



**smile**



# Commercial Group Dental Plans

For Groups Enrolling Over 51 Employees

## Commercial group dental plan overview

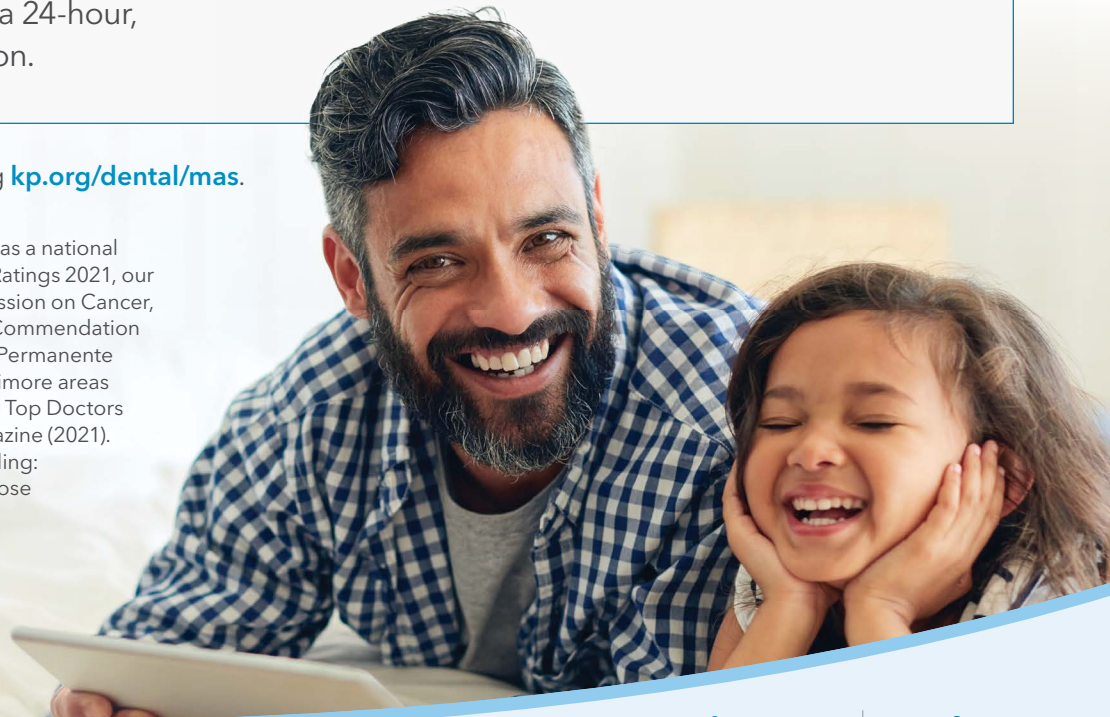
**Kaiser Permanente Smile** is an exciting new suite of dental plans designed to increase oral health and whole-body wellness. As the region's leading health system,<sup>†</sup> we are committed to providing convenient, affordable and quality care to our members and the communities we serve. Our enhanced offerings help your clients meet the dental plans needs of their employees so they can avoid costly procedures in the future. Cultivate whole-body wellness with comprehensive oral care from Kaiser Permanente.

### Benefits of Kaiser Permanente Smile plans

- Offers flexible dental options for everyone, at any budget, with multiple options for in-network dental services and out-of-network benefits, as well as different levels of co-pays and annual maximums.
- Allows members to choose any dental provider in the network, with no provider assignment require.
- Provides custom features, such as family plans that can convert to adult only plans, in addition to separate child only plan options.
- Offers additional enhancements, such as OrthoPlus riders to an already comprehensive plan.
- Provides an improved member experience, with access to a 24-hour, self-service portal that has benefit and utilization information.

Learn more about Kaiser Permanente Smile dental plan options by visiting [kp.org/dental/mas](https://kp.org/dental/mas).

<sup>†</sup> In the survey Best Health Insurance Companies for 2021 by Insure.com, Kaiser Permanente as a national enterprise is rated #1 overall among 15 companies. In the NCQA Commercial Health Plan Ratings 2021, our commercial plan is rated 5 out of 5, the highest rating in MD, VA, and DC. The 2019 Commission on Cancer, a program of the American College of Surgeons, granted wThree-Year Accreditation with Commendation to the Kaiser Permanente cancer care program (extended through 2022). The Mid-Atlantic Permanente Medical Group is the largest multispecialty medical group in the Washington, DC, and Baltimore areas and exclusively treats Kaiser Permanente members. Permanente doctors are recognized as Top Doctors in Northern Virginia Magazine (2022), Washingtonian magazine (2021), and Baltimore magazine (2021). According to NCQA's Quality Compass® 2021, we're rated 5 out of 5 in 29 measures, including: controlling blood pressure (heart disease), blood pressure control (140/90) (diabetes), glucose control, colorectal cancer screening, breast cancer screening, cervical cancer screening, childhood immunizations, prenatal check-ups, and postpartum care. Quality Compass is a registered trademark of the NCQA.



## Value plan options

Value plans offer a variety of dental options with affordable deductibles and annual maximums ranging from **None to \$1,500**.

These dental plans can be offered as an adult only rider or as a family rider. Adult only riders provide dental coverage to family members 19 and older.

