2018 OAR BENEFIT ELECTION FORM Willamette Dental

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Check box for  your selection  **⇩** | **Willamette Dental** | |  | |  | |  |
| 🞎 | *Stand Alone Voluntary*  🞟 No Deductible 🞟 No Annual Maximum  $15 office Visit Copay Per Visit-Schedule Plan  **Predictable low copays:**  Fillings: Covered at 100%  Porcelain-Metal Crown: $300  Complete Upper or Lower Denture: $400  Bridge: $300  Root Canal Therapy: $100-$190  Routine Extraction: Covered at 100%  Surgical Extraction: $80  Comprehensive Orthodontic Service: $2,500 | | | | | | |
| Cost for you | You & Spouse | | You and Child(ren) | | Family | |
| $ 44.95 | $ 80.25 | | $ 89.90 | | $125.30 | |

Monthly Bill Fee – $3.00 (EFT) $4.00 (Direct Bill) \*Billing Fee waived first month for new enrollments only.

**Note**: This is a brief summary and does not constitute a contract or guarantee of benefits.

The description above is for illustrative purposes only. Please refer to the Features Summary for a more complete understanding of the benefits and services each carrier provides.

If you should have any questions please contact Julie Petersen at Cypress Benefit Administrators at 877-236-0844 or Johnson Benefit Group at 1-866-656-3232. We are here to help.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Code: OR197

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return both OAR Benefits Election Form and WDG Enrollment Application to:***

*Lori Ziolkowski*

*Cypress Benefit Administrators*

*5560 West Grande Market Drive Appleton WI 54913*

Or **FAX** to: 866-542-1874