

Willamette Dental 2012 Rates

FOR HEALTHCARE EMPLOYERS IN WA, OR, ID	
Dental Plan Design	
Office Visit Copay	\$10
Annual Maximum	Unlimited
Orthodontia	Comprehensive coverage for Adults and Child(ren) paid in full after \$2,000 copay
Premium Rate**	
Employee	\$57.90
Employee + Spouse	\$119.80
Employee + Child(ren)	\$119.80
Employee + Family	\$170.30
Notes:	
**Includes 3% broker commission and WHIT administrative fee.	
Dual choice with WDS/WHIT is allowed.	
Employer contribution of at least 75% of the employee-only premium is required	