	ML \$30 Adult Preventive	ML PPO/ C-POS*		ML PPO/ C-POS *Low		ML POS Low		ML POS Basic		ML Copay Low	ML EPO/ Network Only* Low
Network access	INN Only	INN	OON	INN	OON	INN	OON	INN	OON	INN Only	INN Only
Deductible	None	\$50		\$50		\$0	\$100	\$0	\$50	None	\$25
Annual max	None	\$1,000		\$1,000		None	\$1,000	None	\$1,500	None	\$1,500
Waiting periods	None	None		None		None		None		None	None

Rider availability							
Adult only	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family	No	No	Yes	Yes	Yes	Yes	Yes

Plan structure	Member copay	Plan pays		Plan pays		Member copay	Plan pays	Member copay	Plan pays	Member copay	Plan pays
<b>Diagnostic and preventive</b> Covers oral exams, x-rays, cleanings and more	\$30 - \$75	100% no ded	80% no ded	80% no ded	60% no ded	\$5 - \$73	80% no ded	\$5 - \$73	80% no ded	\$5 - \$73	100% no ded
<b>Basic restorative</b> Covers fillings, root canals, tooth extractions and more	\$32 - \$905	80% after ded	60% after ded	60% no ded	40% after ded	\$19 - \$282	60% after ded	\$19 - \$282	60% after ded	\$19 - \$282	80% after ded
<b>Major restorative</b> Covers crowns, bridges, dentures, major extractions and more	\$25 - \$1131	50% after ded	60% after ded	40% after ded	40% after ded	\$15 - \$1,829	40% after ded	\$15 - \$1,829	40% after ded	\$15 - \$1,829	50% after ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.

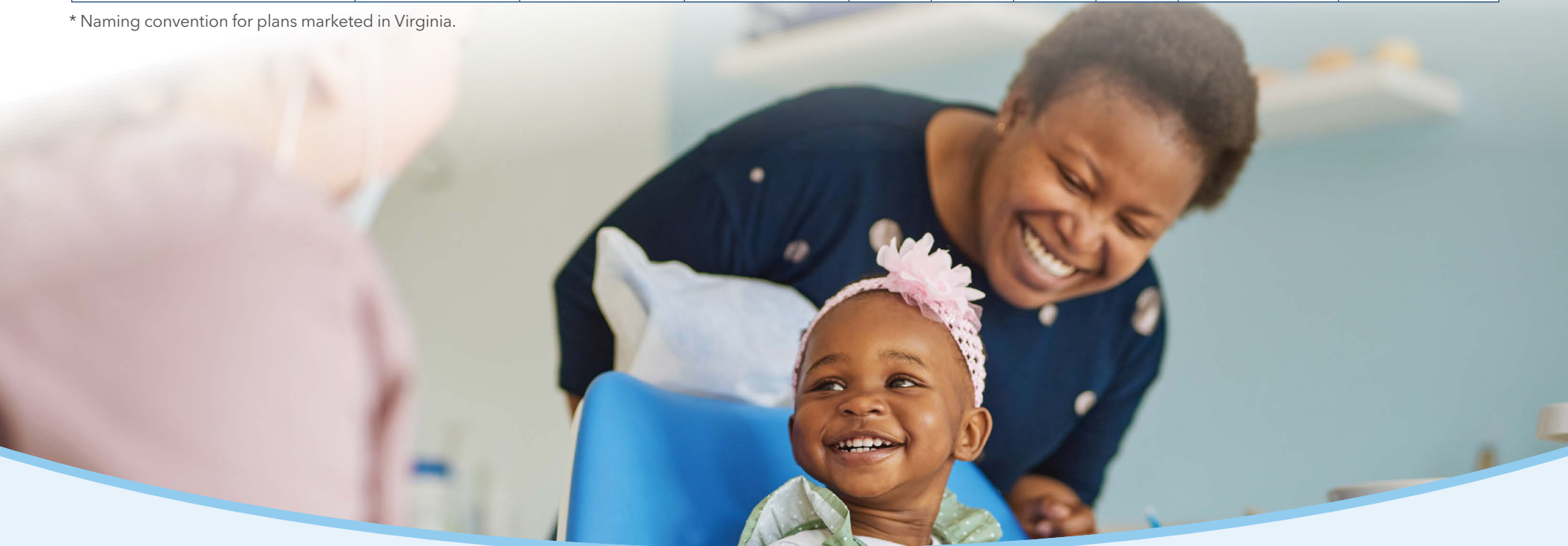


## Value plan OrthoPlus rider enhancement

OrthoPlus Rider options are available to add limited and comprehensive cosmetic orthodontic benefits.  
Adult only OrthoPlus riders are only available on adult only dental plans.

	ML \$30 Adult Preventive	ML PPO/ C-POS*		ML PPO/ C-POS* Low		ML POS Low		ML POS Basic		ML Copay Low	ML EPO/ Network Only* Low
Network access	INN Only	INN	OON	INN	OON	INN	OON	INN	OON	INN Only	INN Only
Orthodontic options	Adult only	Not available		Child only, adult only or family buy-up available		Child only, adult only or family buy-up available		Child only, adult only or family buy-up available		Child only, adult only or family buy-up available	Child only, adult only or family buy-up available
OrthoPlus rider type	Not available	Not available		PPO/ In-network coinsurance		POS		POS		Copay	EPO/Copay
Orthodontic lifetime max (not applicable to Copay plans)	Not available	Not available		\$1,000		None	\$1,000	None	\$1,000	None	\$1,000

\* Naming convention for plans marketed in Virginia.



