



# Comprehensive Benefits Summary for Staff

2025

Regular Appointments of  
Half-Time (.5 FTE\*) or More

## Retirement

**Employer Contribution** - The University's 403b retirement plan contributions are invested with TIAA (Teachers Insurance and Annuity Association) [www.tiaa.org/plu](http://www.tiaa.org/plu). There is a **one-year waiting period** before new employees may participate in the retirement plan (unless they have participated in a qualified retirement plan within the past year). Once an employee is eligible, the University will contribute 2% of the employee's salary to their retirement account.

**Employee Voluntary Contribution** - This account provides employees with an opportunity to accumulate additional tax-deferred retirement savings on a voluntary basis. No waiting period is required. IRS restrictions do apply in calculating the maximum amount that may be tax-deferred. Contributions are invested with TIAA.

## Healthcare

### • Medical & Vision

There are three medical plan options:

- Kaiser Permanente Access PPO
- Kaiser Permanente Virtual Plus
- Kaiser Permanente HSA HMO

PLU's monthly contribution for employee-only-coverage on the Kaiser Permanente (KP) Access PPO is \$843.72. For those who elect employee-only-coverage on the KP Virtual Plus Plan, PLU contributes \$638.42 per month toward the premium. For those who elect KP HSA HMO, PLU contributes \$567.54 per month toward the premium and \$65 per month for those who elect employee-only-coverage or \$130 per month for those who elect family coverage toward a Health Savings Account (HSA). Coverage for spouses/domestic partners and dependent children is available. The employee portion of the premium is deducted from salary on a pre-tax basis.

### • Dental

The University's monthly contribution for employee-only-coverage on the Willamette Plan is \$56.62. For those who elect employee-only-coverage on the Delta Dental plan, PLU contributes \$46.56 per month toward the premium. Coverage for spouses/domestic partners and dependent children is available at the employee's expense. The employee portion of the premium is deducted from salary on a pre-tax basis. You may enroll in a dental plan even if you do not enroll in a medical plan, and vice versa. You may choose between two dental plan options:

- Delta Dental of Washington
- Willamette Dental of WA, Inc.

## Flexible Spending and Health Savings Accounts

### • Healthcare Flexible Spending Account

This benefit program enables employees to deduct pre-tax dollars from their paychecks to pay for qualified healthcare expenses for themselves and their dependents. The total election amount is available on the first day of the plan year. Employees must incur expenses within the plan year. Funds are not rolled over year to year. All benefits eligible employees can participate, including employees not covered under the University's healthcare plan. Visit <https://healthequity.com/> for more information.

**NOTE:** For new benefits-eligible employees, the **effective date for medical/vision/dental insurance** is the first of the month following 30 days of employment. Employees who have healthcare insurance benefits from another source, whether through employment or otherwise, may not enroll on PLU's plans. (Example: individuals eligible for coverage under a spouse's plan elsewhere will need to decide if they want to enroll on that plan or on the PLU plan, but can't enroll on both).

## • Dependent Care Flexible Spending Account

Employees are able to make pre-tax payroll contributions to pay for qualified dependent care services such as daycare, preschool, elderly care or other dependent care. Funds are only accessible as they are deposited with each payroll deduction. Visit <https://healthequity.com/dcra/> for more information.

## • Health Savings Account

This benefit program is only available to those employees who are enrolled on the HSA HMO medical plan. Employees are able to make pre-tax payroll contributions from their paychecks to pay for qualified healthcare expenses for themselves and their dependents. PLU contributes \$65 per month for those who elect employee-only-coverage or \$130 per month for those who elect family coverage. Funds are only accessible as they are deposited with each payroll deduction. Balances roll over from year to year and never expire. Visit <https://healthequity.com/> for more information.

The annual cost to the University for providing program administration is approximately \$5,059 in total fees.

## Income Protection

### • Life Insurance/AD&D

The term life insurance and accidental death and dismemberment program are carried by Unum insurance company. The face value of both basic policies provided by the University is equal to your annual salary. Employees age 70+ receive lower coverage. Annual cost to PLU is approximately \$135 for each employee insured. For new benefits eligible employees, the effective date for these benefits is the first of the month following 30 days of employment.

In addition to the term life coverage provided by the University, you are eligible to purchase voluntary term life insurance for yourself, your spouse and/or children through Unum insurance company at reasonable group rates.

