



D8 Dental Plan Summary

Effective 1/1/2026

This is only a summary of the key coverage provisions of the D8 Dental Plan and is not intended to be used for general distribution purposes or in lieu of a Plan Booklet. If there are any discrepancies the plan booklet will govern.

D8 Dental Plan		
Participants will be enrolled with Delta Dental of WA. If you prefer Willamette Dental of WA, a clinic based dental program, you will need to complete the Willamette Dental of WA enrollment form and return it to the Trust office.		
Plan Benefits	Delta Dental of WA	Willamette Dental of WA (option)
2026 Contribution Rate is \$120		
Dental Network	Delta Dental of WA	Willamette Dental of WA
Annual Plan Maximum	\$2,000	No Annual Maximum
Deductible	No Deductible	No Deductible
General, Specialty or Orthodontic Office Visit	No Copay	\$30 per Visit
Diagnostic & Preventative	Percentage Covered	
Oral Examinations	Covered at 100%; two per year	Covered with office visit copay
Teeth Cleaning	Covered at 100%; two per year	Covered with office visit copay
Flouride Treatment	Covered at 100%	Covered with office visit copay
Selants (per tooth)	Covered at 100%	Covered with office visit copay
X-rays	Covered at 100%, as needed	Covered with office visit copay
Panorex/Full Mouth X-ray	Covered at 100%, every two years	Covered with office visit copay
Restorative, Oral Surgery, Prosthodontics, Endodontics & Periodontics		
Periodontics & Periodontal Maint.	Covered at 75%	Covered with office visit copay
Fillings (amalgam)	Covered at 75%	You pay a \$25 Copay
Routine Extraction	Covered at 75%	You pay a \$25 Copay
Surgical Extraction	Covered at 75%	You pay a \$75 Copay
Root Planing (per quadrant)	Covered at 75%	You pay a \$25 Copay
Root Canal Therapy	Covered at 75%	You pay a \$75 Copay - Anterior You pay a \$150 Copay - Bicuspid You pay a \$225 Copay - Molar
Osseous Surgery (per Quadrant)	Covered at 75%	You pay a \$100 Copay
Complete Upper or Lower Denture	Covered at 75%	You pay a \$300 Copay
Bridge (per tooth)	Covered at 75%	You pay a \$250 Copay
Crowns, Inlays and Onlays	Covered at 75%	You pay a \$250 Copay (porcelain-metal)
Dental Implant Surgery	Covered at 75%	Benefit max of \$1,500 per calendar year*
*Dental implant-supported prosthetics (crowns, bridges and dentures) are not a covered benefit under Willamette.		
Miscellaneous		
Local Anesthesia	Covered at 50%	Covered with office visit copay
Nitrous Oxide	Covered at 50%	You pay a \$20 Copay
Nightguards	Covered at 50%	Not covered
Orthodontia Treatment		
Pre-Orthodontia Treatment	Covered at 50%	\$150**
Orthodontia Treatment	Covered at 50% \$2,500 lifetime maximum	You pay a \$2,700 Copay
Age Limit	Up to age 19	No age limit
**\$150 Copay is credited towards the Orthodontia Treatment if patient accepts Willamette treatment plan		