Olympic Benefits Trust
2026 Dental & Vision Rates

All benefit summaries can be found here on our website

Delta Dental of Washington	Plan B	Plan D	Plan E
Employee Only	$48.74	$52.93	$57.62
Employee + 1 Dependent	$87.91	$95.55	$103.82
Employee + Family	$138.59	$150.72	$163.75

Delta - Optional Child Ortho	$1000 Max	$1500 Max
Employee + 1 Dependent	$0.93	$1.39
Employee + Family	$9.24	$13.85

Ameritas Dental	Plan 1	Plan 2	Plan 3	Plan 4
Employee Only	$34.45	$40.66	$45.84	$50.05
Employee + 1 Dependent	$67.20	$79.76	$89.63	$97.63
Employee + Children	$78.34	$98.34	$106.73	$114.73
Employee + Family	$108.77	$135.21	$148.25	$160.08

Ameritas Dental - Optional Adult & Child Ortho	$1500 Max
Employee Only	$2.26
Employee + 1 Dependent	$4.48
Employee + Children	$19.87
Employee + Family	$22.09

VSP Vision	Plan A	Plan B	Plan C
Employee Only	$5.78	$7.47	$8.96
Employee + 1 Dependent	$9.66	$12.10	$14.22
Employee + Family	$15.86	$19.99	$23.37

Ameritas Vision	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Employee Only	$13.06	$13.94	$11.19	$12.26	$10.61	$11.63
Employee + 1	$21.80	$23.18	$18.82	$20.47	$17.93	$19.53
Employee + Children	$24.50	$25.88	$21.66	$23.24	$20.81	$22.46
Employee + Family	$35.08	$37.30	$30.50	$33.30	$29.08	$31.70