

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 Kaiser Permanente for Individuals and Families application form.

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.

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 toll free

Call Delta Dental at **1-800-933-9312** (if you are already enrolled, call **1-888-335-8227**), 8 a.m. to 4 p.m., Monday through Friday, or visit **deltadentalins.com**.

¹The *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.

Waiting period

Some covered dental services are subject to a waiting period.¹ 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.

2013 MONTHLY RATE

Enrollee only	\$25.95
---------------	---------

If you voluntarily disenroll, you will need to wait for two annual member update cycles before you may re-enroll. For example, if your dental coverage starts in January 2013 and you decide to drop coverage in October 2014, you must wait until January 2016 to sign up again.

QUESTIONS?



Call **1-800-494-5314**



Visit **buykp.org/apply**



Contact your agent or broker today!

How our dental plan works

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

Advantages of seeing a Delta Dental participating dentist include no claim forms and no wait for reimbursement.

Although you can visit any dentist, you may be able to pay less when you visit a Delta Dental PPO network dentist. Delta Dental PPO dentists agree to accept Delta Dental contracted fees minus any deductibles and coinsurance. Your share of the bill will likely be lower than when you visit a non-Delta dentist.

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.

Example

SERVICE	ADULT CLEANING
Plan dentist charges ²	\$75.00
Plan pays	-\$43.20
You pay	\$31.80

The "Sample List of Allowable Services" displays some covered services and the maximum amount payable by the plan. The full list is in the *Certificate of Insurance*.

SAMPLE LIST OF ALLOWABLE SERVICES³

PROCEDURE	Plan pays ⁴
DIAGNOSTIC	
Comprehensive oral evaluation—new or established patient	\$25.20
X-rays—complete intraoral series including bitewings	\$54.00
PREVENTIVE	
PROPHYLAXIS/CLEANING	
Adult	\$43.20
Child through age 13	\$33.60
RESTORATIVE	
FILLINGS	
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.	
CROWN	
Resin with high noble metal	\$182.00
Note: Procedures are subject to a six-month waiting period.	
ENDODONTICS⁵	
ROOT CANAL	
Anterior (excluding final restoration)	\$193.00
Bicuspid (excluding final restoration)	\$227.00
Molar (excluding final restoration)	\$306.00

¹ 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.

² Service charges vary.

³ 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.

⁴ 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.

⁵ 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.



KAISER PERMANENTE®

Kaiser Permanente Insurance Company

QUESTIONS?



Call **1-800-494-5314**



Visit **buykp.org/apply**



Contact your agent or broker today!