

**Corvallis School District – Licensed Employees
Dental Plan Comparison
Effective October 1, 2009**

Service	Willamette Dental Group	Trusted Plans Service Corporation Fee-For-Service Plan**
Annual Individual Deductible	None	None
Visit Charge	\$10 per visit/\$30 Specialist	Not applicable
Choice of Providers	All services are provided by Willamette Dental Group	Any Licensed Provider
Annual Maximum Benefit	No Maximum Benefit	\$1,500 Per Covered Individual
Office Hours Emergency Visit	You Pay \$50	Defined by Provider
After Hours Emergency Visit	You Pay \$70	
Periodic (routine) Exams	You Pay \$0 (after visit charge)	You Pay 10%
Prophylaxis (cleaning)	You Pay \$0 (after visit charge)	You Pay 10%
Fillings	You Pay \$0 (after visit charge)	You Pay 10%
X-rays	You Pay \$0 (after visit charge)	You Pay 10%
Crown or Inlay (each)	You Pay \$0 (after visit charge)	You Pay 10%
Bridges (per tooth or tooth space affected)	You Pay \$0 (after visit charge)	You Pay 10%
Periodontal treatment (per quadrant or procedure; Includes maintenance procedures)	You Pay \$0 (after visit charge)	You Pay 10%
Nitrous oxide (per occurrence)	You Pay \$20 (after visit charge)	Not Covered
Dentures (each)	You Pay \$0 (after visit charge)	You Pay 10%
Surgical tooth extractions (per tooth)	You Pay \$0 (after visit charge)	You Pay 10%
Root planing (per quadrant)	You Pay \$0 (after visit charge)	You Pay 10%
Root canal work:		
Single canal	You Pay \$0 (after visit charge)	You Pay 10%
Two canals	You Pay \$0 (after visit charge)	You Pay 10%
Three or more canals	You Pay \$0 (after visit charge)	You Pay 10%
Dental service in hospital	\$100 (In addition to applicable service co-payments—does not include charge for operatory)	Contact TPSC directly
Orthodontia	Fully covered after visit charge and these co-payments: Pre-Orthodontic Service \$150* Comprehensive Orthodontia \$1,800	You Pay 50% \$1,000 Lifetime Maximum Benefit No Age Limit for Benefit
Age Limit	No age limit for benefit	
Out-of-area emergency benefit	Up to \$100 Benefit (Less any required co-payment)	Members may access any licensed provider while out of area
Charge for missed appointment/late cancellation	\$30	Defined by Provider
Phone # for appointments	1-800-461-8994	Not applicable
Phone # for customer service	1-800-460-7644	1-800-426-9786 #210

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

**All services are limited to Usual, Customary & Reasonable (UCR) allowance

This is a summary of your benefits. Please refer to your insurance contract for a complete description including limitations and exclusions.