

## Willamette Dental 2018 Rates

FOR HEALTHCARE EMPLOYERS IN WA, OR, ID	
<b>Dental Plan Design</b>	
Office Visit Copay	\$10
Annual Maximum	Unlimited
Orthodontia	Comprehensive coverage for Adults and Child(ren) paid in full after \$2,000 copay
<b>Premium Rate**</b>	
Employee	\$66.15
Employee + Spouse	\$136.95
Employee + Child(ren)	\$136.95
Employee + Family	\$194.65
Notes: **Includes WHIT administrative fee only. Dual choice with WDS/WHIT is allowed. Employer contribution of at least 75% of the employee-only premium is required.	