



DENTAL BLUE CONNECT PLAN GUIDE





WHAT YOU GET WITH DENTAL BLUE CONNECT

Personal Care

Everyone is different, and that's why Willamette Dental Group dentists create a personalized plan for you and your needs. During your first visit, your dentist will review your oral and overall health. You'll work with your dentist to get a proactive dental care plan so you get what you need to do to improve and maintain good oral health.

Proactive Care

Proactive care means focusing on preventing disease. And this is achieved by practicing evidence-based dentistry, evaluating your specific circumstances scientifically then creating a treatment plan tailored to you. All services are based on the latest research and years of reliable science, leading to the safest, most effective treatment available.

Quality Care

All Willamette Dental Group dentists meet high standards for licenses, endorsements and certifications. The dentists focus on patient care, access to timely appointments and patient satisfaction while focusing on prevention. This approach ensures you get the best possible oral health outcomes.

Convenient Care

Willamette Dental Group providers are found at more than 50 dental offices throughout Idaho, Washington and Oregon. Most offices are open Monday through Friday from 7 a.m.-6 p.m. MT and select Saturdays. The network offers a variety of specialists so you can get the type of care you need, when you need it. With no deductibles, you can plan on low copayments and out-of-pocket costs.





IMPORTANT FEATURES OF YOUR DENTAL BLUE CONNECT PLAN

Your Primary Care Dentist

You get the most out of your Dental Blue Connect plan benefits when you visit a Willamette Dental Group dentist. Better yet, you get partners to help you reach your best oral health through a team of providers, from your dentist to hygienist to dental assistant.

Willamette Dental Group's patient satisfaction survey results found that 92 percent of patients were satisfied with their experience, averaged across all Willamette Dental Group offices.

Scheduling an Appointment

To schedule an appointment that meets your needs, please call the Willamette Dental Group appointment center.

Toll Free: 855-4DENTAL (855-433-6825)

Appointment Center Hours:

8 a.m.-7 p.m. MT Monday-Friday

8 a.m.-5 p.m. MT Saturday

Office Hours

Most Willamette Dental Group offices are open 7 a.m.-6 p.m. MT Monday through Friday and select Saturdays from 7 a.m.-6 p.m. MT.

What to Expect at Your First Visit

At your first visit to a Willamette Dental Group office, your new providers will give you a thorough exam. This will include X-rays, teeth cleaning and a review of potential oral health risks. Your dentist will create a proactive dental care plan so you'll know how often to get cleanings and what kind of treatments may work for you.

Office Visit Charges

At the end of your office visit, you will receive a statement of services to show you the cost savings from your plan. You can give this statement to your Flexible Spending Account (FSA) administrator as proof of services for claims. Plan to make payments at the time of service. You can make payments using cash, personal check or credit card.

Dental Emergencies

In case of a dental emergency:

- You can make a same-day or next-day appointment at Willamette Dental Group offices during regular office hours.
- You can speak to an on-call provider over the phone when offices are closed.

If you need to travel 50 miles or more to a Willamette Dental Group office for an emergency service:

- You can get emergency treatment from any licensed dentist. You may be reimbursed for emergency dental treatment up to the amount stated in your certificate of coverage.
- Contact the Member Services Department for reimbursement after you've received service.



5 REASONS DENTAL BLUE CONNECT IS THE PLAN FOR YOU

No Annual Maximum, No Deductible

With no annual maximum and no deductible, you will never exhaust your dental coverage. You don't need to satisfy a deductible before you can receive benefits.

Predictable, Low Out-of-Pocket Costs

Out-of-pocket costs for covered dental services are predictable, low copayments. Combined with the low premium, you and your family won't be surprised by any unknown costs.

Orthodontic Benefits for All Ages

Orthodontic coverage is included for adults and children. With no waiting periods and a predictable, low copayment, you have access to affordable orthodontic care.

Exceptional Patient Satisfaction

Willamette Dental Group is dedicated to creating the best patient experience possible, as shown through an average score of 92 percent on a patient satisfaction survey.

Proactive Dental Care

Through dentist-patient partnerships, we focus on promoting your long-term health rather than merely correcting what is bothering you today.



