

FAMILY DENTAL PLANS

DELTA DENTAL

Plan Name: Delta Dental Individual AND Family – Washington Family Plan (QDP)

Coverage: High

Plan Type: PPO

Deductible: \$85/ child; \$50/ adult

Annual Benefit Limit: Unlimited for child; \$1,000/ adult

OOPM: \$350/child; \$700/2+ children; N/A for adult

Dental Cleaning: No charge

Filling (Amalgam): 50% coinsurance after deductible/adult; 30% coinsurance after deductible/child

X-rays: No Charge

Monthly Premium

Prem-child: **\$44.84**

Prem-adult: **\$36.69**



All Washington Counties

DENTEGRA DENTAL

Plan Name: Dentegra Dental PPO Family Basic Plan

Coverage: Low

Plan Type: PPO

Deductible: \$75/ child; \$50/ adult

Annual Benefit Limit: Unlimited for child; \$1,000/ adult

OOPM: \$350/child; 700/2+ children; N/A for adult

Dental Cleaning: No charge

Filling (Amalgam): 50% coinsurance after deductible/adult

X-rays: No Charge

Monthly Premium

Prem-child: **\$25.66**

Prem-adult: **\$21.79**



12 Counties: Clark, Cowlitz, King, Kitsap, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Whatcom

FAMILY DENTAL PLANS

LIFEWISE

Plan Name: LifeWise Family Dental Plan

Coverage: Low

Plan Type: EPO

Deductible: \$65/ child; \$0/ adult

Annual Benefit Limit: Unlimited

OOPM: \$350/child; 700/2+ children

Dental Cleaning: No charge /adult; 10% coinsurance after deductible/child

Filling (Amalgam): 40% coinsurance after deductible/adult; 20% coinsurance after deductible/child

X-rays: 10% coinsurance after deductible; no charge for adult

Monthly Premium

Prem-child: **\$28.77**

Prem-adult: **\$35.66**



33 Counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima