## 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 without Spouse	\$52.40
1st child with 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.

ANALYZER INTERNATIONAL INC

Group ID: 331407

Contract: 1 Version: 23 Effective: 10/1/21-9/30/22

Date: October 16, 2021