



# Dental coverage solutions

Give your business a competitive edge with our dental coverage options. You can easily compare our three dental plan types to find the right fit for you and your employees.

## Complete your health care strategy with dental coverage

Dental coverage is an important part of keeping your employees healthy and on the job. It not only contributes to a healthy smile, but research also shows that appropriate dental care can help prevent and manage complications from diabetes, stroke, and cancer.

By choosing our dental coverage, you can simplify administration by getting your health and dental coverage from a single source. And you can choose from three plan types to fit your health care strategy and suit your employees' needs.

Here's an overview of our plan types, offered through our partnership with Delta Dental:

	KPIC Dental fee for service	KPIC Dental PPO	DeltaCare® USA
<b>Flexibility and choice</b>	Members can see any licensed dentist.	Members can see any licensed dentist. However, their plan benefits are richer if they see a Delta Dental PPO provider.	Members must visit assigned DeltaCare® USA dentists.
<b>Network access</b>	Delta Dental PPO and Delta Dental Premier <sup>SM</sup> ® networks	Delta Dental PPO and Delta Dental Premier <sup>SM</sup> ® networks	DeltaCare® USA only
<b>Premium cost</b>	Highest	Moderate	Lowest
<b>Cleanings and exams</b>	Yes	Yes	Yes
<b>Claim forms</b>	Not with network providers	Not with network providers	Not with network providers
<b>Deductible</b>	Yes (except Plan C)	Yes	No
<b>Benefit limit</b>	Yes	Yes	No

All plans include coverage for preventive cleanings and oral cancer screenings as part of routine oral exams. These services are not subject to any deductible. The KPIC dental plans include a third cleaning for pregnant women.

With the KPIC dental plans, members can save money by using the Delta Dental PPO network. If a PPO provider isn't available, members can access the larger Delta Dental Premier<sup>SM</sup>® network for a higher cost. In both networks, members have savings not available with non-participating providers, including negotiated fees between Delta Dental and the dentist and no balanced billing.

DeltaCare® USA plans give members a schedule of copays so they know what to expect when visiting the dentist. All plans include orthodontic coverage.

## KPIC fee-for-service dental plans

A BETTER WAY TO TAKE CARE OF BUSINESS

Kaiser Permanente Insurance Company (KPIC) fee-for-service dental plans can be paired with any of our medical plans you offer. They typically offer greater flexibility for a higher premium.

Service	Plan C	Plan D	Plan E	Plan E w/ Ortho	Plan G	Limitations
	Plan pays <sup>1</sup>					
No deductible applies to these procedures						
Exam	100%	100%	100%	100%	100%	Twice in a calendar year
Bitewing X-rays	100%	100%	100%	100%	100%	One set of four films per calendar year for adults 19 and over; twice per calendar year for children through age 18
Other X-rays	80%	80%	80%	80%	80%	Full-mouth X-rays, single X-rays, and panographic X-rays once in any 5-year period
Prophylaxis	100%	100%	100%	100%	100%	Twice in a calendar year
Fluoride treatments	100%	100%	100%	100%	100%	Only for children up to age 19, twice in a calendar year
Deductible applies to these procedures under Plans D, E, E with Ortho, and G						
Palliative care	80%	80%	80%	80%	80%	Usual, customary, and reasonable
Denture relines	Not covered	80%	80%	80%	80%	Twice in a calendar year (limited to two upper, lower, or any combination) <sup>2</sup>
Space maintainers	100%	100%	100%	100%	100%	Usual, customary, and reasonable
Fillings	80%	80%	80%	80%	80%	Usual, customary, and reasonable
Stainless steel crowns	80%	80%	80%	80%	80%	Primary teeth only
Endodontics	Not covered	80%	80%	80%	80%	Usual, customary, and reasonable
Periodontics	Not covered	80%	80%	80%	80%	Usual, customary, and reasonable
Oral surgery	Not covered	80%	80%	80%	80%	Usual, customary, and reasonable
Crowns and cast restorations	Not covered	Not covered	50%	50%	50%	Includes replacements in 5 years, but only if originally covered by KPIC dental insurance plan
Prosthodontics	Not covered	Not covered	50%	50%	50%	Standard removable prosthetic appliances (includes replacements after 5 years, but only if originally covered by KPIC dental insurance plan)
Orthodontics	Not covered	Not covered	Not covered	50%	Not covered	For eligible dependent children, through age 18, \$1,500 lifetime maximum per insured (replacement or repair of an orthodontic appliance is not covered) <sup>3</sup>
Deductible	None	\$25	\$25	\$25	\$50	Per person, per calendar year, up to a family maximum of \$75 (\$150 family maximum for Plan G)
Maximum	\$500	\$1,000	\$1,000	\$1,000	\$1,500	Per person, per calendar year

