

2010 Dental, Vision and Life Insurance Rates and Benefits

Washington Dental Service (Delta Dental)

Rates		Diagnostic and Preventive	Restorative	Crowns and Bridges	Orthodontia	Annual Maximum
Employee	\$59.19	100% for member dentists; 100% for sealants through age 14	90% for PPO member dentists; 80% for participating	50% for member dentists	50% for member dentists to a \$2,000 lifetime maximum.	\$2,000 per person
1 dependent	\$55.44					
2+ dependent	\$129.93					

Williamette Dental of Washington

Rates		Diagnostic and Preventive	Restorative	Crowns and Bridges	Orthodontia	Annual Maximum
Employee	\$53.11	100% for member dentists after \$15 copay per visit. Emergency office visit during office hours \$50 copay per visit	100% after \$15 copay	100% after \$15 copay. Speciality office visit \$30 copay per visit.	\$1,800 copay plus \$15 office visit copay. \$150 copay for pre-orthodontic service; fee is credited towards orthodontic copay if patient accepts	No annual maximum
1 dependent	\$35.26					
2+ dependent	\$88.32					

Vision Service Plan

Rates		Eye Exams	Lenses & Frames	Contact Lenses
Employee	\$8.29	100% for plan doctors once every 12 months. Non-plan doctors up to \$40 once every 12 months.	100% after \$15 copay for plan doctors Lenses: once every 12 months Frames: once every 24 months Scratch coat, ultra-violet, anti-reflective coats covered at no additional cost; frame of your choice covered up to \$130.00; polycarbonate lenses for dependent children covered. Non-plan provider: Frames: up to \$45; single vision lenses up to \$40;	Contacts: once every 12 months Cosmetic: up to \$120 allowance in lieu of other services applied to the cost of contacts and the contact lens exam (fitting and evaluation). Non-plan provider: Cosmetic: up to \$105
+ Spouse	\$7.46			
+ Child	\$6.21			
+ Spouse/Child	\$13.67			

The Standard Life Insurance

Rates		Employee Coverage	Spouse Coverage	Child Coverage
Employee	\$5.40	\$36,000 basic life insurance; \$36,000 accidental death and dismemberment	\$1,000 basic life coverage until age 70.	Age 6 months to 19 years or age 25 if eligible \$1,000 life coverage; age 14 days to 6 months \$100 basic life coverage.
1+ dependent	\$0.65			

NOTE: This chart is a comparison of group benefit plans. It is a summary analysis only and is not intended as a complete description of benefits offered. For more detailed information, refer to the applicable plan booklet or contract.