

## Family supplemental dental plan KPIC PPO

### PPO E 1500

SERVICE	Plan Pays <sup>1</sup> (PPO Network)	Plan Pays <sup>1,2</sup> (Out of Network)
<b>NO DEDUCTIBLE APPLIES TO THESE PROCEDURES.</b>		
EXAM – Twice a year	100%	50%
BITEWING X-RAYS – Twice a year For children through age 18, or once a year for adults ages 19 and over	100%	50%
OTHER X-RAYS Full-mouth X-rays, single X-rays, and panoramic X-rays once in any five-year period	80%	50%
PROPHYLAXIS (cleaning) A cleaning twice a year to remove plaque, calculus (mineralized plaque), and stains to help prevent dental disease	100%	50%
FLUORIDE Only for children through age 18, twice a year	100%	50%
SPACE MAINTAINERS	100%	50%
<b>DEDUCTIBLES APPLY TO PROCEDURES BELOW.</b>		
DEDUCTIBLE	\$25	\$50
BENEFIT MAXIMUM The benefit maximum represents the total amount paid by the plan per person, per year	\$1,500	
DENTAL IMPLANTS	Not covered	Not covered
DENTURE RELINES – Twice a year	80%	50%
FILLINGS	80%	50%
STAINLESS STEEL CROWNS - Primary teeth only	80%	50%
ENDODONTICS A dental specialty concerned with treatment of the root and nerve of the tooth	80%	50%
PERIODONTICS A dental specialty concerned with the treatment of gums, tissue, and bone that supports the teeth	80%	50%
ORAL SURGERY	80%	50%
CROWNS AND CAST RESTORATIONS Includes replacements after five years, but only if originally covered by KPIC dental plan	50%	50%
PROSTHODONTICS Standard removable prosthetic appliance (includes replacements after five years, but only if originally covered by KPIC dental plan)	50%	50%
ORTHODONTICS For eligible dependent children through age 18, \$1,500 lifetime maximum per insured (Replacement or repair of an orthodontic appliance paid for in part or in full by this plan isn't covered.)	Not covered	Not covered

<sup>1</sup>Reimbursement for all dentists will be based on the PPO contracted fee.

<sup>2</sup>Benefits payable will be based on the lesser of the usual, customary, and reasonable fees or the fees actually charged.

## Exclusions for the KPIC Fee-for-Service (Premier) and KPIC PPO dental plans

The KPIC Fee-for Service (Premier) and PPO dental insurance plans aren't intended to satisfy the ACA child dental benefits.

The following services aren't covered under any Kaiser Permanente Insurance Company (KPIC) group dental insurance plans:

- Cosmetic surgery, dentistry, or services to correct hereditary, congenital, or developmental malformations.
- Restoration of tooth structure crowns, and/or cast restorations, or chewing surfaces for damages due to wear.
- Prosthodontic services or procedures started prior to a person's date of eligibility.
- Prescribed drugs medication, pain killers, antimicrobial agents, or experimental/investigational procedures.
- Anesthesia (except general anesthesia for oral surgery).
- Services for implants (prosthetic appliances placed into or on the bone of the upper or lower jaw to retain or support dental prosthesis) their removal or other associated procedures. Doesn't apply to the PPO AH 2000
- Treatment related to the temporomandibular joint (TMJ).
- Orthodontic treatment, except for eligible dependent children under Plan E with Orthodontics.
- Treatment plans that are higher level of services than those customarily provided under accepted dental practice or specialized techniques used instead of standard procedures; for example, a precision denture where a standard denture would suffice.
- Replacement of existing restoration for any purpose other than active tooth decay.
- Intravenous sedation, occlusal guards, or complete occlusal adjustment.

Predetermination of benefits is recommended for services in excess of \$300. This document isn't intended as a summary plan description, nor is it designed to serve as the *Certificate of Insurance* or the *Schedule of Coverage*. It contains only a summary of benefits, exclusions, and limitations.

If you have specific questions regarding benefit structure, limitations, or exclusions, consult the *Certificate of Insurance* and the *Schedule of Coverage* or contact Delta Dental's Customer Service Department at **800-835-2244**, 8 a.m. to 5 p.m., Monday through Friday.

For a list of in-network providers, contact Delta Dental's Customer Service Department or visit [deltadentalins.com](https://deltadentalins.com).

This dental insurance plan is underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California.