

## OPTIONAL DENTAL COVERAGE

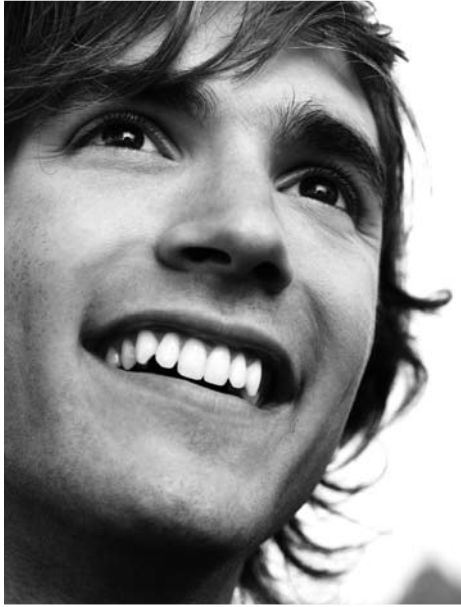
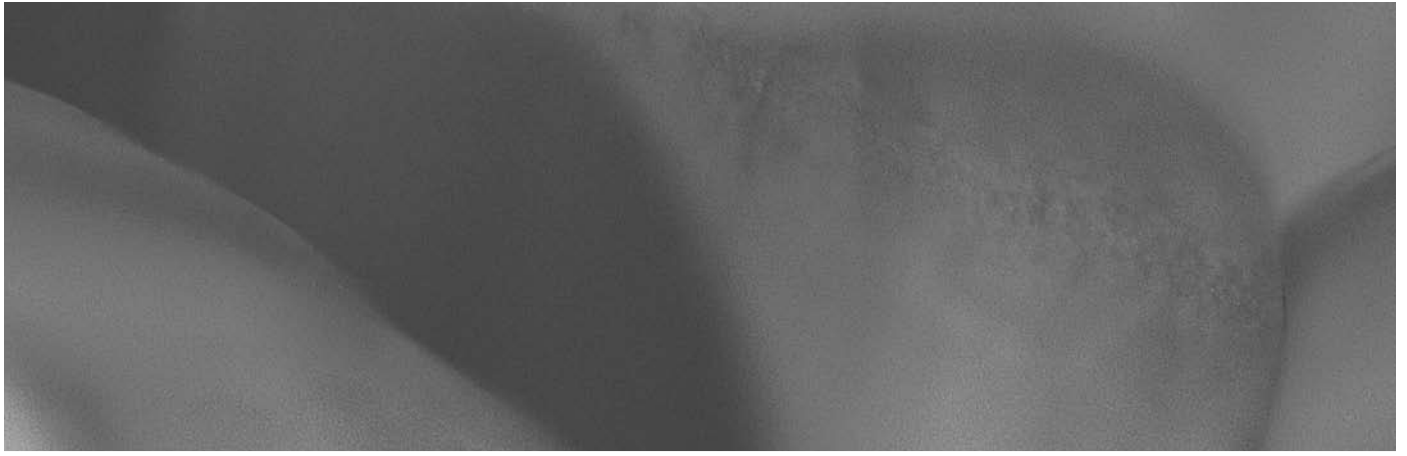


Go ahead and smile. Laugh as often as you like. Don't be afraid to show your pearly whites. Flash that movie-star grin. If the eyes are the windows to the soul, the teeth are the welcome mat. Our dental coverage helps your smile shine with confidence and your conscience rest easy. After all, isn't it about time for some dental coverage you can really believe in?

### THRIVE TIP

**Healthy smile, healthy you** Regular dentist visits can do more than keep your smile attractive—they can tell dentists a lot about your overall health, including whether or not you may be developing a disease like diabetes. Seeing a dentist regularly helps to keep your mouth in top shape and allows your dentist to watch for developments that may point to other health issues. A dental exam also can detect poor nutrition and hygiene, growth and development problems, and improper jaw alignment.

Thrive Tip adapted from informational materials available on the Delta Dental Web site, [www.deltadental.com](http://www.deltadental.com).



# DENTAL ASSISTANCE INSURANCE PLAN

**A HEALTHY BODY INCLUDES HEALTHY TEETH AND GUMS.** That's why we're pleased to offer you additional coverage worth smiling about. Kaiser Permanente's optional Dental Assistance Insurance Plan, made possible through an agreement with Delta Dental of California (Delta Dental), one of the nation's largest and most experienced dental benefits providers, features a low annual deductible, low rates, and low copayments—plus, you get to choose from either Delta's nationwide pool of more than 100,000 dentists or any licensed dentist of your choice.

