

# PLU's Good Fit Dental Plan Options effective 6/1/2018

	Delta Dental of WA		Willamette Dental of WA, Inc.
<b>Provider Network</b>	<i>In network</i>	<i>Out of network</i>	<b>All care must be obtained from a Willamette Dental Clinic. There are 22 locations throughout Washington including:</b> <ul style="list-style-type: none"> <li>• Bellevue: 626 120<sup>th</sup> Avenue Northeast, Suite B210</li> <li>• Federal Way: 181 South 333<sup>rd</sup> Street, Suite C-100</li> <li>• Kent: 510 Washington Avenue North</li> <li>• Olympia: 3773-C Martin Way, Suite 105</li> <li>• Puyallup: 702 South Hill Park Drive, Suite 201</li> <li>• Seattle: 133 Dexter Avenue North</li> <li>• Silverdale: 3505 NW Anderson Hill Road, Suite 101</li> <li>• Tacoma: 3866 South 74<sup>th</sup> Street, Suite 200</li> <li>• Tumwater: 6120 Capital Boulevard South SE</li> </ul> <i>Call 1-855-433-6825 for appointments or customer service</i>
	<b>Preferred Provider</b>  <i>Go to <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a> or call 1-800-554-1907</i>	<b>Premier Provider</b> (to limit your balance to PLU's coinsurance difference and ensure direct billing)	
<b>Deductible –</b> Annual calendar year Waived for Class I?	\$50/\$150 Yes	\$100/\$300 Yes	No deductible N/A
<b>Office call copayments</b>	None	None	\$15 copay (Missed appointment = \$30 fee) Specialist = \$30 copay ER during office hours = \$15 copay ER after office hours = \$15 + \$20 after hours copay
<b>Class I – Preventive Care</b> Cleanings, x-rays, fluoride treatments	100%	90%	100% after office visit copay
<b>Class II – Basic Care</b> Fillings, extractions	80%	60%	<b>Benefits Paid at 100% after applicable copays</b> 100% for fillings, routine extractions, osseous surgery and root planning
<b>Class III – Major Care</b> Inlays, onlays & dentures	50%	30%	<b>Benefits Paid at 100% after applicable copays</b> \$150 copay/tooth for bridges & crowns \$275 complete denture (upper or lower) \$75, \$90, \$125 copay for root canals \$50 copay for surgical extractions
<b>Class IV – Orthodontics</b>	No coverage		<b>Benefits Paid at 100% after applicable copays</b> <ul style="list-style-type: none"> <li>• Pre-Orthodontic Treatment - Initial orthodontic exam \$25*</li> <li>• Pre-Orthodontic Treatment - Study models and X-rays \$125*</li> <li>• Case presentation \$0</li> </ul> Orthodontic service \$1,500 copay *Applies to Ortho co-pay if banded
<b>Calendar Year Maximum</b> Per covered individual	\$1,500	\$1,500	No annual maximum except for TMJ at \$1,000 per year to a lifetime maximum of \$5,000

## Monthly Rates, after PLU's contribution of \$42.94 (was \$42.94)

<b>Employee only</b>	<b>\$9.06</b> (was \$9.06)	<b>2.26 \$</b> (was \$2.26)
<b>With a Spouse/Domestic Partner</b>	<b>\$60.06</b> (was \$60.06)	<b>\$48.06</b> (was \$48.06)
<b>With a Spouse/DP and Child or Children</b>	<b>\$121.06</b> (was \$121.06)	<b>\$102.50</b> (was \$102.50)
<b>With a Child or Children</b>	<b>\$70.06</b> (was \$70.06)	<b>\$57.00</b> (was \$57.00)

This is a brief comparison of the **Good Fit** dental plans' major benefit provisions. It is not intended to provide you with a full description. All benefits are subject to the terms and conditions of the group dental coverage agreement. If you have questions about a particular benefit, please contact PLU's Human Resources at x7185.