will verify the diagnosis on your behalf.

### Section 3: Authorization

I certify that the information above has been truly and accurately recorded.

Signature	Date
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### When is it effective?

Your enrollment will be effective the first of the month after we receive and process both your completed Oral Health, Total Health enrollment form and proof of diagnosis.

**Ready to submit?** Mail or fax this form to Delta Dental:

**Mail:** Delta Dental, 601 S.W. Second Ave., Portland, OR 97204 **Fax:** 503-765-3297



## DENTAL BENEFITS

# Health through Oral Wellness®

When it comes to oral health, we know some people need more care than others. Delta Dental of Oregon's Health through Oral Wellness® program offers extra benefits to members who have greater risk for oral diseases.

The program uses a clinical oral health assessment to find out your risk of tooth decay, gum disease and oral cancer. Based on your risk score, you may qualify for additional cleanings, fluoride treatments, sealants and periodontal maintenance.

With extra benefits and related care, you can:

- Take charge of your oral health
- Prevent oral health issues before they happen
- Access resources to manage your oral health
- Learn how to achieve and maintain better oral wellness

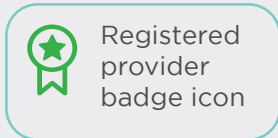
### Ready to get started?

Follow these simple steps to see if you qualify:

- 1 Visit [deltadentalor.com/oralwellness/members](https://deltadentalor.com/oralwellness/members) to learn more about the program and take a free oral health risk self-assessment. You can choose to share your results with your dentist to start the conversation.
- 2 Talk to your dentist about the program. If they're not registered, ask them to call our toll-free Health through Oral Wellness provider line at 844-663-4433. Once registered, they can perform an oral health risk exam and can let you know if you qualify.

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- To look for providers registered with the program, go to [deltadentalor.com](https://deltadentalor.com) and choose Find Care. Dental providers registered with Health through Oral Wellness will have a badge icon next to their name.



*\* All enhanced dental benefits are subject to your plan's annual maximum and other limitations.*

## Questions?

We're here to help. Contact our customer service team toll-free at 888-217-2365. TTY users, please call 711. Or visit [deltadentalor.com](https://deltadentalor.com) to learn more.

We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711) CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

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**If you need any of the above, call Customer Service at:**

888-217-2363 (TDD/TTY 711)

**If you think we did not offer these services or discriminated, you can file a written complaint.**

**Please mail or fax it to:**

Moda Partners, Inc.  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

**If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health  
and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

**Dave Nessler-Cass coordinates our nondiscrimination work:**

Dave Nessler-Cass,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي): 1-877-605-3229 (711)

بوتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرد. (TTY: 711) 1-877-605-3229

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

အကူအညီ: ဤတမ်း (အမျိုးအနွယ် အမျိုးအနွယ်) အလိုအတိုင်း ဖွဲ့စည်းပေးထားသော အကူအညီ ဝန်ဆောင်မှုများကို ဖခင်မဲ့အဖြစ်ဖြင့် 1-877-605-3229 (TTY: 711) ပါ အသံပြုပါ။

ໂປດຊາຍ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

# Enrollment application & change of information form

Delta Dental



Delta Dental of Oregon & Alaska

## Delta Dental use only

Group number 10015591 Subscriber number \_\_\_\_\_

To expedite your application, please print legibly in black or blue ink and return as instructed. Please complete all sections of this application. *If the application is incomplete or additional information is required, your effective date may be delayed.*

## Section 1 > Application type

Outside of the open enrollment period, you would need a special enrollment reason to enroll or make changes (for example, add dependents or switch plans). If you are enrolling or making changes due to a special enrollment event, please specify the event below and provide documentation of your life event. The reason I am applying or making a change is:

### Open enrollment

Date of event: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- New policy/subscriber
- Add dependent on existing plan
- Plan change only
- Waiver of coverage*

**Changes** *(these can be made outside of open enrollment)*

- Name change  
New name: \_\_\_\_\_  
Old name: \_\_\_\_\_
- New address  
*(please write new address in Section 3)*

### Special enrollment

Date of event: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Marriage
- Registration of domestic partner (RDP)
- Birth, adoption or placement for adoption
- Loss of coverage because I turned 26
- Loss of coverage due to end of marriage or registered domestic partnership (RDP)
- Involuntary loss of group coverage
- COBRA/continuation ended due to exhausting benefit
- Other \_\_\_\_\_