## Standard plan options

These plans offer flexible dental options with annual maximums from **None to \$2,500**. These dental plans can be offered as an adult only rider or as a family rider. Adult only riders provide dental coverage to family members 19 and older.

	ML Copay Basic	ML PPO/C-POS* Basic		ML POS Standard		ML PPO/C POS* Standard	
<b>Network access</b>	INN Only	INN	OON	INN	OON	INN	OON
<b>Deductible</b>	\$50	\$25	\$50	\$0	\$50	\$75	
<b>Annual max</b>	\$2,000	\$1,500		None	\$2,000	\$2,000	
<b>Waiting periods</b>	None	None		None		None	

Rider availability				
<b>Adult only</b>	Yes	Yes	Yes	Yes
<b>Family</b>	Yes	Yes	Yes	Yes

Plan structure	Member copay	Plan pays		Member copay	Plan pays	Plan pays	
<b>Diagnostic and preventive</b> Covers oral exams, x-rays, cleanings and more	\$0 - \$44 no ded	100% no ded	80% no ded	\$5 - \$73	80% no ded	100% no ded	80% no ded
<b>Basic restorative</b> Covers fillings, root canals, tooth extractions and more	\$19 - \$282 after ded	80% after ded	60% after ded	\$19 - \$282	60% after ded	80% after ded	60% after ded
<b>Major restorative</b> Covers crowns, bridges, dentures, major extractions and more	\$16 - \$2,011 after ded	50% after ded	40% after ded	\$15 - \$1,829	40% after ded	50% after ded	40% after ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.

## Standard OrthoPlus rider enhancement

OrthoPlus Rider options are available to add limited and comprehensive cosmetic orthodontic benefits.  
Adult only OrthoPlus riders are only available on adult only dental plans.

	ML Copay Basic	ML PPO/C-POS* Basic		ML POS Standard		ML PPO/C POS* Standard	
<b>Network access</b>	INN Only	INN	OON	INN	OON	INN	OON
<b>Orthodontic options</b>	Child only, adult only or family buy-up available	Child only, adult only or family buy-up available		Child only, adult only or family buy-up available		Child only, adult only or family buy-up available	
<b>OrthoPlus rider type</b>	Copay	PPO/ In-network coinsurance		POS		PPO/ In-network coinsurance	
<b>Orthodontic lifetime max (not applicable to Copay plans)</b>	None	\$1,500		None	\$1,500	\$1,500	

\* Naming convention for plans marketed in Virginia.



## Premium plan options

These plans offer premium dental benefits with annual maximums ranging from **\$2,000 to \$4,000**. These dental plans can be offered as an adult only rider or as a family rider. Adult only riders provide dental coverage to family members 19 and older.

	ML PPO/C-POS* High		ML PPO/C-POS* Select		ML PPO/C-POS* Premium	
<b>Network access</b>	INN	OON	INN	OON	INN	OON
<b>Deductible</b>	\$25	\$50	\$0	\$50	\$0	\$50
<b>Annual max</b>	\$2,000		\$2,500	\$1,500	\$4,000	\$2,000
<b>Waiting periods</b>	None		None		None	

Rider availability			
<b>Adult only</b>	Yes	Yes	Yes
<b>Family</b>	Yes	Yes	Yes

Plan structure	Plan pays		Plan pays		Plan pays	
<b>Diagnostic and preventive</b> Covers oral exams, x-rays, cleanings and more	100% no ded	80% no ded	100% no ded	80% no ded	100% no ded	90% no ded
<b>Basic restorative</b> Covers fillings, root canals, tooth extractions and more	80% after ded	60% after ded	80% after ded	70% after ded	90% after ded	80% after ded
<b>Major restorative</b> Covers crowns, bridges, dentures, major extractions and more	50% after ded	40% after ded	60% after ded	50% after ded	60% after ded	50% after ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.

## Premium OrthoPlus rider enhancement

OrthoPlus Rider options are available to add limited and comprehensive cosmetic orthodontic benefits.  
Adult only OrthoPlus riders are only available on adult only dental plans.

	ML PPO/C-POS* High		ML PPO/C POS* Select		ML PPO/C POS* Premium	
<b>Network access</b>	INN	OON	INN	OON	INN	OON
<b>Orthodontic options</b>	Child only, adult only or family buy-up available		Child only, adult only or family buy-up available		Child only, adult only or family buy-up available	
<b>OrthoPlus rider type</b>	PPO/ In-network coinsurance		PPO/ In-network coinsurance		PPO/ In-network coinsurance	
<b>Orthodontic lifetime max (not applicable to Copay plans)</b>	\$2,000		\$2,500		\$2,500	

\* Naming convention for plans marketed in Virginia.





## Child only plan options

The **Kaiser Permanente Smile Kids** plans provide the option to offer embedded dental at a copay, or provide non-embedded dental care with or without out-of-network benefits. Child only OrthoPlus rider options are also available.