**Note:** Delta Dental of California now uses a 10-digit number as your dental ID in place of your Social Security number. This change was made to better protect your privacy. The 10-digit number is the subscriber's Kaiser Permanente medical record number (MRN) preceded by leading zeros. The MRN is found on the subscriber's Kaiser Permanente member ID card. At your next dental visit, please advise your dental office of this new number for your identification.

## A PLAN THAT GIVES YOU FREEDOM OF CHOICE

The Dental Assistance Insurance Plan is a group dental insurance plan underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), and administered by Delta Dental. When you enroll, you're free to see any licensed dentist you choose or pick one from Delta's nationwide network.

### How does my KPIC Dental Assistance Insurance Plan work?

The Dental Assistance Insurance Plan is a table of allowances plan where all covered services are listed and the amount the plan pays is provided.<sup>1</sup> This plan allows you to visit any licensed dentist you choose or one from Delta Dental's nationwide network. No matter what your choice, you are responsible for the difference between what the dentist charges and what the plan pays. However, if you visit a dentist in Delta's network, you may pay a lower rate due to Delta's prenegotiated fees with its in-network dentists.

Example	Service	Adult cleaning
	Dentist charges <sup>2</sup>	\$75.00
	Plan pays	– \$43.20
	<b>You pay</b>	<b>\$31.80</b>

The amount you should expect to pay for each dental visit will vary depending on whether you go to a Delta Dental Preferred Dentist or not. Since you receive the Table of Allowances in advance, you'll know the maximum amount that KPIC will pay for the covered dental service.

See the "Sample List of Allowable Services" on the following pages for a sample of commonly used services and the maximum amount payable by the plan. To review your benefits in full, refer to the Table of Allowances in the *Certificate of Insurance*, which you will receive upon your renewal or enrollment. In the complete Table of Allowances, you'll find a list of all covered services and the specific dollar amount that the plan will pay for each one.

### Do I have to pay a deductible?

There is no deductible to meet for diagnostic or preventive services, like cleanings and X-rays. For all other services, there is a \$25 calendar-year deductible per person, up to a maximum of \$75 for your entire family. For these services, you will need to meet the \$25 (or \$75) deductible before the plan begins paying for services.

### Is there an annual maximum?

Yes. The plan will pay up to a maximum of \$1,000 toward dental services for each covered enrollee per calendar year.

### Is there a waiting period?

Some of the covered dental services are subject to a waiting period. This is the period of time during which you and your covered dependents are required to have been continuously covered under the Dental Assistance Insurance Plan before a specific dental service will be a covered benefit. Consult the complete Table of Allowances in your *Certificate of Insurance* for the specific dental services that are subject to a waiting period.

<sup>1</sup>The Table of Allowances lists the maximum amount, or allowance, that the plan may pay for each covered dental service. The plan will pay the lowest dollar amount among the following three: the dentist's usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist's fee may be the responsibility of the patient.

<sup>2</sup>Service charges vary.

# DENTAL ASSISTANCE INSURANCE PLAN

## Who is eligible?

Individuals and their eligible dependents covered by KFHP are eligible. If you elect to enroll, all members of your family who are covered under KFHP must also enroll in the Dental Assistance Insurance Plan. In other words, you cannot choose to enroll some members of your family and not others.

## 2008 monthly rates

Enrollee only . . . . .	\$24.45
Enrollee and spouse . . . . .	\$46.68
Enrollee and child . . . . .	\$41.12
Enrollee and children . . . . .	\$63.35
Enrollee, spouse, and child(ren) . . . . .	\$73.35

When you enroll in this plan, **you are enrolling for a period of one year.** If you discontinue coverage before that year is up, reenrollment will be available two years from your initial enrollment date.

For example, if your dental coverage starts in January 2008 and you decide to drop coverage in October 2008, you must wait until January 2010 to sign up again.

**Please note:** Once you enroll for dental coverage, your Kaiser Permanente monthly statement will include both your dental premium and your medical premium. For your convenience, Kaiser Permanente will submit your eligibility (and those of your covered family members) to Delta Dental. Enrollment and disenrollment must be administered through Kaiser Permanente.

## Special advantages with Delta dentists

KPIC's administrator for this dental insurance plan is Delta Dental of California. Although you may choose any dentist, you get special advantages when you go to one of the more than 25,000 Delta dentists in California.

