

## GROUP DENTAL CONTRACT AMENDMENT NO. 5

Attached to and made a part of the Group Dental Contract dated April 1, 2020 issued to  
Lewis & Clark College, Group Number OR404

Effective April 1, 2025, the Group Dental Contract is hereby amended as follows:

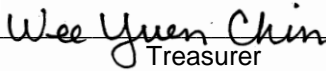
1. The Monthly Premium Rates for April 1, 2025, through March 31, 2026, are:

Member Only	\$ 47.40
Member & Spouse Only	\$ 94.80
Member & Children Only	\$ 104.25
Member, Spouse, & Children	\$ 146.90

2. *Appendix A - Schedule of Covered Services and Copayments* is hereby deleted and replaced with the attached *Appendix A - Schedule of Covered Services and Copayments*.
3. *Appendix B – Orthodontic Treatment* is hereby deleted and replaced with the attached *Appendix B - Orthodontic Treatment*.

### WILLAMETTE DENTAL ISURANCE, INC.

6950 NE Campus Way  
Hillsboro, OR 97124

  
Treasurer

## Appendix A - Schedule of Covered Services and Copayments

### Office Visit Copayments

General Office Visit Copayment .....	\$15
Specialist Office Visit Copayment.....	\$30

Code	Procedure	Enrollee Pays
<b>1. Diagnostic and Preventive Services</b>		
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral evaluation for patient under 3 years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed & extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D0210	Intraoral - complete series of radiographic images	\$0
D0220	Intraoral - periapical-first radiographic image	\$0
D0230	Intraoral - periapical each additional radiographic image	\$0
D0240	Intraoral - occlusal radiographic image	\$0
D0250	Extra-oral - 2D projection radiographic image	\$0
D0270	Bitewing - single radiographic image	\$0
D0272	Bitewings - two radiographic images	\$0
D0273	Bitewings - three radiographic images	\$0
D0274	Bitewings - four radiographic images	\$0
D0277	Vertical bitewings - 7 to 8 radiographic images	\$0
D0330	Panoramic radiographic image	\$0
D0340	Cephalometric radiographic image	\$0
D0350	2D oral/facial photographic image obtained intraorally or extraorally	\$0
D0425	Caries susceptibility tests	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D1110	Prophylaxis - adult	\$0
D1120	Prophylaxis - child	\$0
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride - excluding varnish	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$0
D1510	Space maintainer - fixed - unilateral	\$0
D1515	Space maintainer - fixed - bilateral	\$0
D1520	Space maintainer - removable - unilateral	\$0
D1525	Space maintainer - removable - bilateral	\$0
D1550	Re-cement or re-bond of space maintainer	\$0
D1555	Removal of fixed space maintainer	\$0

## 2. Restorative Services

D2140 Amalgam - 1 surface, primary or permanent	\$0
D2150 Amalgam - 2 surfaces, primary or permanent	\$0
D2160 Amalgam - 3 surfaces, primary or permanent	\$0
D2161 Amalgam - 4 or more surfaces, primary or permanent	\$0
D2330 Resin - based composite - 1 surface, anterior	\$0
D2331 Resin - based composite - 2 surfaces, anterior	\$0
D2332 Resin - based composite - 3 surfaces, anterior	\$0
D2335 Resin - based composite - 4 or more surfaces involving incisal angle (anterior)	\$0
D2390 Resin - based composite crown, anterior	\$0
D2391 Resin - based composite - 1 surface, posterior	\$0
D2392 Resin - based composite - 2 surfaces, posterior	\$0
D2393 Resin - based composite - 3 surfaces, posterior	\$0
D2394 Resin - based composite - 4 or more surfaces, posterior	\$0
D2510 Inlay – metallic – 1 surface	\$50
D2520 Inlay - metallic - 2 surfaces	\$50
D2530 Inlay - metallic - 3 or more surfaces	\$50
D2542 Onlay - metallic - 2 surfaces	\$50
D2543 Onlay - metallic - 3 surfaces	\$50
D2544 Onlay - metallic - 4 or more surfaces	\$50
D2610 Inlay - porcelain/ceramic - 1 surface	\$50
D2620 Inlay - porcelain/ceramic - 2 surfaces	\$50
D2630 Inlay - porcelain/ceramic - 3 surfaces	\$50
D2642 Onlay - porcelain/ceramic - 2 surfaces	\$50
D2643 Onlay - porcelain/ceramic - 3 surfaces	\$50
D2644 Onlay - porcelain/ceramic - 4 or more surfaces	\$50

## 3. Crowns

D2710 Crown - resin based composite (indirect)	\$50
D2740 Crown - porcelain/ceramic	\$50
D2750 Crown - porcelain fused to high noble metal	\$50
D2782 Crown - $\frac{3}{4}$ cast noble metal	\$50
D2792 Crown - full cast noble metal	\$50
D2910 Re-cement or re-bond inlay, onlay, or partial coverage restoration	\$0
D2920 Re-cement or re-bond crown	\$0
D2930 Prefabricated stainless steel crown - primary tooth	\$0
D2931 Prefabricated stainless steel crown - permanent tooth	\$0
D2932 Prefabricated resin crown	\$0
D2933 Prefabricated stainless steel crown with resin window	\$0
D2940 Protective restoration	\$0
D2950 Core buildup, including any pins when required	\$0
D2951 Pin retention - per tooth, in addition to restoration	\$0
D2954 Prefabricated post and core in addition to crown	\$0
D2955 Post removal	\$0
D2957 Each additional prefabricated post - same tooth	\$0
D2970 Temporary crown (fractured tooth)	\$0
D2975 Coping	\$0
D2980 Crown repair necessitated by restorative material failure	\$0

#### 4. Endodontics

D3110 Pulp cap - direct (excluding final restoration)	\$0
D3120 Pulp cap - indirect (excluding final restoration)	\$0
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$0
D3221 Pulpal debridement, primary and permanent teeth	\$0
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$0
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$0
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$30
D3320 Endodontic therapy, premolar tooth (excluding final restoration)	\$60
D3330 Endodontic therapy, molar (excluding final restoration)	\$90
D3331 Treatment of root canal obstruction; non-surgical access	\$0
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$0
D3333 Internal repair of perforation defects	\$0
D3346 Retreatment of previous root canal therapy - anterior	\$30
D3347 Retreatment of previous root canal therapy - premolar	\$60
D3348 Retreatment of previous root canal therapy - molar	\$90
D3351 Apexification/recalcification - initial visit (apical closure/calccific repair of perforations, root resorption, etc.)	\$90
D3352 Apexification/recalcification - interim medication replacement	\$0
D3353 Apexification/recalcification - final visit (includes completed root canal therapy – apical closure/calccific repair of perforations, root resorption, etc.)	\$0
D3410 Apicoectomy - anterior	\$30
D3421 Apicoectomy - premolar (first root)	\$60
D3425 Apicoectomy - molar (first root)	\$90
D3426 Apicoectomy - (each additional root)	\$0
D3430 Retrograde filling - per root	\$0
D3450 Root amputation - per root	\$90
D3920 Hemisection (including any root removal), not including root canal therapy	\$90
D3950 Canal preparation and fitting of a preformed dowel or post	\$0

#### 5. Periodontics

D4210 Gingivectomy or gingivoplasty - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$50
D4211 Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$30
D4240 Gingival flap procedures, including root planing - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$50
D4241 Gingival flap procedure, including root planing - 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$50
D4249 Clinical crown lengthening – hard tissue	\$50
D4260 Osseous surgery (including elevation of a full thickness flap and closure) - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$50
D4261 Osseous surgery (including elevation of a full thickness flap and closure) - 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$50
D4263 Bone replacement graft - retained natural tooth - first site in quadrant	\$0
D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant	\$0
D4270 Pedicle soft tissue graft procedure	\$50

D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth or edentulous tooth position in graft	\$50
D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$50
D4277 Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth or edentulous tooth position in graft	\$50
D4278 Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth or edentulous tooth position in same graft site	\$50
D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth or edentulous tooth position in the same graft site	\$50
D4341 Periodontic scaling and root planing - 4 or more teeth per quadrant	\$30
D4342 Periodontic scaling and root planing - 1 to 3 teeth per quadrant	\$30
D4355 Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$0
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$0
D4910 Periodontic maintenance	\$0