<sup>1</sup> Benefits payable will be based on the lesser of the usual, customary, and reasonable fees or the fees actually charged.

<sup>2</sup> Limitation applies only to Plan D.

<sup>3</sup> Applies to Plan E with Ortho only.

## Rate information

For rates on KPIC group dental insurance plans, please contact your Kaiser Permanente representative. All rate quotes will be provided by Kaiser Foundation Health Plan, Inc., Underwriting Department.

## Services that are not covered

The following services are not covered under any of the KPIC group dental insurance plans:

- Any treatment or procedure not listed as covered.
- Charges in excess of the Maximum Allowable Charge.
- Services for injuries or conditions covered under workers' compensation or employer's liability laws.
- Cosmetic surgery, dentistry, or services to correct hereditary, congenital, or developmental malformations.
- Restoration of tooth structure or chewing surfaces for damages due to wear.
- Prosthodontic services or procedures started prior to a person's date of eligibility.
- Prescribed drugs, premedication, or pain relievers.
- Experimental procedures.
- Hospital costs or extra charges for hospital treatment.
- Anesthesia (except for general anesthesia for oral surgery).
- Extra-oral grafts, implants, and implant removal.
- Treatment related to the temporomandibular joint (TMJ).
- Plaque control programs, oral hygiene, and dietary instructions.
- Orthodontic treatment, except for eligible dependent children and within the PPO network.
- Treatment plans that are more expensive than those customarily provided or specialized techniques used instead of standard procedures; for example, a precision denture where a standard denture would suffice.
- Pit and fissure sealants, unless for the first molars of children through age 8 and second molars for children through age 15. The molar must have no decay and no restoration, and the occlusal surface must be intact. Coverage does not include the repair or replacement of a sealant on any tooth within 3 years of application.
- Services which are provided to the covered person by any federal or state governmental agency or are provided without cost to the covered person by any municipality, county, or other political subdivision, except Medi-Cal benefits.
- Charges by any hospital or other surgical treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants.
- Replacement of existing restoration for any purpose other than active tooth decay.
- Intravenous sedation, occlusal guards, and complete occlusal adjustment.
- Charges for replacement or repair of an orthodontic appliance paid in part or in full by this program.
- Hypnosis.
- Charges for completion of forms.
- Charges for speech therapy.
- Charges for lost or stolen appliances.
- Services for which no charge is normally made in the absence of insurance.

Predetermination of benefits is recommended for services in excess of \$300. This document is not intended as a Summary Plan Description, nor is it designed to serve as a *Certificate of Insurance* or *Schedule of Coverage*. It contains only a summary of the benefits, exclusions, and limitations. If you have specific questions regarding benefit structure, limitations, or exclusions, consult the *Certificate of Insurance* and *Schedule of Coverage*, or contact Delta Dental's Customer Service Department. This dental insurance plan is underwritten by Kaiser Permanente Insurance Company and administered by Delta Dental of California.

Delta Dental is a registered mark of Delta Dental Plans Association.

