

Willamette Dental 2024 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	\$70.65	\$50.10
Employee + Spouse	\$146.25	\$100.25
Employee + Child(ren)	\$146.25	\$100.25
Employee + Family	\$207.85	\$147.41
Premium Rate (3% commission included)		
Employee	\$72.60	\$51.96
Employee + Spouse	\$150.40	\$103.19
Employee + Child(ren)	\$150.40	\$103.19
Employee + Family	213.70	\$151.74
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.		