CONTACT WILLAMETTE DENTAL GROUP

For more information about Willamette Dental Group, visit willamettedental.com

For questions about your plan, contact Willamette Dental Group Member Services Department:

9 a.m.-6 p.m. MT
Monday-Friday

Phone:
855-433-6825

E-mail:
memberservices@willamettedental.com



FIND A DENTAL PROVIDER

With more than 50 locations throughout Idaho, Washington and Oregon, there's likely a Willamette Dental Group office in your neighborhood.

- Find a Willamette Dental Group provider by visiting bcidaho.com and selecting **Find a Doctor**.
- Under the **Additional Information** header at the bottom of the page, select **Dental Blue Connect – Willamette Dental Group**.
- From here, you can select **Find a Dentist**.
- Once you've found a dentist, call 855-433-6825 to schedule an appointment.

Learn More About the Dentists with Online Profiles

If you want to learn more about the office or provider you've selected, be sure to visit locations.willamettedental.com.



You'll find star ratings for each of the providers and patient comments. You'll also find a biography, photo and education information for all of the dentists.



ORTHODONTIC BENEFITS

For the Entire Family

As part of your Dental Blue Connect plan benefits:

- You get full consultation, X-rays, study models, case presentation, required appliances and follow-up treatment.
- Both adults and children can get orthodontic care.
- There are no age restrictions and no waiting periods before you can begin treatment.

Your dentist will refer you to a Willamette Dental Group orthodontist for a consultation. You'll receive an initial examination, X-rays, study models and case presentation as part of the consultation. After the orthodontist reviews the information gathered from these visits, you'll receive a treatment plan. This will outline how to best realign your teeth as well as the costs and timeline.

PREORTHODONTIC SERVICE COPAYMENTS:

Initial orthodontic examination ...	\$25
Study models and X-rays.....	\$125
Case presentation	\$0

These copayments are non-refundable. If you receive treatment, you'll be credited the cost of these copayments as part of your overall orthodontic copayment.

Find the overall orthodontic service copayment in your certificate of coverage. Your total copayment depends on the extent of the treatment necessary. In some cases, the amount you pay may be less than what is listed in your certificate of coverage. Keep in mind that you'll need to pay an office visit copayment for each visit.

You must receive all orthodontic services from a Willamette Dental Group provider to get benefits. If the coverage terminates before orthodontic treatment is completed, additional charges may apply. View your certificate of coverage for a complete description of benefits, exclusions and limitations.



FREQUENTLY ASKED QUESTIONS

What is Invisalign® and how does it work?

Invisalign® is the brand name for an orthodontic treatment method that uses a series of custom-made, clear plastic trays (aligners) to reposition teeth. The clear BPA-free aligners look similar to teeth-whitening trays. A series of Invisalign aligners are custom-made for each patient to move teeth in the sequence determined by the patient's orthodontist. Over the course of treatment, patients are supplied with a series of aligners. Each aligner will make slight adjustments to tooth position, a process that is mapped out in advance by the orthodontist, specifically for each patient.

How do I find out if Invisalign is the best option for my orthodontic treatment?

You must first receive an initial evaluation from a Willamette Dental Group general dentist to determine if you are a candidate for any type of orthodontic treatment.

After you receive a referral from a Willamette Dental Group general dentist, you will schedule an appointment with a Willamette Dental Group orthodontist for your pre-orthodontic consultation. This consultation will take place over three separate appointments. The first will include an initial exam and discussion with the orthodontist; the second will include X-rays and impressions for study models; and at the third, your provider will present their recommendations based on your individual case.

Your Willamette Dental Group orthodontist will determine your eligibility for Invisalign treatment during this pre-orthodontic consultation. Your recommended treatment plan will be provided to you with a cost and timeline estimate.



Will using Invisalign result in compromised treatment results?

Invisalign, like any other orthodontic treatment method, is dependent on appropriate diagnosis, patient cooperation, along with the skill and experience of the provider. Invisalign requires an increased commitment by the patient for carefully following instructions provided by their orthodontist. In general, it is the simpler cases of minor misalignment that are better suited for Invisalign treatment.

Does Dental Blue Connect Cover Invisalign Teen?

Dental Blue Connect covers the basic Invisalign product. At this time Willamette Dental Group does not offer Invisalign Teen® or other sub-products.

If I have been approved for Invisalign treatment from a dentist or orthodontist outside of Willamette Dental Group, do I automatically become a candidate for the treatment at Willamette Dental Group?

No, we require that each patient is evaluated by a Willamette Dental Group general dentist for orthodontic treatment as well as by a Willamette Dental Group orthodontist to determine if Invisalign is the best option for each patient.

