

# Total Cosmetic Dental Services™ Overview

**MORE VALUE.  
MORE CHOICES.  
MORE SMILES.**

Save on cosmetic and other dental services through our discount program—available to Kaiser Permanente members and nonmembers.



**KAISER PERMANENTE®**





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## Program overview

The brilliant, healthy smile you've always wanted can now be yours through Kaiser Permanente's Total Cosmetic Dental Services™. Starting at just \$5.30 per month,<sup>1</sup> our program offers discounted fees for cosmetic and other dental services,<sup>2</sup> including:

Teeth whitening	Crowns	Veneers
Bonding	Invisalign®	Cleanings and preventive care
X-rays	Routine care	Orthodontics and more

### You don't have to be a Kaiser Permanente member to join

You can take advantage of all the services this program has to offer, regardless of your member status. If you already have a dental plan that doesn't offer discounts on cosmetic procedures, you can get Total Cosmetic Dental Services in addition to any dental insurance you currently have. Once you join the program, you'll enjoy great benefits, including:

- **Network dentists** who meet highly selective credentialing standards
- **Discounts** of up to 75% on dental procedures<sup>3</sup>
- **Over 2,000 dentists in the Maryland, Virginia, and Washington, DC, area** who participate in the Dominion National network, our dental administrator for this program
- **No deductibles** or annual maximums
- **No surprises**—for the majority of services, the program fee schedule reflects negotiated discounts and shows exactly what you'll pay

<sup>1</sup>For individual enrollment only. A one-time \$18 processing fee will also apply.

<sup>2</sup>When services are received from our contracted dental provider network.

<sup>3</sup>Discounted rates for dental services are negotiated by the Program Administrator with participating providers. These negotiated rates are reflected in the fee schedule as fixed fees.

## See the savings for yourself

### Examples of procedures, fees, and savings:

Procedure description	Regular cost <sup>1</sup>	Discount program cost <sup>2</sup>	\$ Savings	% Savings
Adult cleaning	\$113.37	\$60.00	\$53.37	47%
Child cleaning	\$85.17	\$42.00	\$43.17	51%
Routine checkup	\$66.58	\$30.00	\$36.58	55%
Four bitewing X-rays	\$85.61	\$31.00	\$54.61	64%
Crown (porcelain fused to noble metal)	\$1,344.54	\$599.00	\$745.54	55%
Crown repair	\$286.91	\$138.00	\$148.91	52%
Replace denture teeth	\$219.95	\$77.00	\$142.95	65%
Extraction erupted tooth (single tooth)	\$219.39	\$83.00	\$136.39	62%
External bleaching—per arch	\$576.52	\$200.00	\$376.52	65%
Tooth reimplantation	\$654.83	\$279.00	\$375.83	57%