	ML Copay EPO/Copay*	ML PPO/C-POS* Basic		ML EPO/Dental Network*	ML PPO/C-POS*	
<b>Network access</b>	INN Only	INN	OON	INN Only	INN	OON
<b>Deductible</b>	Not applicable	\$50		\$25	\$25	
<b>Annual max</b>	Not applicable	\$1,000		\$1,500	\$2,000	
<b>Out-of-pocket max</b>	Health plan applies	Not applicable		Not applicable	Not applicable	

Plan structure	Member pays	Plan pays		Plan pays	Plan pays	
<b>Diagnostic and preventive</b> Covers oral exams, x-rays, fluoride/ sealants and more	\$0 - \$562	80% no ded	60% no ded	100% no ded	100% after ded	80% after ded
<b>Basic restorative</b> Covers fillings, root canals, tooth extractions and more	\$40 - \$800	60% after ded	40% after ded	80% after ded	80% after ded	60% after ded
<b>Major restorative</b> Covers crowns, bridges, dentures, major extractions and more	\$0 - \$4,455	40% after ded	40% after ded	50% after ded	50% after ded	40% after ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.



## Child only OrthoPlus rider enhancement

OrthoPlus Rider options are available to add limited and comprehensive cosmetic orthodontic benefits.

	ML Copay EPO/Copay*	ML PPO/C-POS* Basic		ML EPO/Dental Network*	ML PPO/C-POS*	
Network access	INN Only	INN	OON	INN Only	INN	OON
Orthodontic options	Included with plan	Child only available		Child only available	Child only available	
OrthoPlus rider type	Not available	PPO/ In-network coinsurance		EPO/Copay	PPO/ In-network coinsurance	
Orthodontic lifetime max (not applicable to Copay plans)	None	\$1,000		\$1,000	\$1,000	

\* Naming convention for plans marketed in Virginia.



## Value plan options detailed overview

	ML \$30 Adult Preventive	ML PPO/ C-POS*		ML PPO/ C-POS* Low		ML POS Low		ML POS Basic		ML Copay Low	ML EPO/ Copay* Low
Network access	INN Only	INN	OON	INN	OON	INN	OON	INN	OON	INN Only	INN Only
Annual dental deductible (Per Member / 3x per Family)	N/A	\$50		\$50		\$0	\$100	\$0	\$50	None	\$25
Deductible waived for	N/A	Preventive & diagnostic services		Preventive & diagnostic services		Preventive & diagnostic services		Preventive & diagnostic services		Preventive & diagnostic services	Preventive & diagnostic services
Annual maximum benefit (Per Member)	N/A	\$1,000		\$1,000		None	\$1,000	None	\$1,500	N/A	\$1,500
Waiting periods	None	None		None		None		None		None	None
Office copay	\$30 fixed comb. copayment (FC)	None		None		None		None		None	None

Service	Member copay	Plan pays		Plan pays		Member copay	Plan pays	Member copay	Plan pays	Member copay	Plan pays
Diagnostic and preventive services											
Periodic oral evaluation	FC \$30	100%	80%	80%	60%	\$5	80%	\$5	80%	\$5	100%
Limited oral evaluation	FC \$30	100%	80%	80%	60%	\$5	80%	\$5	80%	\$5	100%
Comprehensive oral evaluation	FC \$30	100%	80%	80%	60%	\$11	80%	\$5	80%	\$5	100%
Intraoral, complete series of radiographic images	\$58	100%	80%	80%	60%	\$0	80%	\$11	80%	\$10	100%
Intraoral, periapical, first radiographic image	FC \$30	100%	80%	80%	60%	\$0	80%	\$0	80%	\$0	100%
Intraoral, periapical, each add'l. radiographic image	FC \$30	100%	80%	80%	60%	\$0	80%	\$0	80%	\$0	100%
Bitewings, 2 radiographic images	FC \$30	100%	80%	80%	60%	\$5	80%	\$0	80%	\$0	100%
Bitewings, 4 radiographic images	FC \$30	100%	80%	80%	60%	\$10	80%	\$5	80%	\$5	100%
Panoramic radiographic image	\$46	100%	80%	80%	60%	\$10	80%	\$10	80%	\$10	100%
Prophylaxis, child	FC \$30	100%	80%	80%	60%	\$5	80%	\$5	80%	\$5	100%
Topical application of fluoride varnish	FC \$30	N/A	N/A	80%	60%	\$0	80%	\$0	80%	\$0	100%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.