Group name <b>Capitol Auto Group</b>	Subgroup	Group no. <b>10015591</b>	Class
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## Section 2 > Coverage

- Dental coverage

## Section 3 > Employee information

First name*	M.I.	Last name*	Social Security no.*		
Mailing address*		City*	State*	ZIP*	
Home phone	Date of birth (mm/dd/yyyy)*	Date of employment (mm/dd/yyyy)*			
Primary language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		Email address			
The following fields are optional. We are committed to understanding and valuing diversity among our members. We are seeking this information so our staff can refer to and communicate with you in the most appropriate and respectful way.					
Gender/sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer		Gender identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Cisgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Non-binary / Third gender <input type="checkbox"/> Questioning <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Another <input type="checkbox"/> Undefined / Unspecified			

\*Enrollment will be delayed if fields with an asterisk are not filled out.

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.

REV2-1691 (10/21) MA-AK11

## Section 4 > Dependent children eligibility information

Children are eligible to enroll for coverage through age 25. Please see your Member Handbook for additional eligibility information. The following are eligible dependent children:

- Your or your spouse's natural or adopted child
- Children placed with you for adoption
- Newborns born to a covered dependent, for whom you are financially responsible (legal guardianship is required for coverage after the first 31 days)
- Children related by blood or marriage for whom you are the legal guardian (you will need to attach a signed court order showing legal guardianship)
- Your domestic partner's natural child or adopted child (if domestic partners by affidavit can enroll in your employer's plan)
- Your registered domestic partner's natural child or adopted child

## Section 5 > Dependents

Relationship code: **SP** = spouse, **DP** = domestic partner, **RDP** = registered domestic partner (*DP and RDP only if applicable to your plan*)  
Please use additional form if needed.

Add	Term	Med	Den	Relation-ship*	Dependent first name*	Dependent last name*	Social Security no.*	Date of birth* (mm/dd/yyyy)	Primary language (if different from employee)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SP <input type="checkbox"/> DP <input type="checkbox"/> RDP					
<b>Gender/sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer				<b>Gender identity:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Cisgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Non-binary / Third gender <input type="checkbox"/> Questioning <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Another <input type="checkbox"/> Undefined / Unspecified					

Add	Term	Med	Den	Relation-ship*	Dependent first name*	Dependent last name*	Social Security no.*	Date of birth* (mm/dd/yyyy)	Primary language (if different from employee)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child <sup>1</sup>					
<b>Gender/sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer				<b>Gender identity:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Cisgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Non-binary / Third gender <input type="checkbox"/> Questioning <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Another <input type="checkbox"/> Undefined / Unspecified					

Add	Term	Med	Den	Relation-ship*	Dependent first name*	Dependent last name*	Social Security no.*	Date of birth* (mm/dd/yyyy)	Primary language (if different from employee)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child <sup>1</sup>					
<b>Gender/sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer				<b>Gender identity:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Cisgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Non-binary / Third gender <input type="checkbox"/> Questioning <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Another <input type="checkbox"/> Undefined / Unspecified					

Add	Term	Med	Den	Relation-ship*	Dependent first name*	Dependent last name*	Social Security no.*	Date of birth* (mm/dd/yyyy)	Primary language (if different from employee)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Child <sup>1</sup> <input type="checkbox"/> Ward					
<b>Gender/sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer				<b>Gender identity:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Cisgender <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Non-binary / Third gender <input type="checkbox"/> Questioning <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Another <input type="checkbox"/> Undefined / Unspecified					

## Section 6 > Other insurance (coordination of benefits)

Will employee or any dependents have other insurance?  Yes  No

If your Group's size is less than 20 employees, Medicare will be assumed to be the primary payer and we will coordinate benefits as the secondary payer even if you have not elected coverage under Medicare. When your Group's size is 20 employees or more, Medicare will be considered the secondary payer.

\* Enrollment will be delayed if fields with an asterisk are not filled out.



**Section 7 > Authorization (please read and sign below)**

I acknowledge and understand my health plan may request or disclose health information about me or my dependents (people who are listed for benefits coverage on the enrollment form) from time to time for the purpose of facilitating health care treatment, payment or for the purpose of business operations necessary to administer health care benefits; or as required by law.<sup>2</sup> Health information requested or disclosed may be related to treatment or services performed by:

- A physician, dentist, pharmacist or other physical or behavioral health care practitioner;
- A clinic, hospital, long term care or other medical facility;
- Any other institution providing care, treatment, consultation, pharmaceuticals or supplies or;
- An insurance carrier or group health plan.

