



Family Dental Plans | 2025 Adult Dental Benefits, Limitations and Exclusions

| Covered Services by Frequency | Companion EMI | | Delta Dental | Dentegra | Kaiser Permanente NW | | LifeWise |
|--|------------------------|--------------------------|----------------|----------------------------------|------------------------|-------------------------|-----------------------------|
| | Individual Premier PPO | Individual Advantage PPO | WA Family Plan | Dentegra Dental PPO Family Basic | KP WA Family Dental 80 | KP WA Family Dental 100 | LifeWise Family Dental Plan |
| Oral Exam | | | | | | | |
| Teeth Cleaning | | | | | | | |
| Fluoride | | | | | | | |
| Full Mouth X-Rays | | | | | | | |
| Bitewing X-Rays | | | | | | | |
| Composite Front Tooth | | | | | | | |
| Composite Back Tooth | | | | | | | |
| Fillings | | | | | | | |
| Periodontal Maintenance/ Cleaning | | | | | | | |
| Surgical Extraction | | | | | | | |
| Excluded Services (include but are not limited to) | | | | | | | |