### • Long-term Disability Insurance

After one year of employment, the University pays the premium for long-term disability (LTD) insurance through Unum insurance company at a typical annual per person cost of approximately \$243. In the event of long-term total or partial disability, the plan pays 60% of covered monthly salary to a maximum benefit of \$6,000 per month. Any deductible sources of income are subtracted from this payment. Benefits commence on the first of the month following 90 days of documented total or partial disability.

## Paid Leave

### • Emergency Shared Leave

This program was designed to provide limited financial assistance in prolonged, life-threatening and catastrophic medical situations, by allowing eligible employees to voluntarily share a portion of their accrued leave time to help fund the medical leave of an authorized recipient. In an extreme situation in which an eligible staff member has depleted their accumulated leave, President's Council may authorize Human Resources to create a leave bank to which other eligible employees may donate a portion of their accrued vacation or sick time to assist the person on medical leave. One year of service, and certain other requirements must be met in order to apply for emergency shared leave and to donate to someone's established leave bank.

### • Flexible Time Off

Full-time employees who accrue leave, are eligible to receive 56 hours (or 7 days) of paid time off during the fiscal year (June 1- May 31). Part-time employees between .50 and .99 FTE, who accrue leave, are also eligible to receive flexible time off, hours will be prorated based on FTE.

New employees hired in a benefits eligible status will receive this benefit prorated based on the first day of employment. Time is not required to be earned before it is taken. These hours will become available for use every June 1st of each fiscal year. **All time off hours not taken by May 31 each year is lost and may not be carried forward, nor compensated.**

In the event of voluntary termination, usage will be calculated based on hours worked within the fiscal year. If the time off hours have been exceeded, PLU will deduct the value of the difference from the final pay. The university does not compensate employees for unused flexible time off at separation of employment.

### • Holidays

The number of University-observed holidays varies slightly each year. During calendar year 2025, there will be 15 paid holidays. To figure the value of these paid holidays, multiply your monthly salary by .64 if you work full time.

## • Medical Leave

Any employee who has completed at least one year of employment with PLU may request a Family/Medical Leave of Absence (which may be paid or unpaid) for up to twelve weeks. Eligibility for these medical leaves and their terms and conditions are explained in the Family and Medical Leaves of Absence Policy.

## • Sick Leave

Full-time employees earn 8 hours of paid sick leave per month worked up to a maximum of 300 hours. This benefit is prorated for those working between .5 FTE and .99 FTE. Paid sick leave accumulations provide for short-term salary coverage in the event of sickness or disability. The value of this benefit can be conservatively calculated by multiplying .55 times your monthly salary. New employees accrue sick leave hours starting the first day of employment and may take accrued sick leave following satisfactory completion of their introductory period.

## • Vacation

PLU offers very generous time-off programs, including vacations and holidays. All staff begin accumulating vacation time on the first day of work, and may take accrued vacation following satisfactory completion of their introductory period. The amount of vacation time earned is based on number of hours worked, length of service, and whether one is nonexempt or exempt. An amount equal to the amount of accumulated but unused vacation leave, up to a maximum of 80 hours of accumulated vacation, will be paid upon an employee's separation of employment.

- Employees in nonexempt positions - Full-time staff accumulate vacation at the following rates (both monthly accrual rate and maximum accrual are prorated for less than full-time):

Completed Full Years of Employment	Typical Vacation Days per 12-Month Period	Typical Monthly Accrual Rate	Maximum Vacation Accrual
0 - 3 years	10 days	6.68 hours	90 hours
4 - 5 years	17 days	11.34 hours	150 hours
6+ years	22 days	14.68 hours	200 hours

- Employees in exempt positions - Full-time staff accrue vacation at the rate of 14.68 hours per month, equivalent to 22 days per year (both monthly accrual rate and maximum accrual prorated for less than full-time). The maximum vacation accrual is 200 hours.

## • WA Paid Family & Medical Leave

Washington's Paid Family and Medical Leave Program is a State insurance program with the cost of premiums shared between employers and employees. The premium is .92% of an employee's gross wages.

Visit <https://paidleave.wa.gov/> for the most up-to-date information.

## Tuition Benefits

The University has a strong commitment to life-long learning which it supports through the following tuition assistance programs and by offering a number of additional on- and off-campus professional development programs. For complete information, refer to the Tuition Benefits Policy.

### • Tuition Exchange

The University participates in two programs which offer tuition exchange benefits for qualified dependent children of eligible University employees. Both programs have specific application deadlines, eligibility requirements, and are competitive and not guaranteed.