For additional benefit information and a directory of Delta Dental dentists, please call toll free at **800-835-2244**. Also, you may search for providers through Delta Dental's website: **deltadentalins.com**.

## KPIC PPO dental plans

## A BETTER WAY TO TAKE CARE OF BUSINESS

Kaiser Permanente Insurance Company (KPIC) PPO dental plans can be paired with any of our medical plans you offer. They typically offer a broad choice of providers with a lower premium.

Service	PPO Plan D 1500		PPO Plan E 1000		PPO Plan E 1500		PPO Plan E 1000 with Ortho		Limitations
	PPO network Plan pays*	Out-of-network Plan pays	PPO network Plan pays*	Out-of-network Plan pays	PPO network Plan pays*	Out-of-network Plan pays	PPO network Plan pays*	Out-of-network Plan pays	
No deductible applies to these procedures									
Exam	100%	50%	100%	50%	100%	50%	100%	50%	Twice in a calendar year
Bitewing X-rays	100%	50%	100%	50%	100%	50%	100%	50%	Twice in a calendar year for children through age 18, or once in a calendar year for adults age 19 and over
Other X-rays	80%	50%	80%	50%	80%	50%	80%	50%	Full-mouth X-rays, single X-rays, and panoramic X-rays once in any 5-year period
Prophylaxis	100%	50%	100%	50%	100%	50%	100%	50%	Twice in a calendar year
Fluoride treatments	100%	50%	100%	50%	100%	50%	100%	50%	Only for children up to age 19, twice in a calendar year
Deductible applies to these procedures									
Palliative care	80%	50%	80%	50%	80%	50%	80%	50%	Usual, customary, and reasonable
Denture relines	80%	50%	80%	50%	80%	50%	80%	50%	Twice in a calendar year
Space maintainers	100%	50%	100%	50%	100%	50%	100%	50%	Usual, customary, and reasonable
Fillings	80%	50%	80%	50%	80%	50%	80%	50%	Usual, customary, and reasonable
Stainless steel crowns	80%	50%	80%	50%	80%	50%	80%	50%	Primary teeth only
Endodontics	80%	50%	80%	50%	80%	50%	80%	50%	Usual, customary, and reasonable
Periodontics	80%	50%	80%	50%	80%	50%	80%	50%	Usual, customary, and reasonable
Oral surgery	80%	50%	80%	50%	80%	50%	80%	50%	Usual, customary, and reasonable
Crowns and cast restorations	Not covered	Not covered	50%	50%	50%	50%	50%	50%	Includes one replacement in any 5-year period, but only if originally covered by KPIC dental insurance plan
Prosthodontics	Not covered	Not covered	50%	50%	50%	50%	50%	50%	Standard removable prosthetic appliances (includes one replacement in any 5-year period, but only if originally covered by KPIC dental insurance plan)
Orthodontics	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	50%	Not covered	For eligible dependent children, through age 18, \$1,500 lifetime maximum per insured (replacement or repair of an orthodontic appliance is not covered) <sup>†</sup>
Deductible	\$25	\$50	\$25	\$50	\$25	\$50	\$25	\$50	Per person, per calendar year, up to a family maximum of \$75 and \$150 – under in- and out-of-network, respectively
Maximum	\$1,500	\$1,500	\$1,000	\$1,000	\$1,500	\$1,500	\$1,000	\$1,000	Per person, per calendar year

\* Benefits payable will be based on the Maximum Allowable Charge.

<sup>†</sup> Applies to PPO Plan E 1000 with Ortho only.



