

Teamsters Dental & Vision Replacement Proposal - 9.16.2025

Summary: The City is proposing that we move from the Teamsters NW Administrators Dental and Vision to the Association of Washington Cities (AWC) Dental & Vision Plans.

Many new hires and existing employees have expressed frustration when working to complete/update enrollment forms with Teamsters NW Administrators. Enrollment is separate from AWC Medical and comes in the mail 1-2 months after being hired so people get confused or forget to complete the packet.

Another frustration—for both staff and the City—is that Teamsters NW Administrators requires all forms to be mailed in and there is no tracking to verify that they were received. Not only does mailing them cause delays but there have been instances where forms were lost in the mail. Teamsters NW Administrators also no longer provide dental and vision packets to employers. Their only option is a set of outdated online documents that briefly explain the plans and then they mail packets directly to employees about two months after they're hired.

The chart below summarizes the selected plans for AWC Dental and Vision options, along with the monthly premiums.

DENTAL											
Plan	Coverage Highlights					Monthly Premiums					
	Class 1 (diagnostic & preventative)	Class 2 (restorative, oral surgery, periodontics, endodontics)	Class 3 (periodontic, prostodontic)	Annual Max (per covered member)	Notes	EE Only		EE + 1 Dependent		EE + 2 or more	
						EE Share	ER Share	EE Share	ER Share	EE Share	ER Share
Teamsters (Delta Dental) - Current	100%	90%	75%	\$ 2,675	Of approved dentist's fee, or allowable fee if out of network	\$ -	\$ 120.50	\$ -	\$ 120.50	\$ -	\$ 120.50
AWC Delta Dental (Plan J)	70-100%	70-100%	50%	\$ 1,500	Stay at 100% as long as visiting dentist at least 1x/yr; Class 1 visits/expenses don't count toward annual max	\$ -	\$ 57.78	\$ 5.15	\$ 104.13	\$ 11.33	\$ 159.73
Delta Dental Ortho Rider 5	50%			\$ 2,000	Adults and Children	\$ -	\$ 2.50	\$ 0.33	\$ 5.47	\$ 3.73	\$ 36.07
Willamette Dental Plan2	\$15 copay/visit	copay varies by procedure		None	Must visit Willamette Dental	\$ -	\$ 52.60	\$ 4.88	\$ 96.54	\$ 11.47	\$ 155.81
VISION											
Plan	Coverage Highlights					Monthly Premiums					
	Well Vision Exams	Glasses	Contacts	Replacement	Notes	EE Only		EE + 1 Dependent		EE + 2 or more	
						EE Share	ER Share	EE Share	ER Share	EE Share	ER Share
Teamsters (WATWT Vision Plan EXT) - Current	\$0	Paid in full for selected frames	Medically req. paid in full; elective = <\$150	Frames - 730 days Lenses - 365 days Contacts - 365 days	Reduced reimbursement rates for out-of-network providers	\$ -	\$ 17.01	\$ -	\$ 17.01	\$ -	\$ 17.01
VSP 0.25	\$0	\$25 co-pay, \$200-220 frame allowance.	\$200 allowance	Frames - 24 mos. Lenses - 12 mos. Contacts - 12 mos.	Reduced reimbursement rates for out-of-network providers	\$ -	\$ 7.72	\$ 0.77	\$ 14.67	\$ 1.54	\$ 21.62