2018 OAR BENEFIT ELECTION FORM Willamette Dental

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| --- | --- | --- | --- | --- |
| 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: $400Bridge: $300Root Canal Therapy: $100-$190Routine Extraction: Covered at 100%Surgical Extraction: $80Comprehensive 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