

# PLU's Dental Plan Options effective 1/1/2021

	Delta Dental of WA		Willamette Dental of WA, Inc.
Provider Network	<i>In network</i>	<i>Out of network</i>	<b>All care must be obtained from a Willamette Dental Clinic. There are locations throughout Washington including:</b> <ul style="list-style-type: none"> <li>• Bellevue: 626 120<sup>th</sup> Avenue Northeast, Suite B210</li> <li>• Kent: 510 Washington Avenue North</li> <li>• Lacey: 4550 SE 3<sup>rd</sup> Ave</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>
	Preferred Provider	Premier Provider (to limit your balance to PLU's coinsurance difference and ensure direct billing) <i>Go to <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a> or call 1-800-554-1907</i>	
Deductible – Annual calendar year Waived for Class 1?	\$50/\$150 <i>Yes</i>	\$100/\$300 <i>Yes</i>	No deductible N/A
Office call copayments	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
Class I – Preventive Care Cleanings, x-rays, fluoride treatments	100%	90%	100% after office visit copay
Class II – Basic Care Fillings, extractions	80%	60%	<b>Benefits Paid at 100% after applicable copays</b> 100% for fillings, routine extractions, osseous surgery and root planning
Class III – Major Care 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
Class IV – Orthodontics	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
Calendar Year Maximum Per covered individual	\$1,500	\$1,500	No annual maximum except for <ul style="list-style-type: none"> <li>• TMJ at \$1,000 per year to a lifetime maximum of \$5,000</li> <li>• Implant surgery at \$1,500 annual maximum to one implant per year</li> </ul>

Monthly Rates	Delta Dental of WA <i>(no rate change)</i>		Willamette Dental of WA, Inc. <i>(no rate change)</i>	
	Employee's Contribution	PLU's Contribution	Employee's Contribution	PLU's Contribution
Employee Only	<b>\$9.24</b>	\$43.80	<b>\$2.56</b>	\$48.38
Employee with a Spouse/DP	<b>\$61.26</b>	\$43.80	<b>\$54.16</b>	\$48.38
Employee with Child(ren)	<b>\$71.46</b>	\$43.80	<b>\$64.22</b>	\$48.38
Employee with Spouse/DP & Child(ren)	<b>\$123.48</b>	\$43.80	<b>\$115.52</b>	\$48.38

*This is a brief comparison of the 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.*