

Willamette Dental 2025 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	\$68.56	\$48.63
Employee + Spouse	\$141.92	\$97.30
Employee + Child(ren)	\$141.92	\$97.30
Employee + Family	\$201.70	\$143.08
Premium Rate (3% commission included)		
Employee	\$70.45	\$50.43
Employee + Spouse	\$145.95	\$100.15
Employee + Child(ren)	\$145.95	\$100.15
Employee + Family	\$207.38	\$147.28
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.		