## Value plan options (cont.)

	ML \$30 Adult Preventive	ML PPO/ C-POS*		ML PPO/ C-POS* Low		ML POS Low		ML POS Basic		ML Copay Low	ML EPO/ Copay* Low
	Member copay	Plan pays		Plan pays		Member copay	Plan pays	Member copay	Plan pays	Member copay	Plan pays
Network access	INN Only	INN	OON	INN	OON	INN	OON	INN	OON	INN Only	INN Only
<b>Restorative and endodontic services</b>											
Amalgam, 1 surface, primary or permanent	\$73	80% aft ded	60% aft ded	60% aft ded	40% aft ded	\$28	60% aft ded	\$28	60% aft ded	\$28	80% aft ded
Amalgam, 2 surfaces, primary or permanent	\$95	80% aft ded	60% aft ded	60% aft ded	40% aft ded	\$36	60% aft ded	\$36	60% aft ded	\$36	80% aft ded
Amalgam, 3 surfaces, primary or permanent	\$113	80% aft ded	60% aft ded	60% aft ded	40% aft ded	\$44	60% aft ded	\$44	60% aft ded	\$44	80% aft ded
Resin-based composite, 1 surface, posterior	\$117	80% aft ded	60% aft ded	60% aft ded	40% aft ded	\$40	60% aft ded	\$40	60% aft ded	\$40	80% aft ded
Crown, porcelain fused to predominately base metal	\$705	50% aft ded	40% aft ded	40% aft ded	40% aft ded	\$403	50% aft ded	\$403	50% aft ded	\$403	50% aft ded
Root canal, Molar (excluding final restoration)	\$815	80% aft ded	60% aft ded	40% aft ded	40% aft ded	\$472	50% aft ded	\$472	50% aft ded	\$472	50% aft ded
<b>Periodontal services</b>											
Periodontal scaling & root planning, 4 or more teeth per quad	\$148	80% aft ded	60% aft ded	60% aft ded	40% aft ded	\$58	60% aft ded	\$58	60% aft ded	\$58	80% aft ded
Periodontal maintenance	\$90	80% aft ded	60% aft ded	60% aft ded	40% aft ded	\$32	60% aft ded	\$32	60% aft ded	\$32	80% aft ded
<b>Removable prosthodontic services</b>											
Complete denture, maxillary	\$913	50% aft ded	40% aft ded	40% aft ded	40% aft ded	\$593	50% aft ded	\$593	50% aft ded	\$593	50% aft ded
<b>Oral and maxillofacial surgery</b>											
Extraction, erupted tooth	\$90	80% aft ded	60% aft ded	60% aft ded	40% aft ded	\$34	60% aft ded	\$34	60% aft ded	\$34	80% aft ded
Extraction, erupted tooth with bone removal	\$161	80% aft ded	60% aft ded	60% aft ded	40% aft ded	\$60	60% aft ded	\$60	60% aft ded	\$60	80% aft ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.



## Value plan options (OrthoPlus riders)

	ML \$30 Adult Preventive	ML PPO/ C-POS*		ML PPO/ C-POS* Low		ML POS Low		ML POS Basic		ML Copay Low	ML EPO/ Copay* Low
Network access	INN Only	INN	OON	INN	OON	INN	OON	INN	OON	INN Only	INN Only
Waiting period	None	None		None		None		None		None	None
Orthodontic options	Included with plan	Not available		Child only, adult only or family buy-up available		Child only, adult only or family buy-up available		Child only, adult only or family buy-up available		Child only, adult only or family buy-up available	Child only, adult only or family buy-up available
OrthoPlus rider type	Not available	N/A		PPO/ In-network coinsurance		POS		POS		Copay	EPO/Copay
Orthodontic lifetime max (not applicable to Copay plans)	None	Not available		\$1,000		None	\$1,000	None	\$1,000	None	\$1,000

Service	Member copay	Plan pays	Plan pays	Member copay	Plan pays	Member copay	Plan pays	Member copay	Plan pays
Comprehensive orthodontic treatment of the transitional dentition	\$3,304	Not covered	50%	\$2,169	50%	\$2,169	50%	\$2,169	50%
Comprehensive orthodontic treatment of the adolescent dentition	\$3,304	Not covered	50%	\$2,169	50%	\$2,169	50%	\$2,169	50%
Comprehensive orthodontic treatment of the adult dentition	\$3,658	Not covered	50%	\$2,169	50%	\$2,169	50%	\$2,169	50%
Periodic orthodontic treatment	\$118	Not covered	50%	\$54	50%	\$54	50%	\$54	50%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.



## Standard plan options detailed overview

	ML Copay Basic	ML PPO/C-POS* Basic		ML POS Standard		ML PPO/C-POS* Standard	
<b>Network access</b>	INN Only	INN	OON	INN	OON	INN	OON
<b>Annual dental deductible</b> (Per Member / 3x per Family)	\$50	\$25	\$50	\$0	\$50	\$75	
<b>Deductible waived for</b>	Preventive & diagnostic services	Preventive & diagnostic services		Preventive & diagnostic services		Preventive & diagnostic services	
<b>Annual maximum benefit</b> (Per Member)	\$2,000	\$1,500		None	\$2,000	\$2,000	
<b>Waiting periods</b>	None	None		None		None	
<b>Office copay</b>	None	None		None		None	

Service	Member copay	Plan pays		Member copay	Plan pays	Plan pays	
Diagnostic and preventive services							
Periodic oral evaluation	\$0	100%	80%	\$5	80%	100%	80%
Limited oral evaluation	\$0	100%	80%	\$5	80%	100%	80%
Comprehensive oral evaluation	\$0	100%	80%	\$5	80%	100%	80%
Intraoral, complete series of radiographic images	\$0	100%	80%	\$11	80%	100%	80%
Intraoral, periapical, first radiographic image	\$0	100%	80%	\$0	80%	100%	80%
Intraoral, periapical, each add'l. radiographic image	\$0	100%	80%	\$0	80%	100%	80%
Bitewings, 2 radiographic images	\$0	100%	80%	\$0	80%	100%	80%
Bitewings, 4 radiographic images	\$0	100%	80%	\$5	80%	100%	80%
Panoramic radiographic image	\$0	100%	80%	\$10	80%	100%	80%
Prophylaxis, adult	\$0	100%	80%	\$10	80%	100%	80%
Prophylaxis, child	\$0	100%	80%	\$5	80%	100%	80%
Topical application of fluoride varnish	\$0	100%	80%	\$0	80%	100%	80%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.

