

# PLU's Dental Plan Options effective 1/1/2024

	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 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>
	<b>Preferred Provider</b>	<b>Premier Provider</b> (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>	
<b>Deductible</b> – Annual <i>calendar</i> year Waived for Class 1?	\$50/\$150 <i>Yes</i>	\$100/\$300 <i>Yes</i>	No deductible N/A
<b>Office call copayments</b>	None	None	Office visit = \$20 copay Specialist = \$30 copay ER during office hours = \$20 copay ER after office hours = \$20 + \$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> \$25 copay for fillings and routine extractions \$20 for osseous surgery and root planning (per quadrant)
<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 \$85 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 \$150 (Applies to Ortho co-pay if banded)</li> <li>• Case presentation \$0</li> </ul> Orthodontic service \$1,500 copay
<b>Calendar Year Maximum</b> Per covered individual	\$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 change)</i>		Willamette Dental of WA, Inc. <i>(change)</i>	
	Employee's Contribution	PLU's Contribution	Employee's Contribution	PLU's Contribution
<b>Employee Only</b>	\$9.24	\$43.80	\$2.88 <i>(was \$2.70)</i>	\$54.32 <i>(was \$51.30)</i>
<b>Employee with a Spouse/DP</b>	\$61.26	\$43.80	\$60.78 <i>(was \$58.40)</i>	\$54.32 <i>(was \$51.30)</i>
<b>Employee with Child(ren)</b>	\$71.46	\$43.80	\$72.08 <i>(was \$68.06)</i>	\$54.32 <i>(was \$51.30)</i>
<b>Employee with Spouse/DP &amp; Child(ren)</b>	\$123.48	\$43.80	\$129.68 <i>(was \$122.46)</i>	\$54.32 <i>(was \$51.30)</i>

*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.*