- The Tuition Exchange, Inc., an association of over 700 institutions all across the United States providing varying levels of tuition discounts. This benefit is available to full-time employees who have completed three years of service, and is based upon additional University criterion. Only a limited number of dependents typically receive the benefit each year. [www.tuitionexchange.org](http://www.tuitionexchange.org)
- The Evangelical Lutheran Church in America (ELCA) Tuition Plan Program includes 26 colleges and universities. These institutions provide tuition remission to qualified PLU dependents. This benefit is available to both full-time and part-time employees who have completed three years of service.

### • Tuition Remission

The waiting period for tuition remission benefits for PLU courses is the beginning of the school term following completion of one year of service. Once the applicable waiting period has been completed, an eligible employee and/or eligible dependents may apply for tuition remission. Dependent eligibility is defined as a legal spouse, domestic partner (affidavit required), or a child who is under the age of 25, is unmarried, and is claimed as a dependent on the employee's IRS form 1040.

The tuition remission benefit available at PLU is:

Employee Length of Service	Employee	Eligible Dependent
Less than 1 year	-0-	-0-
At least 1 full year, and up to 2 full years	50%	-0-
Over 2 full years, and up to 3 full years	75%	50%
Over 3 full years of service <b>or</b> tenured <b>or</b> tenure-track faculty	90%	75%

Employees working at least half time (.5 FTE) but less than full-time (1.0 FTE) may multiply their full-time equivalence (FTE) by .50, .75 or .90, depending on their length of service, to determine the percentage of remission. Tuition remission is also prorated for eligible spouses, domestic partners, and dependent children. Master's level tuition remission is available to eligible employees, spouses, and domestic partners and **will be taxable income to the employee and will most likely increase taxes withheld and decrease your net pay.**

## Other Benefits

### • Domestic Partner

The University provides benefits to eligible same sex and opposite sex domestic partners of “with benefits” employees on the same basis that benefits are extended to spouses. A signed affidavit is required. See the Domestic Partner Policy and Guidelines on the HR website for more information.

### • Employee Assistance Program (EAP)

The professional counselors at First Choice EAP provide a free problem assessment and referral service where employees and their immediate family members can go for help in solving a variety of emotional, behavioral, family, relationship, financial, elder care, and mental health or chemical dependency concerns. Complete confidentiality is assured. The annual cost to the University of providing employees with this benefit is approximately \$13,041 in total fees. [www.FirstChoiceEAP.com](http://www.FirstChoiceEAP.com)

### • Social Security and Medicare Benefit Program

The University matches your contribution each year with a contribution into your Social Security retirement account and Medicare program. A rough computation of the cost of these contributions for the calendar year can be made by multiplying 6.2% times your annual salary up to a limit of \$176,100 in earnings for Social Security, and 1.45% times your annual salary for Medicare with no limit.

### • Transportation Incentives

The University encourages employees to care for the environment and reduce traffic congestion by using alternative transportation to get to work. PLU and Commute Smart encourages the use of alternative transportation methods by offering an annual ORCA transit pass (a small portion of which is paid by the employee), preferential parking for carpoolers, and an Emergency Ride Home program, among other benefits. [www.plu.edu/commute](http://www.plu.edu/commute)

### • Travel Insurance

Employees are covered for up to \$150,000 in accidental death and dismemberment insurance when traveling on University business. In addition, there is a **24-hour Travel Insurance Program** that provides on-call professionals to assist employees with medical and travel emergencies, when they are 100 miles or more from home/campus on pre-approved travel related to the business and curriculum of the University.

### • Workers Compensation

The University pays between 69% to 72% of the premium for your state industrial insurance which covers you in the event of on the job injury or work-related illness. At current rates, the University contributes between \$250 to \$550 for the calendar year for each full-time employee.

### • Miscellaneous

No attempt has been made to calculate the value of the University's payment for unemployment compensation, bereavement leave, emergency death benefits, free parking, or the value an individual might receive from the use of a University identification card to obtain free or discounted admission to the various facilities, productions and events.

