

DENTAL PLANS

DENTAL

Issuer: Delta Dental

Name: Delta Dental Individual - Washington Kids Plan

PLAN SUMMARY

Plan Type: Child-Only Coverage: High


Play Type: PPO

Deductible: \$85

Annual Benefit Limit: No

OOPM: \$350

Monthly Premium
Per Member:
\$34.67



■ Offered ■ Not Offered

Counties Offered: (39) All

DENTAL

Issuer: Delta Dental

Name: Delta Dental Family - Essential Plus Plan

PLAN SUMMARY

Plan Type: Family Coverage: High

Play Type: PPO

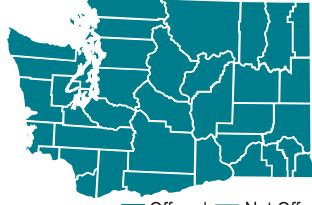
Deductible: Adult: \$85; Child: \$50

Annual Benefit Limit: Adult: \$1,000; Child: No

OOPM: \$350 individual

Monthly Premium

Adult:	Child:
\$41.41	\$35.97

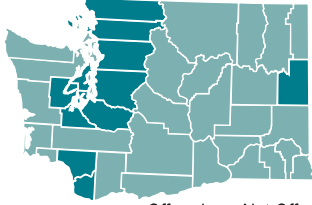


■ Offered ■ Not Offered

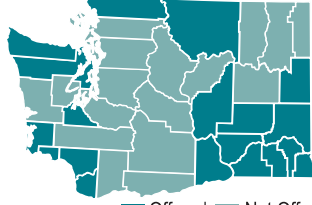
Counties Offered: (39) All

DENTAL PLANS

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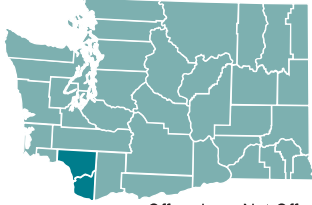
<p>Issuer: Dentegra</p> <hr/> <p>Name: Dentegra Dental PPO Family Basic Plan</p>	<p>Monthly Premium</p> <p>Adult: \$27.82 Child: \$33.54</p>
PLAN SUMMARY	
<p>Plan Type: Family Coverage: Low</p> <hr/> <p>Play Type: PPO</p> <hr/> <p>Deductible: \$75</p> <hr/> <p>Annual Benefit Limit: Adult: \$1,000; Child: No OOPM: \$350</p>	 <p style="font-size: small; text-align: center;"> ■ Offered ■ Not Offered </p> <p style="font-size: x-small;"> Counties Offered: (12) Clark, Cowlitz, King, Kitsap, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Whatcom </p>

DENTAL

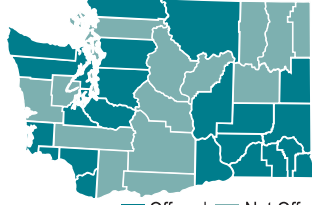
<p>Issuer: Lifewise</p> <hr/> <p>Name: LifeWise Individual Pediatric Dental Plan</p>	<p>Monthly Premium</p> <p>Per Member: \$29.07</p>
PLAN SUMMARY	
<p>Plan Type: Child-Only Coverage: Low</p> <hr/> <p>Play Type: PPO</p> <hr/> <p>Deductible: \$65</p> <hr/> <p>Annual Benefit Limit: No OOPM: \$350</p>	 <p style="font-size: small; text-align: center;"> ■ Offered ■ Not Offered </p> <p style="font-size: x-small;"> Counties Offered: (20) Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Franklin, Garfield, Grant, Jefferson, Kitsap, Okanogan, Pacific, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman </p>

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<p>Issuer: Kaiser Foundation of the Northwest</p> <p>Name: KP WA Pediatric Dental 100</p>	<p>Monthly Premium</p> <p>Per Member:</p> <p>\$27.54</p>
PLAN SUMMARY	
<p>Plan Type: Child-Only Coverage: High</p> <p>Play Type: EPO</p> <p>Deductible: \$50</p> <p>Annual Benefit Limit: No</p> <p>OOPM: \$350</p>	 <p>Counties Offered: (2) Clark, Cowlitz</p>

DENTAL

<p>Issuer: Premera</p> <p>Name: Premera Blue Cross Individual Pediatric Dental Plan</p>	<p>Monthly Premium</p> <p>Per Member:</p> <p>\$29.85</p>
PLAN SUMMARY	
<p>Plan Type: Child-Only Coverage: Low</p> <p>Play Type: PPO</p> <p>Deductible: \$65</p> <p>Annual Benefit Limit: No</p> <p>OOPM: \$350</p>	 <p>Counties Offered: (23) Adams, Asotin, Benton, Clallam, Columbia, Cowlitz, Franklin, Garfield, Grant, Grays Harbor, Jefferson, King, Kitsap, Okanogan, Pacific, Pierce, Snohomish, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman</p>