

PEDIATRIC DENTAL

Plan Name: Delta Dental Individual – Washington Kids Plan

Coverage: High

Plan Type: PPO

Deductible: \$85

Annual Benefit Limit: Unlimited

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

Dental Cleaning: No charge

Filling (Amalgam): 30% coinsurance after deductible

X-rays: No charge

Monthly Premium

Child - \$43.80



All Washington Counties

Plan Name: KP WA Pediatric Dental 100

Coverage: High

Plan Type: EPO

Deductible: \$50

Annual Benefit Limit: Unlimited

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

Dental Cleaning: No charge

Filling (Amalgam): 20% coinsurance after deductible

X-rays: No Charge

Monthly Premium

Child - \$26.40



2 Counties: Clark, Cowlitz

PEDIATRIC DENTAL

Plan Name: LifeWise Individual Pediatric Dental Plan

Coverage: Low

Plan Type: PPO

Deductible: \$65

Annual Benefit Limit: Unlimited

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

Dental Cleaning: 10% coinsurance after deductible

Filling (Amalgam): 10% coinsurance after deductible

X-rays: 20% coinsurance after deductible

Monthly Premium

Child - \$29.81



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

Plan Name: Premera Blue Cross Individual Pediatric Dental Plan

Coverage: Low

Plan Type: PPO

Deductible: \$85

Annual Benefit Limit: Unlimited

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

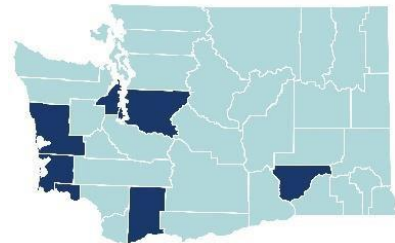
Dental Cleaning: 10% coinsurance after deductible

Filling (Amalgam): 10% coinsurance after deductible

X-rays: 20% coinsurance after deductible

Monthly Premium

Child - \$29.81



7 Counties: Franklin, Grays Harbor, King, Kitsap, Pacific, Skamania, Wahkiakum