NOTE: The above descriptions provide only a summary of benefits. To obtain a more thorough explanation of these benefits, please refer to the Benefits Guide Book, the Personnel Manual, and Summary Plan Descriptions. Pacific Lutheran University reserves the right to amend or revise any and all benefits in order to comply with regulatory changes and/or to meet the University's objectives. In the event of any question, the plan document will prevail. [www.plu.edu/human-resources/Benefits](http://www.plu.edu/human-resources/Benefits)

# PLU's Medical Plan Options effective 1/1/2025

		Kaiser Permanente Access PPO	
<b>Providers</b>		<b>In-Network</b> Kaiser Permanente doctors and clinicians and contracted providers. See Kaiser website for locations and providers	<b>Out-of-Network</b> Any licensed provider
<b>Deductible</b> Deductible does not apply to preventive care, prescription drugs or vision exams/ hardware unless specified otherwise.		\$750/individual, \$1,500/family	\$1,500/individual, \$3,000/family
<b>Out-of-Pocket (OOP) Limit</b>		\$3,000/individual, \$6,000/family <b>Includes all cost shares for covered services (deductible, coinsurance &amp; copays)</b>	No Out-of-Pocket Limit
<b>Lifetime Maximum</b>		Unlimited	
<b>Office Calls (Visits)</b>		Deductible and coinsurance apply	
		No copay 90%	No copay 70%
<b>Hospitalization</b>		Deductible and coinsurance apply	
	Emergency Rm Copay	\$150 per visit, then 90% after deductible	
	Outpatient	90%	70%
	Inpatient	90%	70%
<b>Preventive Care</b>		Not subject to deductible or coinsurance 100%	<u>Deductible and Coinsurance apply</u> 70%
<b>Vision</b>		Not subject to deductible or coinsurance	
	Eye Exam	No copay 1 per 12 months, 100%	
	Hardware	Up to \$250 in 24-month period for age 19+; (for age 18 & under, see Summary for details)	Shared with preferred provider network (PPN)
<b>Manipulative Therapy (Chiropractic)</b>		Deductible and coinsurance apply	
		90%	70%
		15 visits per year	Visit limits shared with PPN
<b>Prescriptions</b>		IN-NETWORK ONLY - Not subject to deductible	
	Supply Amount	Retail (30-day supply)	Mail Order (90-day supply)
	Preferred Generic	\$15 copay (\$10 enhanced)	\$20 copay
	Preferred Brand	\$25 copay (\$20 enhanced)	\$40 copay
	Non-Preferred Generic/Brand	\$45 copay (\$40 enhanced)	\$80 copay
	Pharmacy	Kaiser pharmacy Any of OptumRx's national network of 65,000 pharmacies Discount for Preferred & Non-Preferred prescriptions: \$5 less when obtained at a Kaiser pharmacy	
<b>Hearing</b>		Deductible and coinsurance apply	
	Routine Exam	No copay	
	Hardware	\$3,000 per ear every 36 months	Benefit shared with PPN
<b>Other Benefits</b>		See Kaiser Summary of Benefits for details	
<b>Monthly Rates</b>		<b>Access PPO</b>	
		Employee's contribution	PLU's contribution
	<b>Employee Only</b>	<b>\$75.00</b>	\$843.72 (was \$791.70)
	<b>Employee with a Spouse/DP</b>	<b>\$892.00</b>	\$945.42 (was \$841.38)
	<b>Employee with Child(ren)</b>	<b>\$484.00</b>	\$898.56 (was \$820.28)
	<b>Employee with Spouse/DP &amp; Child(ren)</b>	<b>\$930.00</b>	\$925.52 (was \$820.46)

# PLU's Medical Plan Options effective 1/1/2025

		<b>Kaiser Permanente Virtual Plus Plan</b>	
<b>Providers</b>		<b>Connect Network</b> See Kaiser Permanente website for locations and providers	
<b>Deductible and Coinsurance</b>		\$500/individual \$1,000/family Plan pays 80%	
<b>Out-of-Pocket (OOP) Limit</b>		\$3,000/individual, \$6,000/family <b>Includes all cost shares for covered services (deductible, coinsurance &amp; copays)</b>	
<b>Lifetime Maximum</b>		Unlimited	
<b>Office Calls (Visits)</b>			
	Copay	\$20 primary / \$40 specialty	
	Authorized visits	<b>Not subject to deductible or coinsurance</b>	
	Self-directed or Non-authorized visits	<b>Subject to deductible or coinsurance</b>	
<b>Hospitalization</b>			
	Emergency Services Copay (copay waived if admitted)	\$200 designated facility / \$200 non-designated facility	
	Inpatient services/Outpatient surgery	Deductible and Coinsurance apply	
<b>Preventive Care</b>		<b>Not subject to deductible or coinsurance</b> 100%	
<b>Vision</b>		<b>Not subject to deductible or coinsurance</b>	
	Eye Exam	\$20 copay 1 per 12 months, 100%	
	Hardware	Up to \$150 in 12-month period for age 19+; (for age 18 & under, see Summary for details)	
<b>Prescriptions</b>		<b>IN-NETWORK ONLY - Not subject to deductible</b> After 1 <sup>st</sup> fill, maintenance drugs must be filled through KPWA mail order	
	Supply Amount	Retail (30-day supply)	Mail Order (90-day supply)
	Preferred Generic	\$15 copay	\$5 copay
	Preferred Brand	\$35 copay	\$70 copay
	Preferred Specialty	Non-preferred generic/ brand not covered. \$150 copay, specialty medications only	Not covered – specialty and generic/ brand
	Pharmacy	Kaiser pharmacy	
<b>Virtual Care</b>		Covered in Full	
<b>Other Benefits</b>		See Kaiser Summary of Benefits for details	
<b>Monthly Rates</b>		<b>Virtual Plus Plan</b>	
		Employee's contribution	PLU's contribution
	<b>Employee Only</b>	<b>\$15.00</b>	\$638.42 <i>(was \$601.44)</i>
	<b>Employee with a Spouse/DP</b>	<b>\$410.00</b>	\$900.00 <i>(was \$825.82)</i>
	<b>Employee with Child(ren)</b>	<b>\$112.00</b>	\$876.84 <i>(was \$820.84)</i>
	<b>Employee with Spouse/DP &amp; Child(ren)</b>	<b>\$429.00</b>	\$895.16 <i>(was \$820.20)</i>

# PLU's Medical Plan Options effective 1/1/2025

		<b>Kaiser Permanente HSA HMO</b>	
<b>Providers</b>		<b>In-Network</b> See Kaiser website for locations and providers	
<b>Deductible</b> Deductible does not apply to preventive care. It does apply to all other services, including prescription drugs.		<b>Single (Employee Only)</b> \$1,650 (was \$1,600)	<b>Family (Employee + Any Dependents)</b> \$3,300 (was \$3,200)
<b>Out-of-Pocket (OOP) Limit</b>		<b>Single (Employee Only)</b> \$3,500	<b>Family (Employee + Any Dependents)</b> \$7,000
		Includes all cost shares for covered services (deductible, coinsurance & copays)	
<b>Lifetime Maximum</b>		Unlimited	
<b>Office Calls (Visits)</b>		Deductible and coinsurance apply No copay; 80%	
<b>Hospitalization</b>		Deductible and coinsurance apply	
Emergency Rm Copay		No copay; 80%	
Outpatient		80%	
Inpatient		80%	
<b>Preventive Care</b>		Not subject to deductible or coinsurance 100%	
<b>Vision</b>		Not subject to deductible or coinsurance	
Eye Exam		1 per 12 months, 100%	
Hardware		Not subject to deductible or coinsurance Up to \$250 in 12-month period for age 19+; (for age 18 & under, see Summary for details)	
<b>Manipulative Therapy (Chiropractic)</b>		Deductible and coinsurance apply 80% 10 visits per year	
<b>Prescriptions</b>		<b>IN-NETWORK ONLY</b> Subject to deductible (Copays apply only after deductible is met)	
Supply Amount		Retail (30-day supply)	Mail Order (90-day supply)
Preferred Generic		\$15 copay	\$45 copay
Preferred Brand		\$30 copay	\$90 copay
Non-Preferred Generic/Brand		Not covered	
Pharmacy		Kaiser pharmacy	
<b>Hearing Benefit</b>		Not covered on HSA plan, however, is an eligible expense reimbursed by the HSA account	
<b>Other Benefits</b>		See Kaiser Summary of Benefits for details	
<b>Monthly Rates</b>		<b>HSA HMO</b>	
		<b>Employee's contribution</b>	<b>PLU's contribution</b> (plus \$65.00/mo (\$780/yr) for HSA Individual \$130/mo (\$1,560/yr) for HSA Family deposited into Health Savings Account)
<b>Employee Only</b>		<b>\$25.00</b>	\$567.54 (was \$534.00)
<b>Employee with a Spouse/DP</b>		<b>\$295.00</b>	\$892.86 (was \$825.62)
<b>Employee with Child(ren)</b>		<b>\$60.00</b>	\$836.70 (was \$785.92)
<b>Employee with Spouse/DP &amp; Child(ren)</b>		<b>\$325.00</b>	\$875.72 (was \$807.74)

This is a brief comparison of the medical/vision plans' major benefit provisions. It is not intended to provide you with a full description. All benefits are subject to the terms and conditions of the group medical coverage agreement. If you have questions about a particular benefit, please contact PLU's Human Resources at x7185.

