

# PLU's Dental Plan Options

effective 1/1/2026

	Delta Dental of WA		Willamette Dental of WA, Inc.
	In network	Out of network	
<b>Provider Network</b>	<b>Preferred</b> 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>	<b>Premier</b> Provider  	<b>All care must be obtained from a Willamette Dental Clinic.</b> There are locations throughout Washington including: <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 North: 11011 Meridian Ave N, Suite 104</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>Deductible</b> –  Annual calendar year Waived for Class 1?	\$50/\$150  Yes	\$100/\$300  Yes	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  Orthodontic service \$1,500 copay</li> </ul>
<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		Willamette Dental of WA, Inc.	
	Employee's Contribution (no change)	PLU's Contribution	Employee's Contribution (no change)	PLU's Contribution
<b>Employee Only</b>	<b>\$9.24</b>	\$48.76 (was \$46.56)	<b>\$2.88</b>	\$60.12 (was \$56.62)
<b>Employee with a Spouse/DP</b>	<b>\$61.26</b>	\$53.64 (was \$49.28)	<b>\$60.78</b>	\$65.97 (was \$58.92)
<b>Employee with Child(ren)</b>	<b>\$71.46</b>	\$54.58 (was \$49.80)	<b>\$72.08</b>	\$67.12 (was \$59.38)
<b>Employee with Spouse/DP &amp; Child(ren)</b>	<b>\$123.48</b>	\$59.46 (was \$52.52)	<b>\$129.68</b>	\$72.97 (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.