

Willamette Dental 2017 Rates

FOR HEALTHCARE EMPLOYERS IN WA, OR, ID	
Dental Plan Design	
Office Visit Copay	\$10
Annual Maximum	Unlimited
Orthodontia	Comprehensive coverage for Adults and Child(ren) paid in full after \$2,000 copay
Premium Rate**	
Employee	\$63.05
Employee + Spouse	\$130.50
Employee + Child(ren)	\$130.50
Employee + Family	\$185.50
Notes: **Includes 3% broker commission and WHIT administrative fee. Dual choice with WDS/WHIT is allowed. Employer contribution of at least 75% of the employee-only premium is required.	