

PLU's Dental Plan Options effective 1/1/2026

	Delta Dental of WA		Willamette Dental of WA, Inc.
Provider Network	<i>In network</i>	<i>Out of network</i>	All care must be obtained from a Willamette Dental Clinic. There are locations throughout Washington including: • Bellevue: 626 120th Avenue Northeast, Suite B210 • Kent: 510 Washington Avenue North • Lacey: 4550 SE 3rd Ave • Puyallup: 702 South Hill Park Drive, Suite 201 • Seattle North: 11011 Meridian Ave N, Suite 104 • Silverdale: 3505 NW Anderson Hill Road, Suite 101 • Tacoma: 3866 South 74th Street, Suite 200 • Tumwater: 6120 Capital Boulevard South SE <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 www.deltadentalwa.com or call 1-800-554-1907</i>	
Deductible – Annual <i>calendar</i> year Waived for Class I?	\$50/\$150 Yes	\$100/\$300 Yes	No deductible N/A
Office call copayments	None	None	Office visit = \$20 copay Specialist = \$30 copay ER during office hours = \$20 copay ER after office hours = \$20 + \$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%	Benefits Paid at 100% after applicable copays \$25 copay for fillings and routine extractions \$20 for osseous surgery and root planning (per quadrant)
Class III – Major Care Inlays, onlays & dentures	50%	30%	Benefits Paid at 100% after applicable copays \$150 copay/tooth for bridges & crowns \$275 complete denture (upper or lower) \$75, \$90, \$125 copay for root canals \$85 copay for surgical extractions
Class IV – Orthodontics	No coverage		Benefits Paid at 100% after applicable copays • Pre-Orthodontic Treatment \$150 (Applies to Ortho co-pay if banded) • Case presentation \$0 Orthodontic service \$1,500 copay
Calendar Year Maximum Per covered individual	\$1,500		No annual maximum except for • TMJ at \$1,000 per year to a lifetime maximum of \$5,000 • Implant surgery at \$1,500 annual maximum to one implant per year

Monthly Rates	Delta Dental of WA		Willamette Dental of WA, Inc.	
	Employee's Contribution	PLU's Contribution	Employee's Contribution	PLU's Contribution
Employee Only	\$9.24	\$48.76 (was \$46.56)	\$3.88	\$59.12 (was \$56.62)
Employee with a Spouse/DP	\$63.26	\$51.64 (was \$49.28)	\$64.78	\$61.97 (was \$58.92)
Employee with Child(ren)	\$74.46	\$51.58 (was \$49.80)	\$76.08	\$63.12 (was \$54.32)
Employee with Spouse/DP & Child(ren)	\$128.48	\$54.46 (was \$52.52)	\$136.68	\$65.97 (was \$61.68)

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.