Advantages of visiting a Delta dentist include:

- **No need to fill out claim forms**—Delta dentists have agreed to handle your claims paperwork for you.
- **No need to wait for reimbursement**—You pay only your portion of the bill. KPIC will pay the portion for which KPIC is responsible directly to Delta dentists.



## Visiting a non-Delta dentist

If you go to a non-Delta dentist, you may be responsible for the entire bill, and you will receive reimbursement from KPIC after submitting your claim to Delta Dental. Claim forms for non-Delta dentists may be obtained by calling Delta Dental at **1-800-835-2244** or visiting **www.deltadentalca.org**.

## How to make an appointment

Simply make an appointment with the dentist of your choice and let him or her know you are covered under Delta Dental.

## Whom to contact if you have questions

- If you have questions and are **not enrolled**, please call Delta Dental at **1-800-933-9312** between 8 a.m. and 4 p.m. Pacific Time, Monday through Friday, or visit **www.deltadentalca.org**.
- If you are **already enrolled** in the Dental Assistance Insurance Plan and have questions about your dental benefits, please call Delta Dental at **1-800-835-2244** between 8 a.m. and 4 p.m. Pacific Time, Monday through Friday, or visit **www.deltadentalca.org**.

# SAMPLE LIST OF ALLOWABLE SERVICES

For a complete list of benefits, consult the Table of Allowances in your *Certificate of Insurance*.

Procedure	Plan pays <sup>1</sup>
<b>DIAGNOSTIC</b>	
Comprehensive oral evaluation— new or established patient	\$25.20
X-rays—complete intraoral series including bitewings	\$54.00
<b>PREVENTIVE</b>	
<b>Prophylaxis/Cleaning</b>	
Adult	\$43.20
Child through age 13	\$33.60
<b>RESTORATIVE</b>	
<b>Fillings</b>	
Amalgam—one surface, primary or permanent	\$35.00
Resin-based composite—one surface, anterior	\$46.00
Resin-based composite—one surface, posterior	\$47.00
<b>Note:</b> Procedures are subject to a six-month waiting period.	
<b>Crown</b>	
Resin with high noble metal	\$182.00
<b>Note:</b> Procedures are subject to a six-month waiting period.	
<b>ENDODONTICS</b>	
<b>Root canal</b>	
Anterior (excluding final restoration)	\$193.00
Bicuspid (excluding final restoration)	\$227.00
Molar (excluding final restoration)	\$306.00
<b>Note:</b> Coverage includes treatment plan, clinical procedures, and follow-up care. Procedures include all test X-rays taken as part of the complete root canal procedure. Procedures are subject to a six-month waiting period.	

Procedure	Plan pays <sup>1</sup>
<b>PROSTHODONTICS</b>	
Complete denture—mandibular	\$241.00
<b>Note:</b> Coverage includes routine post-delivery care. Procedures are subject to a 12-month waiting period. Procedures relating to dentures, partial dentures, and relines include adjustments for a six-month period following installation. Such procedures do not include specialized techniques involving precision dentures, personalization, or characterizations.	
<b>ORAL AND MAXILLOFACIAL SURGERY</b>	
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$39.00
<b>Note:</b> Coverage includes local anesthesia; suturing, if needed; and routine postoperative care. Procedures are subject to a six-month waiting period.	
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$74.00
<b>Note:</b> Extraction includes local anesthesia; suturing, if needed; and routine postoperative care. Procedures are subject to a six-month waiting period.	
<b>GENERAL SERVICES</b>	
<b>Office visit</b>	
Office visit for observation— during regularly scheduled hours (no other services performed)	\$24.00
Office visit—after regularly scheduled hours	\$49.00

<sup>1</sup>Plan payment amounts are only a sample and are to be used for illustration purposes only. Please refer to the Table of Allowances in your *Certificate of Insurance* for an accurate and complete list of benefits and allowances. You can get a copy of the Table of Allowances at [kp.org](http://kp.org), or call Delta Dental to request a copy.

