



Employees who work at least 20 hours per week have family coverage.

WASHINGTON DENTAL

Plan Features	Coverage
Benefit Year	11-1-2018 to 12-31-2019
Benefit Year Maximum	\$2,000 per person (Increases to \$2,300 per person if a PPO Provider is used)
Basis of Payment	Dentists' Filed Fees
Benefit Year Deductible (Waived for diagnostic & preventive expenses)	No Deductible
Diagnostic & Preventive Care (Exams, x-rays, and cleanings)	70/80/90/100%
Routine Care (Fillings, coral surgery, root canals, periodontics, and endodontics)	70/80/90/100%
Onlays & Crowns	70/80/90/100%
Dentures, Bridges, Partials and Implants	50%
Monthly Rate	\$99.79

WILLAMETTE DENTAL

Plan Features	Coverage
Benefit Year	11-1-2018 to 12-31-2019
Network Providers	Willamette Dental Clinics – go to deltadentalwa.com/wea or willamettedental.com/wea
Preventive Care	Covered in full (All services are subject to a \$15 office visit copayment)
Fillings	
Extractions	
Periodontal Treatment	
Root Canals	
Crowns, Dentures and Bridges	\$50 copayment per item
Emergency Treatment	Covered after \$20 copay when after hours at Willamette Dental location, or up to \$500 reimbursement for out-of-area emergency treatment.
Monthly Rate	\$82.95

WASHINGTON DENTAL ORTHODONTIA

Classified Staff Only

Eligibility	Coverage
Benefit Year	11-1-2018 to 12-31-2019
Network Providers	Willamette Dental Clinics – go to deltadentalwa.com/wea or willamettedental.com/wea
Covers Dependent Children only (to age 26)	50% Payable to a maximum lifetime benefit of \$2,000
Monthly Rate	\$13.51

WILLAMETTE ORTHODONTIA

Classified Staff Only

Eligibility	Coverage
Benefit Year	11-1-2018 to 12-31-2019
Network Providers	Willamette Dental Clinics – go to deltadentalwa.com/wea or willamettedental.com/wea
Covers Dependent Children only (to age 26)	Total out of pocket copayment (not including office visit copay) of \$2,000
Monthly Rate	\$3.85