



Dental

Delta Dental of Washington 2017 Pooled Rates

FOR HEALTHCARE EMPLOYERS IN THE STATE OF WASHINGTON WITH LESS THAN 300 COVERED EMPLOYEES

Dental Plan Design	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Deductible Per Family*	\$25/\$75	\$25/\$75	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150

	Delta Dental Provider		Delta Dental Provider		Delta Dental Provider		Delta Dental Provider		Delta Dental Provider		Delta Dental Provider		Delta Dental Provider	
	PPO	Prem.	PPO	Prem.	PPO	Prem.	PPO	Prem.	PPO	Prem.	PPO	Prem.	PPO	Prem.
Class 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	80%
Class 2	90%	80%	90%	80%	90%	80%	90%	80%	90%	80%	80%	70%	80%	70%
Class 3	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40%	50%	40%
Calendar Year Max.	\$1,000		\$1,500		\$1,000		\$1,500		\$2,000		\$1,000		\$2,000	

Premium rate**							
Employee	\$51.06	\$52.63	\$47.96	\$49.24	\$49.97	\$38.65	\$42.71
Employee + Spouse	\$99.96	\$105.62	\$96.25	\$98.95	\$100.47	\$77.77	\$85.79
Employee + Child(ren)	\$99.96	\$105.62	\$96.25	\$98.95	\$100.47	\$77.77	\$85.79
Employee + Family	\$148.67	\$158.10	\$144.79	\$148.81	\$150.84	\$116.68	\$128.94

Orthodontia Plan Riders	Ortho Rider 1	Ortho Rider 2
Lifetime Maximum For Adults and Children	50% to \$1,000	50% to \$2,000
Premium Rate**		
Employee	\$0.61	\$1.13
Employee + Spouse	\$1.24	\$2.27
Employee + Child(ren)	\$18.33	\$35.94
Employee + Family	\$18.86	\$36.99

Notes:

*Deductible waived for Class 1

**Includes 5% broker commission and WHIT administrative fee.

Orthodontia Riders can be added to any of the plan designs.

Dual choice with Willamette Dental/WHIT is allowed.

Employer contribution of at least 75% of the employee-only premium is required.

For groups with 10-299 covered employees.

For groups with 300 or more covered employees, a WHIT plan can be customized and priced partially based on the specific group's claims experience.