#### **6. Prosthodontics - Removable**

D5110 Complete denture - maxillary	\$100
D5120 Complete denture - mandibular	\$100
D5130 Immediate denture - maxillary	\$100
D5140 Immediate denture - mandibular	\$100
D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$100
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$100
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$100
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$100
D5281 Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$100
D5410 Adjust complete denture - maxillary	\$0
D5411 Adjust complete denture - mandibular	\$0
D5421 Adjust partial denture - maxillary	\$0
D5422 Adjust partial denture - mandibular	\$0
D5511 Repair broken complete denture base, mandibular	\$0
D5512 Repair broken complete denture base, maxillary	\$0
D5520 Replace missing or broken teeth - complete denture (each tooth)	\$0
D5611 Repair resin partial denture base, mandibular	\$0
D5612 Repair resin partial denture base, maxillary	\$0
D5621 Repair cast partial framework, mandibular	\$0
D5622 Repair cast partial framework, maxillary	\$0
D5630 Repair or replace broken clasp - per tooth	\$0
D5640 Replace broken teeth - per tooth	\$0
D5650 Add tooth to existing partial denture	\$0
D5660 Add clasp to existing partial denture - per tooth	\$0
D5670 Replace all teeth and acrylic on cast metal framework (maxillary)	\$0
D5671 Replace all teeth and acrylic on cast metal framework (mandibular)	\$0
D5710 Rebase complete maxillary denture	\$0
D5711 Rebase complete mandibular denture	\$0

D5720 Rebase maxillary partial denture	\$0
D5721 Rebase mandibular partial denture	\$0
D5730 Reline complete maxillary denture (chairside)	\$0
D5731 Reline complete mandibular denture (chairside)	\$0
D5740 Reline maxillary partial denture (chairside)	\$0
D5741 Reline mandibular partial denture (chairside)	\$0
D5750 Reline complete maxillary denture (laboratory)	\$0
D5751 Reline complete mandibular denture (laboratory)	\$0
D5760 Reline maxillary partial denture (laboratory)	\$0
D5761 Reline mandibular partial denture (laboratory)	\$0
D5810 Interim complete denture (maxillary)	\$50
D5811 Interim complete denture (mandibular)	\$50
D5820 Interim partial denture (maxillary)	\$50
D5821 Interim partial denture (mandibular)	\$50
D5850 Tissue conditioning, maxillary	\$0
D5851 Tissue conditioning, mandibular	\$0
D5863 Overdenture – complete maxillary	\$100
D5864 Overdenture – partial maxillary	\$100
D5865 Overdenture – complete mandibular	\$100
D5866 Overdenture – partial mandibular	\$100
D5986 Fluoride gel carrier	\$0

## 7. Prosthodontics - Fixed

D6210 Pontic - cast high noble metal	\$50
D6240 Pontic - porcelain fused to high noble metal	\$50
D6241 Pontic - porcelain fused to predominantly base metal	\$50
D6545 Retainer - cast metal for resin bonded fixed prosthesis	\$50
D6720 Retainer crown - resin with high noble metal	\$50
D6750 Retainer crown - porcelain fused to high noble metal	\$50
D6780 Retainer crown - $\frac{3}{4}$ cast high noble metal	\$50
D6790 Retainer crown - full cast high noble metal	\$50
D6930 Re-cement or re-bond fixed partial denture	\$0
D6980 Fixed partial denture repair necessitated by restorative material failure	\$0

## 8. Oral Surgery

D7111 Extraction, coronal remnants - primary tooth	\$0
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$50
D7220 Removal of impacted tooth - soft tissue	\$50
D7230 Removal of impacted tooth - partially bony	\$50
D7240 Removal of impacted tooth - completely bony	\$50
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications	\$50
D7250 Removal of residual tooth roots (cutting procedure)	\$50
D7260 Oroantral fistula closure	\$50
D7261 Primary closure of a sinus perforation	\$50
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50
D7280 Exposure of an unerupted tooth	\$50
D7283 Placement of device to facilitate eruption of impacted tooth	\$50