# DENTAL ASSISTANCE INSURANCE PLAN

## BENEFITS, LIMITATIONS, AND EXCLUSIONS

Unless specifically stated otherwise in the *Group Policy*, *Schedule of Coverage*, or *Certificate of Insurance*, no payment will be made for any treatment or service in connection with the following:

### I. Diagnostic and preventive benefits

Diagnostic: Oral examinations  
X-rays  
Study models (diagnostic casts)  
Biopsy/tissue examinations  
Emergency pain-relieving treatment  
Specialist consultations

Preventive: Prophylaxis treatments (cleanings)  
Fluoride treatments  
Space maintainers

#### Limitations on diagnostic and preventive benefits

- a) An oral examination shall not be covered more than twice in any calendar year while the patient is an eligible person under any KPIC dental insurance plan.
- b) For prophylaxis treatments (cleanings), please see Section V, "General limitations" (next page).
- c) Full-mouth X-rays are covered only after five years have elapsed following any prior provision of full-mouth X-rays under any KPIC dental insurance plan. Bitewing X-rays are covered on request by the dentist, but not more than once every six months for children through age 18 and once in a calendar year for adults age 19 and over, while the patient is an eligible person under any KPIC dental insurance plan.

### II. Basic benefits

Oral surgery: Extractions and certain other surgical procedures, including preoperative and postoperative care

Restorative: Amalgam (silver), synthetic porcelain, and plastic restorations (fillings) for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of dental decay)

#### Limitations on basic benefits

For periodontal procedures that include prophylaxis (cleanings), please see Section V, "General limitations" (next page).

### III. Crowns, inlays, onlays, and cast restoration benefits

Crowns, inlays, onlays, and cast restorations will be covered when teeth cannot be restored with amalgam, synthetic porcelain, or plastic restorations.

#### Limitations on crowns, inlays, onlays, and cast restoration benefits

Crowns, inlays, onlays, and cast restorations will be replaced only after five years have elapsed following any prior provision under any KPIC dental insurance plan.

### IV. Prosthodontic benefits – procedures for construction or repair of fixed bridges, partial dentures, or complete dentures

#### Limitations on prosthodontic benefits

Prosthodontic treatment is subject to a six-month waiting period. See Table of Allowances for further information.

- a) Prosthodontic appliances, including but not limited to fixed bridges and partial or complete dentures, will be replaced only after five years have elapsed following any prior provision of such appliances under any KPIC dental insurance plan, except when KPIC determines that there is such extensive loss of remaining teeth or change in supporting tissues that the existing appliance cannot be made satisfactory. Replacement will be made of a prosthodontic appliance not provided under a KPIC dental insurance plan if it is unsatisfactory and cannot be made satisfactory.
- b) KPIC will pay the listed allowance toward the dentist's fee for standard cast chrome or acrylic partial denture or a standard complete denture. (A *standard* complete or partial denture is defined as a removable prosthetic appliance, constructed using accepted and conventional procedures and materials, provided to replace missing natural permanent teeth.)

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## V. General limitations – prophylaxis (cleaning) treatments and optional services

- a) Benefits under this plan shall include only the first two prophylaxis/cleaning treatments or single procedures that include prophylaxis/cleanings, or a combination thereof, provided to a patient in any calendar year while he or she is an eligible person under any KPIC dental insurance plan.
- b) If an eligible person selects a more expensive plan of treatment than is customarily provided, or specialized techniques rather than standard procedures, KPIC will pay the listed allowance for the lesser procedure, and the patient is responsible for the remainder of the dentist's fee (e.g., a crown where a silver filling would restore the tooth or a precision denture where a standard denture would suffice).



## VI. Services not covered (exclusions)

- a) Services for injuries or conditions that are compensable under workers' compensation or employers' liability laws; services that are provided to the eligible person by any federal or state government agency or are provided without cost to the eligible person by any municipality, county, or other political subdivision, except as may be required under state law
- b) Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth)
- c) Services for restoring tooth structure lost from wear, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include but are not limited to equilibration and periodontal splinting.
- d) Prosthodontic services or any single procedure started prior to the date the person became eligible for such services under the contract
- e) Prescribed or applied therapeutic drugs, premedication, or analgesia
- f) Experimental procedures
- g) All hospital costs and any additional fees charged by the dentist for hospital treatment
- h) Charges for anesthesia, other than general anesthesia administered by a licensed dentist in connection with covered oral surgery services
- i) Extraoral grafts (grafting of tissues from outside the mouth to oral tissues) or implants (materials implanted into or on bone or soft tissue) or the removal of implants, except as provided under "Limitations on prosthodontic benefits"
- j) Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves, and other tissues
- k) Orthodontic services
- l) Procedures not shown in the Table of Allowances in the *Certificate of Insurance*

**If you have more questions and are not enrolled,** please call Delta Dental at 1-800-933-9312 between 8 a.m. and 4 p.m. Pacific Time, Monday through Friday.

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