## Rate information

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- Charges in excess of the Maximum Allowable Charge.
- Services for injuries or conditions covered under workers' compensation or employer's liability laws.
- Cosmetic surgery, dentistry, or services to correct hereditary, congenital, or developmental malformations.
- Restoration of tooth structure or chewing surfaces for damages due to wear.
- Prosthodontic services or procedures started prior to a person's date of eligibility.
- Prescribed drugs, premedication, or pain relievers.
- Experimental procedures.
- Hospital costs or extra charges for hospital treatment.
- Anesthesia (except for general anesthesia for oral surgery).
- Extra-oral grafts, implants, and implant removal.
- Treatment related to the temporomandibular joint (TMJ).
- Plaque control programs, oral hygiene, and dietary instructions.
- Orthodontic treatment, except for eligible dependent children and within the PPO network for PPO Plan E 1000 with Ortho only.
- Treatment plans that are more expensive than those customarily provided or specialized techniques used instead of standard procedures; for example, a precision denture where a standard denture would suffice.
- Pit and fissure sealants, unless for the first molars of children through age 8 and second molars for children through age 15. The molar must have no decay and no restoration, and the occlusal surface must be intact. Coverage does not include the repair or replacement of a sealant on any tooth within 3 years of application.
- Services which are provided to the covered person by any federal or state governmental agency or are provided without cost to the covered person by any municipality, county, or other political subdivision, except Medi-Cal benefits.
- Charges by any hospital or other surgical treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants.
- Replacement of existing restoration for any purpose other than active tooth decay.
- Intravenous sedation, occlusal guards, and complete occlusal adjustment.
- Charges for replacement or repair of an orthodontic appliance paid in part or in full by this program.
- Hypnosis.
- Charges for completion of forms.
- Charges for speech therapy.
- Charges for lost or stolen appliances.
- Services for which no charge is normally made in the absence of insurance.

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DeltaCare USA dental HMO programs are prepaid plans (with no lifetime maximum) provided by Delta Dental of California. These are prepaid plans that feature set copays, no annual deductibles, and no maximums for covered benefits. The plans promote great dental health for your employees and their families with quality dental benefits at an affordable cost. Details on the copays and plan restrictions are listed in the DeltaCare HMO *Evidence of Coverage* (EOC).

Kaiser Permanente offers four DeltaCare USA plans to all medical plans except KPIC PPO. DeltaCare USA can be sold only with a Kaiser Permanente HMO copay or deductible plan, or our POS plan.

Service	Plan 10A	Plan 11A	Plan 12A	Plan 13B	Limitations
<b>Diagnostic and preventive</b>					
Exam	No charge	No charge	No charge	No charge	
Complete X-rays	No charge	No charge	No charge	No charge	One series every 24 months
Bitewing X-rays	No charge	No charge	No charge	No charge	One set of four films, twice in a calendar year
Prophylaxis	No charge	No charge	No charge	No charge	Twice in a calendar year
Fluoride treatments	No charge	No charge	No charge	No charge	Only for children up to age 19, twice in a calendar year
<b>Major services</b>					
Palliative care	\$5	\$5	\$10	\$10	
Extractions	No charge	\$5	\$8	\$5	
Fillings – amalgam (one surface)	No charge	No charge	\$5	No charge	
Fillings – composite (one surface)	No charge	No charge	\$22	No charge	
Root canal (molar)	\$205	\$250	\$280	\$335	Permanent teeth only, excludes final restoration
Crown (metal)	\$170	\$210	\$260	\$355	Includes replacements after 5 years
Periodontal maintenance	No charge	\$15	\$30	\$35	One treatment twice in a calendar year
Denture relines (chairside)	No charge	\$20	\$35	\$50	One per denture per calendar year
Denture relines (laboratory)	\$35	\$60	\$75	\$85	One per denture per calendar year
Orthodontics (child)	\$1,700	\$1,700	\$1,700	\$1,900	Child or adolescent up to age 19
Orthodontics (adult)	\$1,900	\$1,900	\$1,900	\$2,100	Includes covered dependent adult children

A list of DeltaCare providers is available at [deltadentalins.com](http://deltadentalins.com); select "DeltaCare HMO." You may also call toll free at **800-422-4234**.

Information may have changed since publication.