

## NOTICE OF PLAN CHANGE

For Members covered under Group Dental Contract dated January 1, 2015 issued to Western States Health & Welfare Trust Fund of the OPEIU, Group Number OR67

Effective January 1, 2017, the *Appendix A - Schedule of Covered Services and Copayments* of the Group Dental Certificate of Coverage has been amended to reduce the Copayments for a resin-based composite filling on 2 or more surfaces of a permanent posterior tooth as follows:

<b>Code</b>	<b>Procedure</b>	<b>Enrollee Pays</b>
D2392	Resin-based composite - 2 surfaces, posterior	Primary tooth: \$0 Permanent tooth: \$0
D2393	Resin-based composite - 3 surfaces, posterior	Primary tooth: \$0 Permanent tooth: \$0
D2394	Resin-based composite - 4 or more surfaces, posterior	Primary tooth: \$0 Permanent tooth: \$0

### **WILLAMETTE DENTAL INSURANCE, INC.**

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