D7291 Transseptal fiberotomy/supra crestal fiberotomy, by report	\$50
D7310 Alveoloplasty in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant	\$0
D7311 Alveoloplasty in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant	\$0
D7320 Alveoloplasty not in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant	\$0
D7321 Alveoloplasty not in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant	\$0
D7340 Vestibuloplasty – ridge extension (secondary epithelialization)	\$50
D7350 Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$80
D7471 Removal of lateral exostosis (maxilla or mandible)	\$50
D7510 Incision & drainage of abscess - intraoral soft tissue	\$0
D7520 Incision & drainage of abscess - extraoral soft tissue	\$0
D7530 Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	\$0
D7540 Removal of reaction producing foreign bodies, musculoskeletal system	\$0
D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone	\$0
D7670 Alveolus – closed reduction, may include stabilization of teeth	\$0
D7910 Suture of recent small wounds up to 5 cm	\$0
D7911 Complicated suture - up to 5 cm	\$0
D7953 Bone replacement graft for ridge preservation - per site	\$50
D7960 Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another	\$50
D7970 Excision of hyperplastic tissue - per arch	\$50
D7971 Excision of pericoronal gingiva	\$50

## 9. Adjunctive General Services

D9110 Palliative (emergency) treatment of dental pain - minor procedure	\$0
D9120 Fixed partial denture sectioning	\$0
D9230 Inhalation of nitrous oxide/analgesia, anxiolysis	\$40
D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9420 Hospital or ambulatory surgical center call	\$125
D9430 Office visit for observation (during regularly scheduled hours) - no other services performed	\$0
D9440 Office visit - after regularly scheduled hours	\$20
D9910 Application of desensitizing medicament	\$0
D9911 Application of desensitizing resin for cervical and/or root surface, per tooth	\$0
D9951 Occlusal adjustment - limited	\$0
D9970 Enamel microabrasion	\$0
Out of Area Emergency Reimbursement	All charges in excess
(The Enrollee is reimbursed up to \$100 per visit.)	of \$100

## Appendix B - Orthodontic Treatment

---

### 1. General Provisions.

- a. Orthodontic treatment is covered only if the Participating Provider prepares the treatment plan prior to starting treatment. The treatment plan is based on an examination that must take place while the Enrollee is covered under this Contract. The examination must show a diagnosis of an abnormal occlusion that can be corrected by orthodontic treatment.
- b. The Enrollee must remain covered under this Contract for the entire length of treatment. The Enrollee must follow the post-treatment plan and keep all appointments after the Enrollee is de-banded to avoid additional Copayments.
- c. Copayments may be adjusted based upon the services necessary to complete the treatment if orthodontic treatment is started prior to the effective date of coverage.
- d. The Copayment may be prorated if coverage terminates prior to completion of treatment. The services necessary to complete treatment are based on the Reasonable Cash Value after coverage terminates.
- e. The Enrollee is responsible for payment of the Copayments listed below for pre-orthodontic and orthodontic services. The Pre-Orthodontic Service Copayments are credited towards the Orthodontic Service Copayment due if the Enrollee accepts the treatment plan. The Copayment for limited orthodontic treatment may be prorated based on the treatment plan.
- f. The General Office Visit Copayment listed in Appendix A is charged at each visit for orthodontic treatment. Services provided in connection with orthodontic treatment are subject to the Service Copayments listed in Appendix A.

### 2. Pre-Orthodontic Service Copayment.

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

### 3. Orthodontic Service Copayment.

Comprehensive Orthodontic Service Copayment: ..... \$2,000

The following orthodontic procedures are Covered Services under this benefit:

D8020 Limited orthodontic treatment of the transitional dentition

D8030 Limited orthodontic treatment of the adolescent dentition

D8040 Limited orthodontic treatment of the adult dentition

D8060 Interceptive orthodontic treatment of the transitional dentition

D8070 Comprehensive orthodontic treatment of the transitional dentition

D8080 Comprehensive orthodontic treatment of the adolescent dentition

D8090 Comprehensive orthodontic treatment of the adult dentition