## Standard plan options (cont.)

	ML Copay Basic	ML PPO/C-POS* Basic		ML POS Standard		ML PPO/C-POS* Standard	
	Member copay	Plan pays		Member copay	Plan pays	Plan pays	
<b>Network access</b>	INN Only	INN	OON	INN	OON	INN	OON
<b>Restorative services</b>							
Amalgam, 1 surface, primary or permanent	\$28	80% aft ded	60% aft ded	\$28	60% aft ded	80% aft ded	60% aft ded
Amalgam, 2 surfaces, primary or permanent	\$36	80% aft ded	60% aft ded	\$36	60% aft ded	80% aft ded	60% aft ded
Amalgam, 3 surfaces, primary or permanent	\$44	80% aft ded	60% aft ded	\$44	60% aft ded	80% aft ded	60% aft ded
Resin-based composite, 1 surface, posterior	\$40	80% aft ded	60% aft ded	\$40	60% aft ded	80% aft ded	60% aft ded
Crown, porcelain fused to predominately base metal	\$443	50% aft ded	40% after ded	\$403	50% aft ded	50% aft ded	40% aft ded
<b>Endodontic and periodontal services</b>							
Root canal, Molar (excluding final restoration)	\$520	50% aft ded	40% aft ded	\$472	50% aft ded	50% aft ded	40% aft ded
Periodontal scaling & root planning, 4 or more teeth per quad	\$58	80% aft ded	60% aft ded	\$58	60% aft ded	80% aft ded	60% aft ded
Periodontal maintenance	\$32	80% aft ded	60% aft ded	\$32	60% aft ded	80% aft ded	60% aft ded
<b>Removable prosthodontic services</b>							
Complete denture, maxillary	\$652	50% aft ded	40% aft ded	\$593	50% aft ded	50% aft ded	40% aft ded
<b>Oral and maxillofacial services</b>							
Extraction, erupted tooth	\$34	80% aft ded	60% aft ded	\$34	60% aft ded	80% aft ded	60% aft ded
Extraction, erupted tooth with removal of bone	\$60	80% aft ded	60% aft ded	\$60	60% aft ded	80% aft ded	60% aft ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.

## Standard plan options (OrthoPlus riders)

	ML Copay Basic	ML PPO/C-POS* Basic		ML POS Standard		ML PPO/C-POS* Standard	
Network access	INN Only	INN	OON	INN	OON	INN	OON
Waiting period	None	None		None		None	
Orthodontic options	Child only, adult only or family buy-up available	Child only, adult only or family buy-up available		Child only, adult only or family buy-up available		Not available	
OrthoPlus rider type	Copay	PPO/ In-network coinsurance		POS		PPO/ In-network coinsurance	
Orthodontic lifetime max (not applicable to Copay plans)	Family	\$1,500		Copay	\$1,500	\$1,500	

Service	Member copay	Plan pays	Member copay	Plan pays	Plan pays
Comprehensive orthodontic treatment of the transitional dentition	\$2,169	50%	\$2,169	50%	50%
Comprehensive orthodontic treatment of the adolescent dentition	\$2,169	50%	\$2,169	50%	50%
Comprehensive orthodontic treatment of the adult dentition	\$2,169	50%	\$2,169	50%	50%
Periodic orthodontic treatment	\$54	50%	\$54	50%	50%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.





## Premium plan options detailed overview

	ML PPO/C-POS* High		ML PPO/C-POS* Select		ML PPO/C-POS* Premium	
<b>Network access</b>	INN	OON	INN	OON	INN	OON
<b>Annual dental deductible</b> (Per Member / 3x per Family)	\$25	\$50	\$0	\$50	\$0	\$50
<b>Deductible waived for</b>	Preventive & diagnostic services		Preventive & diagnostic services		Preventive & diagnostic services	
<b>Annual maximum benefit</b> (Per Member)	\$2,000		\$2,500	\$1,500	\$4,000	\$2,000
<b>Waiting periods</b>	None		None		None	
<b>Office copay</b>	None		None		None	

Service	Plan pays		Plan pays		Plan pays	
Diagnostic and preventive services						
Periodic oral evaluation	100%	80%	100%	80%	100%	90%
Limited oral evaluation	100%	80%	100%	80%	100%	90%
Comprehensive oral evaluation	100%	80%	100%	80%	100%	90%
Intraoral, complete series of radiographic images	100%	80%	100%	80%	100%	90%
Intraoral, periapical, first radiographic image	100%	80%	100%	80%	100%	90%
Intraoral, periapical, each add'l. radiographic image	100%	80%	100%	80%	100%	90%
Bitewings, 2 radiographic images	100%	80%	100%	80%	100%	90%
Bitewings, 4 radiographic images	100%	80%	100%	80%	100%	90%
Panoramic radiographic image	100%	80%	100%	80%	100%	90%
Prophylaxis, adult	100%	80%	100%	80%	100%	90%
Prophylaxis, child	100%	80%	100%	80%	100%	90%
Topical application of fluoride varnish	100%	80%	100%	80%	100%	90%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.

