

# DENTAL INSURANCE PLAN

**A reason to smile:** Kaiser Permanente offers an optional Dental Insurance Plan. This plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California, one of the nation's largest and most experienced dental benefits providers.

## Freedom to choose

This dental plan features lower annual deductibles and competitive rates. Plus, you may choose from Delta Dental's more than 25,000 affiliated dental providers in California or select any other licensed dentist of your choice.

To enroll in or decline the Dental Insurance Plan, simply check the appropriate box on your application.

## How the plan works

If you enroll in the plan, you will receive a Table of Allowances (in the dental plan's *Certificate of Insurance*) that allows you to see all covered services and the amount the plan pays.<sup>1</sup>

When you visit a Delta Dental participating dentist, you will pay the difference between what the dentist charges and what the plan pays. If you go to a non-Delta dentist, you may be responsible for the entire bill, and you will receive reimbursement of the covered amount from KPIC after submitting your claim to Delta Dental.

Advantages of seeing a participating dentist include no claim forms, no wait for reimbursement, and possibly a lower rate due to Delta Dental's prenegotiated fees with its in-network dentists.

## Example

| Service                           | Adult cleaning |
|-----------------------------------|----------------|
| Plan dentist charges <sup>2</sup> | \$75.00        |
| Plan pays                         | -\$43.20       |
| <b>You pay</b>                    | <b>\$31.80</b> |

The "Sample list of allowable services" on the back displays some covered services and the maximum amount payable by the plan. The full list is in the *Certificate of Insurance*.

## No deductible for preventive services

There is no deductible to meet for diagnostic or preventive services, like cleanings and X-rays. For other services, there is a \$25 calendar-year deductible.

## Annual maximum

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

## Waiting period

Some covered dental services are subject to a waiting period.<sup>3</sup> Consult the complete Table of Allowances in the *Certificate of Insurance* for the specific dental services subject to this waiting period.

## Eligibility

If you do not enroll at this time, you may not enroll until the time of your annual plan update.

## 2011 monthly rate

|               |         |
|---------------|---------|
| Enrollee only | \$24.94 |
|---------------|---------|

If you discontinue coverage, re-enrollment will be available two years from your initial enrollment date. For example, if your dental coverage starts in January 2011 and you decide to drop coverage in October 2011, you must wait until January 2013 to sign up again.

<sup>1</sup> The Table of Allowances lists the maximum amount, or allowance, that the plan will 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 will be the responsibility of the patient.

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

<sup>3</sup> The *waiting period* is the period of time during which you are required to have been continuously covered under the Dental Insurance Plan before a specific dental service will be a covered benefit.

## Sample list of allowable services<sup>1</sup>

| Procedure   | Plan pays <sup>2</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                |
| Note: Procedures are subject to a six-month waiting period.   |                        |
| <b>Crown</b>  |                        |
| Resin with high noble metal   | \$182.00               |
| Note: 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               |
| Note: 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>2</sup> |
|---|------------------------|
| <b>Prosthodontics</b>   |                        |
| Complete denture—mandibular   | \$241.00               |
| Note: 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                |
| Note: 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                |
| Note: 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                |
| For a complete list of benefits, consult the Table of Allowances in the <i>Certificate of Insurance</i> .   |                        |

### To make an appointment

Simply contact the dentist of your choice and let him or her know you are covered under Delta Dental.

### Have a question?

Call Delta Dental at **1-800-933-9312** (if you are already enrolled, call **1-888-335-8227**), 5 a.m. to 5 p.m., Monday through Friday, or visit **deltadentalins.com**.

<sup>1</sup> There are certain limitations and exclusions to the benefits of this plan. Please refer to the *Certificate of Insurance* for an accurate and complete list of treatments and services not covered. To receive a *Certificate of Insurance*, call Delta Dental of California.

<sup>2</sup> Plan payment amounts are only a sample and are to be used for illustrative purposes only. Please refer to the Table of Allowances in the *Certificate of Insurance* for an accurate and complete list of benefits and allowances. To receive a *Certificate of Insurance*, call Delta Dental of California.