

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

	Delta Dental of WA		Willamette Dental of WA, Inc.
Provider Network	<i>In network</i> Preferred Provider	<i>Out of network</i> 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>	All care must be obtained from a Willamette Dental Clinic. There are locations throughout Washington including: <ul style="list-style-type: none"> • 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>
	Provider Network		
Deductible – Annual <i>calendar</i> year Waived for Class 1?	\$50/\$150 <i>Yes</i>	\$100/\$300 <i>Yes</i>	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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 (no change)	PLU's Contribution	Employee's Contribution (no change)	PLU's Contribution
Employee Only	\$9.24	\$48.76 (was \$46.56)	\$2.88	\$60.12 (was \$56.62)
Employee with a Spouse/DP	\$61.26	\$53.64 (was \$49.28)	\$60.78	\$65.96 (was \$58.92)
Employee with Child(ren)	\$71.46	\$54.58 (was \$49.80)	\$72.08	\$67.12 (was \$59.38)
Employee with Spouse/DP & Child(ren)	\$123.48	\$59.46 (was \$52.52)	\$129.68	\$72.96 (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.