### To learn more or enroll

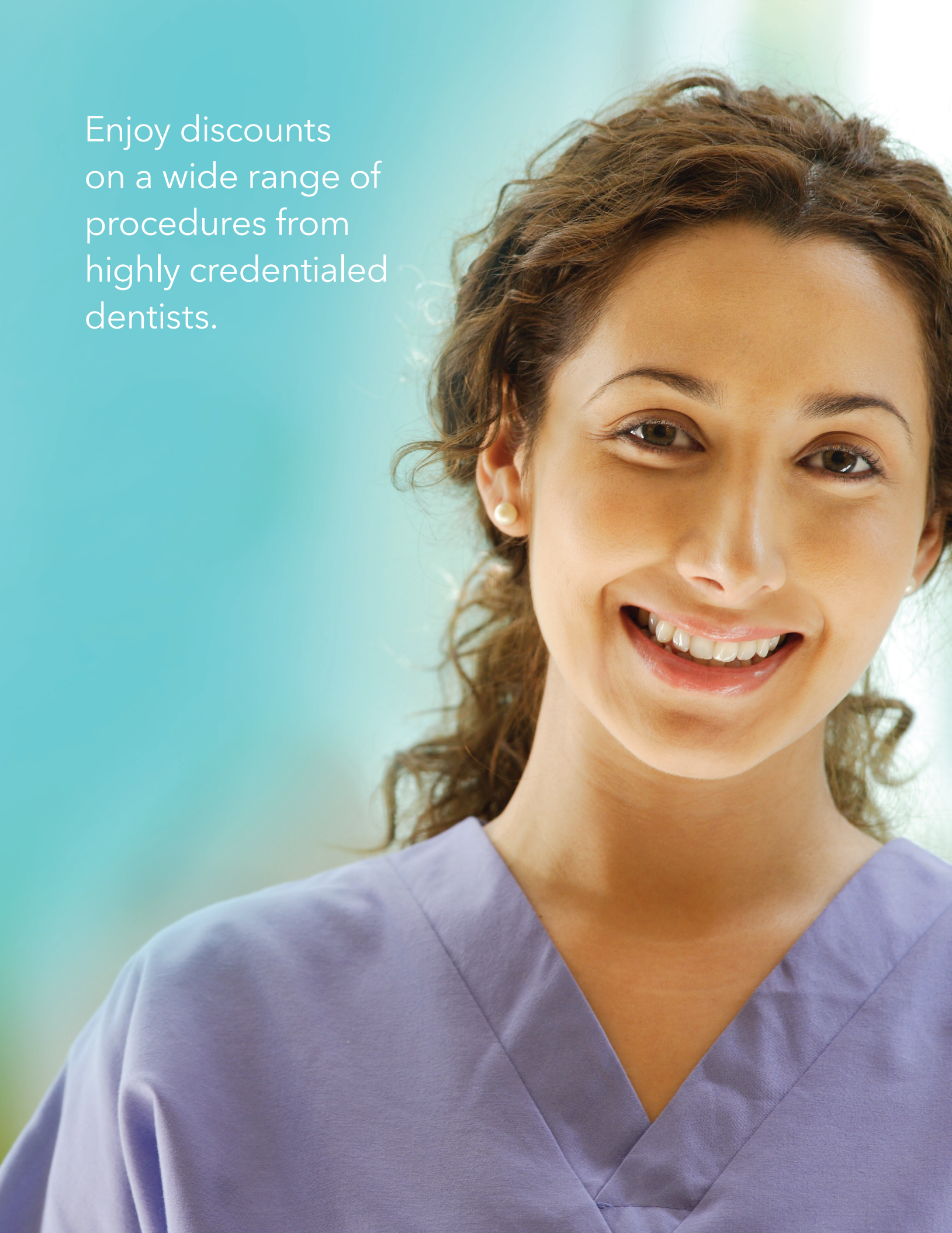
Visit [kp.org/totalcosmeticdentalservices](https://kp.org/totalcosmeticdentalservices) or call Customer Service at **888-271-7310**, Monday through Friday, from 7:30 a.m. to 6 p.m.

<sup>1</sup>Regular cost is based on the national average of the 80th percentile usual and customary rates for Washington, DC, Maryland, and Virginia service areas for Dominion Dental network providers, 2016.

<sup>2</sup>Prices subject to change.



Enjoy discounts  
on a wide range of  
procedures from  
highly credentialed  
dentists.





# Frequently asked questions

**1. How does Total Cosmetic Dental Services work?**

Total Cosmetic Dental Services is a discount dental program. Discount dental programs are not insurance. Program participants pay pre-negotiated discounted rates at participating providers for dental services. Simply contact or visit a participating dentist, verify enrollment in the program, and pay discounted rates for services on the fee schedule.

**2. What services are available with the program?**

This program features discounts on cosmetic and elective dentistry, including popular brands such as Invisalign and Zoom whitening, as well as veneers, bonding, and implants. In addition to cosmetic dental services, discounts on comprehensive dental services and preventive and routine services are covered. A complete listing of services is available at [kp.org/totalcosmeticdentalservices](http://kp.org/totalcosmeticdentalservices).

**3. Do I need to submit claim forms for services?**

No. You simply visit a participating dentist and receive discounts at the time of service.

**4. How do I find a participating dentist?**

There are several ways to find a participating dentist. The easiest way is to search our online dentist directory at [kp.org/totalcosmeticdentalservices](http://kp.org/totalcosmeticdentalservices). You may also contact a Customer Service specialist from 7:30 a.m. to 6 p.m., Monday through Friday, at **888-271-7310** for help in locating a participating dentist.

**5. How much is the program?**

The initial program fee is \$5.30 per month for an individual, \$8.50 for an individual plus one dependent, and \$14.50 for an individual plus two or more dependents. There is also a one-time processing fee of \$18.

**6. How do I arrange for specialty care?**

You may seek care from a specialist without a referral from a general dentist, but they must be a participating dentist in the program.

**7. How do I obtain a printable ID card?**

You will receive an electronic ID card once you enroll in the program. Printable ID cards are also available through our secure online portal at [kp.org/totalcosmeticdentalservices](http://kp.org/totalcosmeticdentalservices).

