

Willamette Dental

2026 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	\$71.19	\$50.49
Employee + Spouse	\$147.38	\$101.02
Employee + Child(ren)	\$147.38	\$101.02
Employee + Family	\$209.45	\$148.54
Premium Rate (3% commission included)		
Employee	\$73.16	\$52.36
Employee + Spouse	\$151.56	\$103.98
Employee + Child(ren)	\$151.56	\$103.98
Employee + Family	\$215.35	\$152.91
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.		