# PLU's Dental Plan Options effective 1/1/2025

	Delta Dental of WA		Willamette Dental of WA, Inc.
<b>Provider Network</b>	<i>In network</i> <b>Preferred Provider</b>	<i>Out of network</i> <b>Premier Provider</b> (to limit your balance to PLU's coinsurance difference and ensure direct billing) Go to <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a> or call 1-800-554-1907	<b>All care must be obtained from a Willamette Dental Clinic. There are locations throughout Washington including:</b> <ul style="list-style-type: none"> <li>• Bellevue: 626 120<sup>th</sup> Avenue Northeast, Suite B210</li> <li>• Kent: 510 Washington Avenue North</li> <li>• Lacey: 4550 SE 3<sup>rd</sup> Ave</li> <li>• Puyallup: 702 South Hill Park Drive, Suite 201</li> <li>• Seattle North: 11011 Meridian Ave N, Suite 104</li> <li>• Silverdale: 3505 NW Anderson Hill Road, Suite 101</li> <li>• Tacoma: 3866 South 74<sup>th</sup> Street, Suite 200</li> <li>• Tumwater: 6120 Capital Boulevard South SE</li> </ul> Call 1-855-433-6825 for appointments or customer service
<b>Deductible</b> – Annual <i>calendar</i> year Waived for Class 1?	\$50/\$150 Yes	\$100/\$300 Yes	No deductible N/A
<b>Office call copayments</b>	None	None	Office visit = \$20 copay Specialist = \$30 copay ER during office hours = \$20 copay ER after office hours = \$20 + \$20 after hours copay
<b>Class I – Preventive Care</b> Cleanings, x-rays, fluoride treatments	100%	90%	100% after office visit copay
<b>Class II – Basic Care</b> Fillings, extractions	80%	60%	<b>Benefits Paid at 100% after applicable copays</b> \$25 copay for fillings and routine extractions \$20 for osseous surgery and root planning (per quadrant)
<b>Class III – Major Care</b> Inlays, onlays & dentures	50%	30%	<b>Benefits Paid at 100% after applicable copays</b> \$150 copay/tooth for bridges & crowns \$275 complete denture (upper or lower) \$75, \$90, \$125 copay for root canals \$85 copay for surgical extractions
<b>Class IV – Orthodontics</b>	No coverage		<b>Benefits Paid at 100% after applicable copays</b> <ul style="list-style-type: none"> <li>• Pre-Orthodontic Treatment \$150 (Applies to Ortho co-pay if banded)</li> <li>• Case presentation \$0</li> </ul> Orthodontic service \$1,500 copay
<b>Calendar Year Maximum</b> Per covered individual	\$1,500		No annual maximum except for <ul style="list-style-type: none"> <li>• TMJ at \$1,000 per year to a lifetime maximum of \$5,000</li> <li>• Implant surgery at \$1,500 annual maximum to one implant per year</li> </ul>

Monthly Rates	Delta Dental of WA		Willamette Dental of WA, Inc.	
	Employee's Contribution	PLU's Contribution	Employee's Contribution	PLU's Contribution
<b>Employee Only</b>	\$9.24	\$46.56 (was \$43.80)	\$2.88	\$56.62 (was \$54.32)
<b>Employee with a Spouse/DP</b>	\$61.26	\$49.28 (was \$43.80)	\$60.78	\$58.92 (was \$54.32)
<b>Employee with Child(ren)</b>	\$71.46	\$49.80 (was \$43.80)	\$72.08	\$59.38 (was \$54.32)
<b>Employee with Spouse/DP &amp; Child(ren)</b>	\$123.48	\$52.52 (was \$43.80)	\$129.68	\$61.68 (was \$54.32)

This is a brief comparison of the dental plans' major benefit provisions. It is not intended to provide you with a full description. All benefits are subject to the terms and conditions of the group dental coverage agreement. If you have questions about a particular benefit, please contact PLU's Human Resources at x7185.