**8. What information will I receive when I join the program?**

Once you enroll in Total Cosmetic Dental Services, you will receive an electronic ID card and a welcome email with information on how to get started.

**9. What happens if I have a dental emergency?**

Please contact a participating provider to schedule a visit.

**10. When is Customer Service available?**

Customer Service specialists are available from 7:30 a.m. to 6 p.m., Monday through Friday, at **888-271-7310**. After business hours, participants have access to certain functions, such as eligibility verification, using our interactive voice response system, by calling **888-271-7310** and leaving a message.



**11. Is this an insurance plan?**

No. This program is not insurance or health plan coverage. Total Cosmetic Dental Services is a discount plan that provides you with discounted fixed fees on a wide range of dental services.

**12. What am I getting a discount on?**

Participants will receive discounts on dental services and pay a fixed fee for dental services (as illustrated in the fee schedule) at the contracted provider's office.

**13. Can I include dependents on my plan?**

Yes, a spouse of a participant; or an unmarried natural, step, or adopted child of a participant; or children under a participant's legal guardianship, from birth to his/her 26th birthday, can be included in the program and receive discounts.

**14. Where can I obtain services?**

Providers for Total Cosmetic Dental Services are available in Maryland, Virginia, and Washington, DC.

**15. How long will it take me to get into the system after I sign up?**

After you successfully become a participant, either by joining on the website or calling **888-271-7310**, you will receive services the first day of the following month as long as a participating provider's office is open and they provide an appointment for service.

**16. How do I get additional ID cards?**

If you need additional cards for your household, or have lost your card, log in to **kp.org/totalcosmeticdentalservices** to reprint your card.

**17. Can I go to a provider that does not participate in this program?**

In order to obtain discounts on dental services, you must visit a participating provider.

**18. If my doctor or dentist refers me to a specialist who is not in the network, do I still get a discount?**

You will only receive a discount by going to a participating provider. The list of participating dentists can be found at **kp.org/totalcosmeticdentalservices**.

**19. What if I feel the provider overcharged me?**

You can send a copy of your bill and a letter to:

Manager of Complaints and Appeals  
P.O. Box 21522  
Eagan, MN 55121

They will investigate your inquiry, and you will be contacted regarding the findings. You can also call **888-271-7310**.

**20. Do you have providers that are licensed?**

Yes. All providers are licensed and must meet highly selective credentialing standards.

**21. What if I have a complaint about a provider?**

Complaints about services, quality of services, or payment of fees should be brought to the attention of the participating dentist. If the issue is not resolved to your satisfaction, call the Program Administrator at the number shown below or send the complaint in writing to:

Manager of Complaints and Appeals  
P.O. Box 21522  
Eagan, MN 55121  
**888-271-7310**



**22. Once I select a provider, am I assigned to that provider? How often can I change providers?**

You can change providers at any time and household members can select their own providers. Call Customer Service at **888-271-7310** for help finding participating providers or visit [kp.org/totalcosmeticdentalservices](http://kp.org/totalcosmeticdentalservices).

**23. What should I say when I call a provider to make sure they participate?**

Ask if they are a participating provider with Kaiser Permanente's Total Cosmetic Dental Services program.

**24. How do I cancel my membership?**

To cancel participation in the Total Cosmetic Dental Services program, call **888-271-7310** or send a written cancellation notice to:

Total Cosmetic Dental Services  
Cancellation  
P.O. Box 21522  
Eagan, MN 55121

If you cancel within the first 30 days of enrollment, you'll receive a 100% refund less any nominal processing fees—no questions asked.

**25. Can I join this program if I am not a Kaiser Permanente member?**

Yes, you do not need to be a Kaiser Permanente member to join.


**26. I have dental coverage under my Kaiser Permanente medical plan. Can I combine the discounts available under the Total Cosmetic Dental Services program with these benefits to further reduce my costs?**

No. The discount plan cannot be combined or used with any other services or plans.

**27. What should I do if the cost of a procedure at a participating provider is different for the Total Cosmetic Dental Services program and my Kaiser Permanente dental insurance?**

Before utilizing your Total Cosmetic Dental Services program for services, please note that some of the services available to you under this program could also be covered as benefits under other dental insurance coverage you may be enrolled in. Please be sure to compare the services and related costs under the available plans before letting your provider know whether you will be using your Total Cosmetic Dental Services program or another plan for your services.



A close-up portrait of a young woman with long, wavy blonde hair. She is wearing a white knit beanie and a blue and white patterned scarf. She is smiling broadly, showing her teeth. The background is dark and out of focus.

