

Willamette Dental 2020 Rates

FOR HEALTHCARE EMPLOYERS IN WA, OR, ID		
Dental Plan Design		Value Plan
Office Visit Copay	\$10	\$20
Annual Maximum	Unlimited	Unlimited
Orthodontia	Comprehensive coverage for Adults and Children paid in full after \$2,000 copay	Comprehensive coverage for Adults and Children paid in full after \$2,500 copay
Premium Rate (no commission)		
Employee	\$66.15	\$46.95
Employee + Spouse	\$136.95	\$93.90
Employee + Child(ren)	\$136.95	\$93.90
Employee + Family	\$194.65	\$138.09
Premium Rate (3% commission included)		
Employee	\$68.00	\$48.33
Employee + Spouse	\$140.80	\$96.66
Employee + Child(ren)	\$140.80	\$96.66
Employee + Family	\$200.10	\$142.14
Notes:		
All rates includes WHIT administrative fee.		
Dual choice with WDS/WHIT is allowed.		
Offered as a voluntary plan is permissible but must have a minimum of 5 enrolled.		