WHIT
Benefits for Healthcare Employers in the Northwest

Dental

2025 Delta Dental of Washington

FOR HEALTHCARE EMPLOYERS WITH LESS THAN 300 COVERED EMPLOYEES							
Dental Plan Design	**Plan A**	**Plan B**	**Plan C**	**Plan D**	**Plan E**	**Plan F**	**Plan G**
Deductible Ind/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	$60.85	$62.69	$57.12	$58.66	$59.53	$45.99	$50.85
Employee + Spouse	$119.29	$125.89	$114.72	$117.95	$119.78	$92.65	$102.24
Employee + Child(ren)	$119.29	$125.89	$114.72	$117.95	$119.78	$92.65	$102.24
Employee + Family	$177.51	$188.54	$172.65	$177.45	$179.87	$139.07	$153.72

Premium Rate - **including Ortho Rider 1**: 50% to $1,000 Lifetime Maximum for Adults & Children							
Employee	$61.59	$63.43	$57.85	$59.40	$60.26	$46.74	$51.60
Employee + Spouse	$120.76	$127.37	$116.18	$119.41	$121.24	$94.12	$103.71
Employee + Child(ren)	$141.20	$147.80	$136.00	$139.83	$141.67	$114.54	$124.14
Employee + Family	$200.04	$211.07	$195.18	$199.99	$202.41	$161.61	$176.24

Premium Rate - **including Ortho Rider 2**: 50% to $2,000 Lifetime Maximum for Adults & Children							
Employee	$62.21	$64.05	$58.46	$60.02	$60.88	$47.36	$52.21
Employee + Spouse	$122.00	$128.61	$117.42	$120.65	$122.49	$95.35	$104.94
Employee + Child(ren)	$162.23	$168.83	$157.63	$160.86	$162.71	$135.56	$145.16
Employee + Family	$221.72	$232.76	$216.86	$221.66	$224.08	$183.28	$197.91

Notes:

*Deductible waived for Class 1

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

All plans include the Preventive Waiver Benefit—Class 1 Preventive services do not count toward annual benefit maximum.

Dual plan option requires a minimum of 10 enrolled in each plan.

Dual choice with Willamette Dental/WHIT is allowed.

Employer contribution of at least 75% of the employee-only premium is required. Voluntary plans require a minimum of 20% participation and at least 5 enrollees.

For groups with 5-299 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.