

Monthly Premiums for Kaiser Permanente Insurance Company Dental Plan — Contract Option ID 2

KPIC Fee-for-Service (Premier) Dental Plan D

Family role type	Monthly Premiums
Subscriber	\$47.64
Spouse	\$50.02
1st child w ithout Spouse	\$52.40
1st child w ith Spouse	\$60.50

Rate id:26319

Delta Dental Contract

For information about pediatric dental coverage, please refer to the Delta Dental Contract attached to this *Agreement*.