## Premium cost plan options (cont.)

	ML PPO/C-POS* High		ML PPO/C-POS* Select		ML PPO/C-POS* Premium	
	Plan pays		Plan pays		Plan pays	
Network access	INN	OON	INN	OON	INN	OON
<b>Restorative services</b>						
Amalgam, 1 surface, primary or permanent	80% aft ded	60% aft ded	80% aft ded	70% aft ded	90% aft ded	80% aft ded
Amalgam, 2 surfaces, primary or permanent	80% aft ded	60% aft ded	80% aft ded	70% aft ded	90% aft ded	80% aft ded
Amalgam, 3 surfaces, primary or permanent	80% aft ded	60% aft ded	80% aft ded	70% aft ded	90% aft ded	80% aft ded
Resin-based composite, 1 surface, posterior	80% aft ded	60% aft ded	80% aft ded	70% aft ded	90% aft ded	80% aft ded
Crown, porcelain fused to predominately base metal	50% aft ded	40% aft ded	60% aft ded	50% aft ded	60% aft ded	50% aft ded
<b>Endodontic and periodontal services</b>						
Root canal, Molar (excluding final restoration)	50% aft ded	40% aft ded	80% aft ded	70% aft ded	90% aft ded	80% aft ded
Periodontal scaling & root planning, 4 or more teeth per quad	80% aft ded	60% aft ded	80% aft ded	70% aft ded	90% aft ded	80% aft ded
Periodontal maintenance	80% aft ded	60% aft ded	80% aft ded	70% aft ded	90% aft ded	80% aft ded
<b>Removable prosthodontic services</b>						
Complete denture, maxillary	50% aft ded	40% aft ded	60% aft ded	50% aft ded	60% aft ded	50% aft ded
<b>Oral and maxillofacial surgery</b>						
Extraction, erupted tooth	80% aft ded	60% aft ded	80% aft ded	70% aft ded	90% aft ded	80% aft ded
Extraction, erupted tooth with removal of bone	80% aft ded	60% aft ded	80% aft ded	70% aft ded	90% aft ded	80% aft ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.

## Premium plan options (OrthoPlus riders)

	ML PPO/C-POS* High		ML PPO/C-POS* Select		ML PPO/C-POS* Premium	
Network access	INN	OON	INN	OON	INN	OON
Waiting periods	None		None		None	
Orthodontic options	Child only, adult only or family buy-up available		Child only, adult only or family buy-up available		Child only, adult only or family buy-up available	
OrthoPlus rider type	PPO/ In-network coinsurance		PPO/ In-network coinsurance		PPO/ In-network coinsurance	
Orthodontic lifetime max (not applicable to Copay plans)	\$2,000		\$2,500		\$2,500	

Service	Plan pays		Plan pays		Plan pays	
Comprehensive orthodontic treatment of the transitional dentition	50%		50%		60%	50%
Comprehensive orthodontic treatment of the adolescent dentition	50%		50%		60%	50%
Comprehensive orthodontic treatment of the adult dentition	50%		50%		60%	50%
Periodic orthodontic treatment	50%		50%		60%	50%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.



## Child only plan options detailed overview

	ML Copay	ML PPO/C-POS* Basic		ML EPO/Copay*	ML PPO/C-POS*	
<b>Network access</b>	INN Only	INN	OON	INN Only	INN	OON
<b>Health plan MOOP</b>	Applies	Not applicable		Not applicable	Not applicable	
<b>Health plan deductible</b>	Not applicable	Not applicable		Not applicable	Not applicable	
<b>Annual dental deductible</b> (Per Member / 3x per Family)	None	\$50		\$25	\$25	
<b>Deductible waived for</b>	All services	Preventive & diagnostic services		Preventive & diagnostic services	Not waived	
<b>Annual maximum benefit</b> (Per Member)	Not applicable	\$1,000		\$1,500	\$2,000	
<b>Waiting periods</b>	None	None		None	None	
<b>Office copay</b>	\$30	None		None	None	

Service	Member copay	Plan pays		Plan pays	Plan pays	
Diagnostic and preventive services						
Periodic oral evaluation	\$0	80%	60%	100%	100% aft ded	80% aft ded
Limited oral evaluation	\$0	80%	60%	100%	100% aft ded	80% aft ded
Comprehensive oral evaluation	\$0	80%	60%	100%	100% aft ded	80% aft ded
Intraoral, complete series of radiographic images	\$26	80%	60%	100%	100% aft ded	80% aft ded
Intraoral, periapical, first radiographic image	\$0	80%	60%	100%	100% aft ded	80% aft ded
Intraoral, periapical, each add'l. radiographic image	\$0	80%	60%	100%	100% aft ded	80% aft ded
Bitewings, 2 radiographic images	\$0	80%	60%	100%	100% aft ded	80% aft ded
Bitewings, 4 radiographic images	\$0	80%	60%	100%	100% aft ded	80% aft ded
Panoramic radiographic image	\$30	80%	60%	100%	100% aft ded	80% aft ded
Prophylaxis, adult	\$0	80%	60%	100%	100% aft ded	80% aft ded
Prophylaxis, child	\$0	80%	60%	100%	100% aft ded	80% aft ded
Topical application of fluoride varnish	\$0	80%	60%	100%	100% aft ded	80% aft ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.