What if I am already using Invisalign with another dentist or orthodontist and I switch to Dental Blue Connect?

Your individual case will be evaluated by a Willamette Dental Group orthodontist to determine your eligibility. If the treatment plan is accepted as is, we will prorate the treatment cost and request that the previous provider assigns your Invisalign case to us and send us your remaining aligners. There would not be any additional costs for the aligners unless revisions are needed.

Where can I get orthodontic treatment from Willamette Dental Group?

Willamette Dental Group has licensed orthodontists throughout Oregon, Washington and Idaho. Please log in to your member account at members.bcidaho.com and select the **Dental Blue Connect logo**, to find your nearest location. All Willamette Dental Group orthodontists are trained Invisalign providers.

How long does Invisalign® treatment take?

The length of treatment depends on the severity of your case and can only be determined by your orthodontist; however, the average case takes about 12 months for adults. The length of time necessary for a teen patient may vary and can be determined by your orthodontist.

How often are Invisalign aligners worn?

For the most effective treatment, aligners must be worn 20 to 22 hours per day and removed only for eating, brushing and flossing.

How often would I see my orthodontist during Invisalign treatment?

Your orthodontist will schedule regular appointments once every six weeks. The goal of these visits is to ensure that your treatment is progressing as planned. Aligner trays are changed every two weeks.

How much does Invisalign cost with Dental Blue Connect?

The cost of Invisalign orthodontic treatment depends on your specific dental insurance plan benefits and the parameters of your individual case.

As an orthodontia patient, you are responsible for payment of pre-orthodontia service copayments, an orthodontia treatment copayment plus Invisalign charges and office visit copayments.

For all Willamette Dental Group insurance plans, all orthodontic treatment must be provided by a Willamette Dental Group provider to receive benefits. If your insurance coverage terminates prior to completion of orthodontic treatment, additional charges may apply.

Are payment plans available for Invisalign treatment costs?

If total charges for your case exceed \$1,500, an initial down payment of \$1,500 is due when the treatment plan is accepted and initial impressions are taken. The remaining balance is paid over 12 months.

What if I lose or damage one of my aligners?

Replacement aligners can be ordered through your Willamette Dental Group orthodontist. Each aligner is numbered so the orthodontist can reorder the correct aligner. We ask patients to keep their previous two to three aligners in case of loss or damage so we can determine which aligner needs to be reordered. Please ask your orthodontist for the current cost of replacement aligners.

What if I lose coverage or need to leave Willamette Dental Group mid-treatment?

If your account is current (i.e., the Invisalign charges are paid for and any orthodontic payment plans up to date), Willamette Dental Group will prorate the treatment copayment and offer to forward the remaining aligners to your new orthodontist. The treatment fee will be prorated but any charges for the Invisalign aligners will not be eligible for any proration.



ADDITIONAL QUESTIONS?
Call 1.855.433-6825

EXCLUSIONS & LIMITATIONS

In addition to the exclusions and limitations listed elsewhere in this contract, the following exclusions and limitations apply to the entire contract, unless otherwise specified.

Exclusions

- 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.
- Dental implants and implant related services, unless otherwise specified as covered in the contract.
- 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.
- Exams or consultations needed solely in connection with a service that is not 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, moderate sedation and deep sedation.
- Hospital care or other care outside of a dental office for dental procedures, physician services, or facility fees.
- Maxillofacial prosthetic services.
- Night guards, unless specified as covered in the contract.
- 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 occupational injury or disease, including an injury or disease arising out of self-employment or for which benefits are available under workers' compensation or similar law.
- Services for the treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for the 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 included 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 anomalies will be covered for dependent children if dental necessity has been established.
- Crowns, casts or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.
- If the initial root canal therapy was performed by a Willamette Dental Group dentist, the retreatment of the root canal therapy will be covered as part of the initial treatment for the first 24 months. If the initial root canal therapy was performed by a nonparticipating provider, the retreatment of such root canal therapy by a Willamette Dental Group dentist will be subject to the applicable copayments.
- The services provided by a dentist in a hospital setting are covered if medically necessary, 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 copayments are paid.
- The replacement of an existing denture, crown, inlay, onlay or other prosthetic appliance is covered if the appliance is more than five years old and replacement is dentally necessary.

**There when you need us,
never when you don't.**



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