



BENEFITS PLAN – DENTAL

GENERAL OVERVIEW

All WHIT benefit plans include a January 1st anniversary date, on which rate adjustments are effective. New coverage is available throughout the calendar year, but premium rates may be guaranteed for less than 12 months.

Some of the Trust's coverages include published rates and are included on this website – Washington Dental Service (WDS) and Vision Service Plan (VSP). The other benefits are available following a request for proposal.

For any questions regarding benefit levels, pricing or to request a quote, please contact Karni Adamson at DiMartino Associates, Inc. karni@dimarinc.com or 206-467-9408 (Seattle) or 1-888-715-8000.

Dental	Washington Dental Service (WDS)
	Willamette Dental – Managed Dental Care
Vision	Vision Service Plan (VSP)
Basic Life/AD&D	Reliance Standard
Long Term Disability	Reliance Standard
Voluntary Personal Accident	Reliance Standard
Voluntary Supplemental Life	Prudential Financial
Voluntary Short Term Disability	American Fidelity

DENTAL

Washington Dental Service (WDS)

For groups of less than 300 employees. Requires employer contribution of at least 75% of employee-only premium. Rates effective January 1 through December 31, 2008. Includes 3% broker commissions.

TRADITIONAL PLANS		EE	EE Spouse	EE Child(ren)	EE Family
Deductible:	\$25/\$75 (waived for Class I)	46.07	90.15	90.15	134.06
Plan Design:	100%/80%/50%				
Annual Maximum:	\$1,000				
Deductible:	\$25/\$75 (waived for Class I)	47.48	95.22	95.22	142.48
Plan Design:	100%/80%/50%				
Annual Maximum:	\$1,500				
Deductible:	\$50/\$150 (waived for Class I)	43.28	86.80	86.80	130.51
Plan Design:	100%/80%/50%				
Annual Maximum:	\$1,000				
Deductible:	\$50/\$150 (waived for Class I)	44.44	89.22	89.22	134.13
Plan Design:	100%/80%/50%				
Annual Maximum:	\$1,500				
Deductible:	\$50/\$150 (waived for Class I)	45.09	90.59	90.59	135.95
Plan Design:	100%/80%/50%				
Annual Maximum:	\$2,000				
PPO PLANS		EE	EE Spouse	EE Child(ren)	EE Family
Deductible:	\$50/\$150 (waived for Class I)	34.92	70.18	70.18	105.25
Plan Design:	100%-80 / 80%-70 / 50%-40				
Annual Maximum:	\$1,000				
Deductible:	\$50/\$150 (waived for Class I)	38.57	77.40	77.40	116.27
Plan Design:	100%-80 / 80%-70 / 50%-40				
Annual Maximum:	\$2,000				
ORTHODONTIA RIDERS FOR TRADITIONAL OR PPO PLANS		EE	EE Spouse	EE Child(ren)	EE Family
50% to \$1,000 lifetime max; adults & children		0.55	1.11	16.47	16.95
50% to \$2,000 lifetime max; adults & children		1.02	2.05	32.31	33.26
<i>For Example:</i>					
Deductible:	\$50/\$150 (waived for Class I)	44.30	88.85	119.11	163.77
Plan Design:	100%/80%/50%				
Annual Maximum:	\$1,000				
Orthodontia:	50% to \$2,000 Adults & Children				

For groups larger than 300 covered employees, a WHIT plan can be custom made and priced partially based on the specific group's claims experience. If you would like to request a quote, please contact Karni Adamson. She will require the following information from you:

- Census
- Prior claims history
- Current plan design and current premium rates
- Requested plan design

Willamette Dental – Managed Dental Care

For groups with **10 to 1,000** covered employees, WHIT offers copay-based plan designs that include orthodontia coverage for adult and children. These plans may be offered on a dual choice basis with Washington Dental Service.

Covered services must be provided in Willamette Dental provider offices located in the following Washington cities:

Bellevue	Lakewood	Spokane – South Hill
Bellingham	Lynwood	Spokane – Northpointe
Everett	Northgate	Tumwater
Federal Way	Olympia	Vancouver
Hazel Dell	Puyallup	East Vancouver
Kennewick	Richland	West Tacoma
Kent	Seattle	Yakima
Kirkland	Silverdale	