PLU's Dental Plan Options effective 1/1/2027

	Delta Dental of WA		Willamette Dental of WA, Inc.
	In network	*Out of network*	
Provider Network	**Preferred** Provider	**Premier** Provider	**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 *Call 1-855-433-6825 for appointments or customer service*
	Go to www.deltadentalwa.com or call 1-800-554-1907		
Deductible – Annual *calendar* year Waived for Class 1?	 $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) 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 $48.76)*	**$2.88**	$62.96 *(was $60.12)*
Employee with a Spouse/DP	**$61.26**	$53.64 *(was $53.64)*	**$60.78**	$71.66 *(was $65.96)*
Employee with Child(ren)	**$71.46**	$54.58 *(was $54.58)*	**$72.08**	$73.38 *(was $67.12)*
Employee with Spouse/DP & Child(ren)	**$123.48**	$59.46 *(was $59.46)*	**$129.68**	$82.08 *(was $72.96)*

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.