Health information requested or disclosed may include, but is not limited to: claims records, correspondence, medical records, billing statements, diagnostic imaging reports, laboratory reports, dental records or hospital records (including nursing records and progress notes). This acknowledgement does not apply to obtaining information regarding HIV/AIDS, psychotherapy notes, alcohol/drug and genetic testing. A separate authorization will be used for information related to these health conditions. It is a crime to knowingly provide false, incomplete, or misleading information to a health carrier for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of health coverage.

**I certify that the information provided on this form is true and correct to the best of my knowledge. I acknowledge that my enrollment form will be delayed if all fields with an asterisk are not filled out entirely.**

Employee signature* X	Signature date*
--------------------------	-----------------

*\*Enrollment will be delayed if fields with an asterisk are not filled out.  
1 Please list only eligible dependent children. See Section 5 for dependent children qualifications.  
2 For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Notice of Privacy Practices. A copy is available by calling the Privacy Office at 503-952-5033.*





# DENTAL CARE + INSURANCE TOGETHER AND SIMPLIFIED

## ENROLLMENT GUIDE

Plans in Oregon underwritten by Willamette Dental Insurance, Inc.,  
plans in Washington underwritten by Willamette Dental of Washington,  
Inc., and plans in Idaho underwritten by Willamette Dental of Idaho, Inc.  
011-WDG(1/22)

  
**Willamette**  
Dental Group



# HOW WILLAMETTE DENTAL GROUP IS DIFFERENT

## SIMPLE, RELIABLE INSURANCE

We believe dental insurance should be simple so we've eliminated the guessing game. We blend preventive dental care with broad insurance coverage, making it affordable, with no annual maximum\* or deductibles and predictable out of pocket costs.



## COMMITTED TO YOUR ORAL HEALTH

Healthy teeth should last a lifetime and proper care doesn't always mean invasive treatments. We practice evidence-based dentistry to end the disease-repair cycle by focusing on prevention.

By partnering with you, we make sure you have the knowledge you need to practice healthy habits and we don't recommend any unnecessary treatments.

\*If covered by your plan, dental implant surgery, TMJ treatment, and orthognathic surgery are subject to benefit maximums.

# CONVENIENT PLAN FEATURES

- No annual maximums\*, deductibles, or waiting periods with predictable out of pocket costs
- Benefits and/or services are provided at Willamette Dental Group offices
- Extended hours: Monday - Friday 7am - 5:30pm and rotating Saturdays regionally
- Emergency services available in-person in 48 hours or less and on-call 24/7
- All dental specialty services available, including orthodontics for all ages
- No ID card necessary

## ABOUT WILLAMETTE DENTAL GROUP

For more than 50 years, it has been Willamette Dental Group's mission to deliver our proactive preventive dental care philosophy to our patients by focusing on promoting long term oral health.

We commit to service excellence through a dedicated team that exemplifies the following four core values: Health, Compassion, Innovation, Integrity.

\*If covered by your plan, dental implant surgery, TMJ treatment, and orthognathic surgery are subject to benefit maximums.

# QUALITY CARE FROM QUALITY PROVIDERS

With your Willamette Dental insurance plan, you have access to our top quality dental providers across all of our convenient locations. We make it easy for you to learn about all of our offices and providers with easy to access profiles on our website, complete with unfiltered star ratings and comments from real patients.

None of our general dentists are compensated by the number of high priced procedures they perform. Instead, they are rewarded by improving your oral health, educating you on home care, making timely appointments available, and doing their best to make you happy with your experience.