## Child only plan options (cont.)

	ML Copay	ML PPO/C-POS* Basic		ML EPO/Copay*	ML PPO/C-POS*	
	Member copay	Plan pays		Plan pays	Plan pays	
<b>Network access</b>	INN Only	INN	OON	INN Only	INN	OON
<b>Restorative services</b>						
Amalgam, 1 surface, primary or permanent	\$41	60% aft ded	40% aft ded	80% aft ded	80% aft ded	60% aft ded
Amalgam, 2 surfaces, primary or permanent	\$51	60% aft ded	40% aft ded	80% aft ded	80% aft ded	60% aft ded
Amalgam, 3 surfaces, primary or permanent	\$64	60% aft ded	40% aft ded	80% aft ded	80% aft ded	60% aft ded
Resin-based composite, 1 surface, posterior	\$73	60% aft ded	40% aft ded	80% aft ded	80% aft ded	60% aft ded
Crown, porcelain fused to predominately base metal	\$523	40% aft ded	40% after ded	50% aft ded	50% aft ded	40% aft ded
<b>Endodontic and periodontal services</b>						
Root canal, Molar (excluding final restoration)	\$512	40% aft ded	40% after ded	50% aft ded	50% aft ded	40% aft ded
Periodontal scaling & root planning, 4 or more teeth per quad	\$109	60% aft ded	40% after ded	80% aft ded	80% aft ded	60% aft ded
Periodontal maintenance	\$74	60% aft ded	40% after ded	80% aft ded	80% aft ded	60% aft ded
<b>Removable prosthodontic services</b>						
Complete denture, maxillary	\$697	40% aft ded	40% after ded	50% aft ded	50% aft ded	40% aft ded
<b>Oral and maxillofacial services</b>						
Extraction, erupted tooth	\$69	60% aft ded	40% after ded	80% aft ded	80% aft ded	60% aft ded
Extraction, erupted tooth with removal of bone	\$133	60% aft ded	40% after ded	80% aft ded	80% aft ded	60% aft ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.

## Child only plan options (OrthoPlus riders)

	ML Copay	ML PPO/C-POS* Basic		ML EPO/Copay*	ML PPO/C-POS*	
Network access	INN Only	INN	OON	INN Only	INN	OON
Waiting period	None	None		None	None	
Orthodontic options	Included with plan	Child only available		Child only available	Child only available	
OrthoPlus rider type	Not available	PPO/ In-network coinsurance		EPO/Copay	PPO/ In-network coinsurance	
Orthodontic lifetime max (not applicable to Copay plans)	None	\$1,000		\$1,000	\$1,000	

Service	Member copay	Plan pays	Plan pays	Plan pays
Comprehensive orthodontic treatment of the transitional dentition	\$3,304	50%	50%	50%
Comprehensive orthodontic treatment of the adolescent dentition	\$3,422	50%	50%	50%
Comprehensive orthodontic treatment of the adult dentition	\$3,658	50%	50%	50%
Periodic orthodontic treatment	\$118	50%	50%	50%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan.

\* Naming convention for plans marketed in Virginia.



## Mid-Large underwriting guidelines

<b>Group size</b>	These plan options are available for groups with over 51 employees enrolling.
<b>Multi plan choice</b>	Groups may offer multiple dental plans to their employees as long as the group meets Health Plan participation requirements.
<b>Contribution requirements</b>	None
<b>Participation requirements</b>	50%
<b>Cosmetic ortho buy-up requirements</b>	A group must have a minimum of 10 enrolled members (excluding waivers). If selected, cosmetic ortho rider must be purchased for all Kaiser Permanente dental plan offerings. Child only dental plans cannot be paired with a family cosmetic rider.
<b>PPO/POS reimbursement</b>	All PPO and POS plans have out-of-network benefits that reimburse at the maximum allowed amount.

### Cosmetic orthodontic benefit options

**Add cosmetic orthodontia and more with our OrthoPlus rider options. Our OrthoPlus rider will enhance dental plan offerings by including coverage for the below services:**

- Limited and comprehensive orthodontic treatment
- Orthodontic visits
- Orthodontic retention, retainers and adjustments
- Repair and replacement of retainers

**Additional services available at the participating dental provider's negotiated fee**

- Additional cleanings
- Veneers
- Implant services
- Occlusal guard adjustment
- Athletic mouthguard
- External bleaching

Please check plan comparison for more plan specific options.

This is only a summary of the dental plan benefits. Limitations and exclusions apply. The Dental Plan Rider, complete Dental Benefit Schedule and Health Plan Evidence of Coverage must be consulted to determine the exact terms, limitations and exclusions of coverage. Groups must meet the terms and conditions.

Learn more about Kaiser Permanente Smile dental plan options by visiting [kp.org/dental/mas](https://kp.org/dental/mas).