

FAMILY DENTAL

Plan Name: Delta Dental Individual and Family – Washington Family Plan

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

Child - \$44.84

Adult - \$35.47



All Washington Counties

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 after deductible

Filling (Amalgam): No charge after deductible

X-rays: 50% coinsurance after deductible

Monthly Premium

Child - \$25.66

Adult - \$21.79



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

FAMILY DENTAL

Plan Name: LifeWise Family Dental Plan

Coverage: Low

Plan Type: PPO

Deductible: \$65

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;
10% coinsurance after deductible/ child

X-rays: 10% coinsurance after deductible

Monthly Premium

Child - \$30.08

Adult - \$35.42



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