nrc  
HEALTH



4.5 Average For All Offices

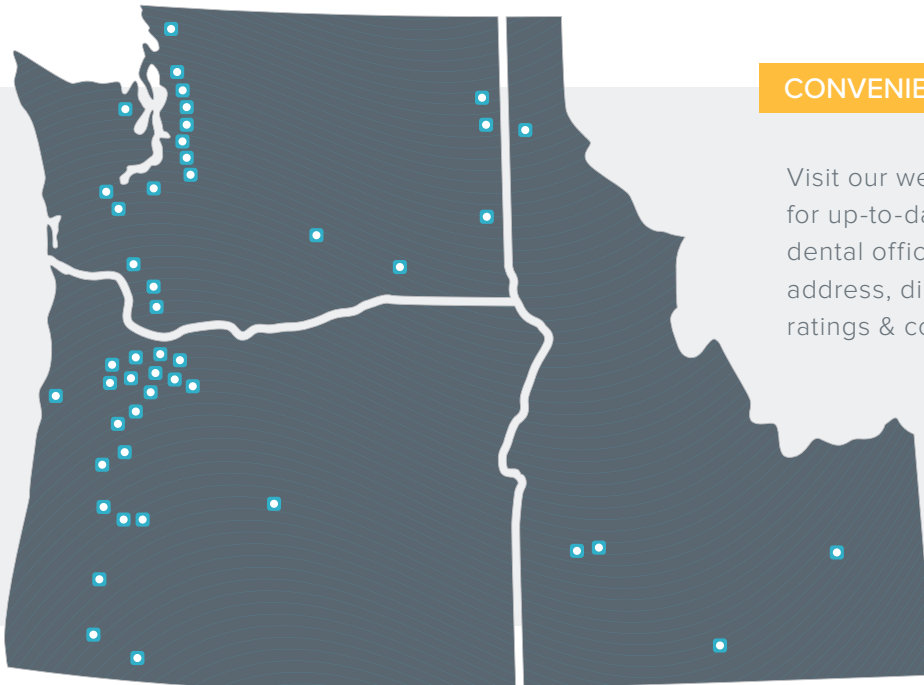


*“Sharing real patient feedback is so important to us at Willamette Dental Group. It helps our patients build trust with our providers before they even walk through our doors.”*

Dr. Eugene Skourtes  
CEO & President  
Willamette Dental Group

## CONVENIENT NORTHWEST LOCATIONS

Visit our website at [willamettedental.com](http://willamettedental.com) for up-to-date information about our dental offices and providers, including address, directions, hours, and patient ratings & comments.



## APPOINTMENTS OR EMERGENCIES

**Toll Free: 1.855.433.6825**

### Appointment Center Hours

Monday - Friday: 7am - 5:30pm PT

Saturday: 7am - 1pm PT

### For Dental Emergencies

Call 24 hours / 7 days-a-week

## QUESTIONS?

We have a full staff of member service representatives who will answer any question that you may have about your dental plan or service.

**Toll Free: 1.855.433.6825**

### Member Services Hours

Monday - Friday: 8am - 5pm PT

E-mail: [memberservices@willamettedental.com](mailto:memberservices@willamettedental.com)

**[willamettedental.com](http://willamettedental.com)**

Dental Services Provided by: Willamette Dental Group, P.C.

Plans in Oregon underwritten by Willamette Dental Insurance, Inc., plans in Washington underwritten by Willamette Dental of Washington, Inc., and plans in Idaho underwritten by Willamette Dental of Idaho, Inc.

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# SUMMARY OF BENEFITS

Capital Auto Group– OR296 – 01/01/2024



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	You Pay \$15 per Visit
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b>	
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
<b>RESTORATIVE DENTISTRY</b>	
Fillings	You Pay a \$20 Copay
Porcelain-Metal Crown	You Pay a \$250 Copay**
<b>PROSTHODONTICS</b>	
Complete Upper or Lower Denture	You Pay a \$350 Copay**
Bridge (per Tooth)	You Pay a \$250 Copay**
<b>ENDODONTICS &amp; PERIODONTICS</b>	
Root Canal Therapy - Anterior	You Pay a \$75 Copay
Root Canal Therapy - Bicuspid	You Pay a \$125 Copay
Root Canal Therapy - Molar	You Pay a \$175 Copay
Osseous Surgery (per Quadrant)	You Pay a \$250 Copay
Root Planing (per Quadrant)	You Pay a \$75 Copay
<b>ORAL SURGERY</b>	
Routine Extraction (Single Tooth)	You Pay a \$15 Copay
Surgical Extraction	You Pay a \$100 Copay
<b>ORTHODONTIA TREATMENT</b>	
Pre-Orthodontia Treatment	You Pay a \$150 Copay***
Comprehensive Orthodontia Treatment	You Pay a \$2,000 Copay
<b>DENTAL IMPLANTS</b>	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
<b>MISCELLANEOUS</b>	
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	You Pay \$30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

\*Benefits for implant 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 Insurance, 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-OR(7/20)



# 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 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 services, prosthetic services, and implants that were provided prior to the effective date of coverage.
- 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.
- General anesthesia or moderate sedation.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant 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 started or placed prior to the member's effective date of coverage.
- Nightguards.
- Orthognathic surgery.
- 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.
- Services for the treatment of an injury or disease that is covered under workers' compensation or that are an 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 of the teeth and supporting structure will be covered if primarily for the purpose of controlling or eliminating infection, controlling or eliminating pain, or restoring function.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.
- When the initial root canal therapy was performed by a Willamette Dental Group dentist, the retreatment of such root canal therapy will be covered as part of the initial treatment for the first 24 months. When the initial root canal therapy was performed by a non-participating provider, the retreatment of such root canal therapy by a Willamette Dental Group dentist will be subject to the applicable copays.
- The services provided by a dentist in a hospital setting are covered if: a hospital or similar setting is medically necessary; the services are authorized in writing by a Willamette Dental Group dentist; the services provided are the same services that would be provided in a dental office; and applicable copays are paid.
- 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.

# OFFICES & SPECIALTY LOCATIONS



Visit our website at [willamettedental.com](http://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*

*Dentures*

*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*

### **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*

### **Portland – Stark 2**

405 SE 133rd Avenue  
Portland, OR 97233

*General Dentistry*

### **Salem – Lancaster**

3490 NE Lancaster Drive  
Salem, OR 97305

*General Dentistry*

*Dentures*

*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

# OFFICES & SPECIALTY LOCATIONS



Visit our website at [willamettedental.com](http://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 North

11011 Meridian Ave North,  
Suite 104  
Seattle, WA 98133  
*General Dentistry  
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

607 N. Mitchell St  
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*

### Nampa

16145 N High Desert St  
Nampa, ID 83687  
*General Dentistry*

### 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

# Dental Enrollment Application and Change of Information Form

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



Please print your answers clearly in ink and fill out both sides of this form so we can process your application quickly. Thank you.

## 1

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

- a new applicant
- a retiree
- a current member: (select a box below)
  - changing my name
  - changing my address
  - changing my dependents
  - terminating my coverage due to...
  - open enrollment
  - qualifying event - Type of qualifying event: \_\_\_\_\_  
Date of qualifying event: \_\_\_\_\_
- a COBRA member: (select a box below)
  - 18 months
  - 29 months
  - 36 months
  - Date of Continuation Qualifying Event: \_\_\_\_\_

## 2

### My employer information is...

Name of Employer	Group ID	Effective Date	
Address	City	State	Zip Code
Work Telephone Number	Occupation	Date of Hire	

## 3

### My information is...

Self (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Home Address	City/State/Zip	Home Telephone Number
E-mail Address	Date of Birth	Old Name, if applicable

## 4

### I want to enroll my...

Legal Spouse or Domestic Partner (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Dom. Part.	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Dependent Child (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Dependent Child (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Dependent Child (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth	<input type="checkbox"/> Add <input type="checkbox"/> Delete



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**Additional dependents...**

Dependent Child (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth	<input type="checkbox"/> Add <input type="checkbox"/> Delete
Dependent Child (Last, First, Middle Initial)	Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	Date of Birth	<input type="checkbox"/> Add <input type="checkbox"/> Delete

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**Other dental insurance I have...**

Are you or any of your dependents are covered by another dental plan?

Yes  No

If yes, name of enrollee: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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**Signatures**

I hereby apply for coverage through Willamette Dental Insurance, Inc. for myself and for my listed dependents.

I authorize my employer to make payroll deductions from my salary or wages in the amount required, if any, to cover my contribution to coverage with Willamette Dental Insurance, Inc. I authorize any provider of health 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 disposition of a claim in fulfillment of obligations imposed on Willamette Dental Insurance, Inc. by State or Federal law.

I certify that all information supplied in this application is true and complete to the best of my knowledge. I agree to advise Willamette Dental Insurance, Inc. of any change in status within 60 days from the date of change. Limited to two years within filing this form, I understand that my coverage may be null and void if I have provided any information which is false or misleading regarding myself or my dependents on this form or any form filed in conjunction with this plan.

Signature of Primary Applicant	Date of Signature
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**Waiving your group dental insurance...**

Do you wish to waive the right to group dental insurance offered through your employer?

Yes  No

If yes, please choose who you are waiving coverage for below:

Myself & my dependents  My dependents only

Signature: \_\_\_\_\_

Date: \_\_\_\_\_