With no deductibles  
or annual maximums,  
our budget-friendly  
service makes  
planning your  
treatments easy.



# Program description

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., ("Program Sponsor"), has developed a cosmetic and other dental services program ("Program") under the laws of the State of Maryland ("Program"). The terms of this Program are described in this Total Cosmetic Dental Services™ Description ("Program Description"). Program Sponsor has contracted with the Program Administrator to operate the Program. Program Sponsor agrees that in exchange for effective enrollment and timely payment of required Program Fees by the Participant, as described and defined below, the Participant will have access to the services available in the Service Area consisting of discounted, fixed dental provider fees described in this Program Description and the attachments hereto (List of Services and Fee Schedule).

## Section I: DEFINITIONS

- A. Participant** means an individual age 18 or older who has completed the required enrollment process as determined by Program Sponsor and has paid the required Program Fees for a period of eligibility under the Program, or who is a properly enrolled Dependent as defined below.
- B. Program Administrator** is:  
Dominion National  
P.O. Box 21522  
Eagan, MN 55121  
**703-518-5000**
- C. Dependent** means the (1), spouse of Participant or (2), unmarried natural, step or adopted children of Participant, or children under the Participant's legal guardianship, from birth to his/her 26th birthday.
- D. Due Date** means the first business day of each calendar month for which a Participant seeks eligibility under the Program.
- E. Fee Schedule** amounts means the amounts shown in the attached List of Services and Fee Schedule. The List of Services and Fee Schedule may be modified by Program Sponsor/Program Administrator as described below. The Fee Schedule shows the amounts due from Participant to a Participating Dentist for each service shown on the List of Services at the time service is rendered. Neither the Program Sponsor nor Program Administrator has any responsibility for any payment to a Participating Dentist for the provision of Program Services or any other services to a Participant. This Program provides no commitments regarding services or fees other than those shown in the List of Services and Fee Schedule.
- F. Nominal Fee** means \$5, which the Plan Sponsor may retain in connection with refunds of Program Fees as described in this Program Description.
- G. Participating Dentist(s)** means those independent licensed dentists who have contracted with the Program Administrator to provide dental services for Program Participants. Participating Dentists are not employees of, nor supervised by, the Program Sponsor.
- H. Program Fees** mean amounts due from the Participant to the Program Sponsor to participate in the Program.
- I. Registration Fee** means the one-time \$18 fee

charged as part of enrollment in the Program.

**J. Service Area** means the locations within Maryland, Virginia, and the District of Columbia in which the Participating Dentists are located and where services are provided.

**K. Discount** means the discounted rates for dental services negotiated by the Program Administrator with participating providers. These negotiated rates are reflected in the fee schedule as fixed fees.

## Section II. REQUIRED DISCLOSURES

**A.** THIS PROGRAM IS NOT INSURANCE OR HEALTH PLAN COVERAGE.

**B.** Participation in this Program entitles Participants to certain fixed fees (as stated in the Fee Schedule) for certain dental services (as shown in the List of Services) offered by dentists who have agreed to participate in the Program (who are Participating Dentists).

**C.** Services available under this Program are located solely within certain regions in Maryland, Virginia, and the District of Columbia, and are subject to change.

**D.** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., the Program Sponsor, does not pay any dentists for services provided to Participants under this Program.

**E.** Participants are required to pay for services provided under this Program, and are entitled to receive the services on the List of Dental Services for the applicable Fee Schedule amount from Participating Dentists.

**F.** The dental services provided by the Program and the Fee Schedule amounts are shown in the List of Services and Fee Schedule. The list of Participating Dentists is found at **[kp.org/totalcosmeticdentalservices](http://kp.org/totalcosmeticdentalservices)**.

**G.** Contact information for the Program Sponsor is:

Kaiser Foundation Health Plan of the  
Mid-Atlantic States, Inc.  
2101 East Jefferson Street  
Rockville, MD 20852

**H.** The following amounts comprise all of the financial terms under this Program: Registration Fee, Program Fees, Fee Schedule amounts due for each Service requested or furnished, and the Nominal Fee that may be retained by the Program Sponsor as described below. All of these amounts are subject to changes as described in this Program Description.

## Section III. EFFECTIVE DATE

All persons who are enrolled in the Program and who paid (or had paid on their behalf) the Program Fee(s) on or prior to the Due Date(s) are eligible to obtain Program Services at the Fees shown herein as of the first day of the following month the registration fee and initial monthly or annual Program fee is made. Payment of the Program Fee is consideration made in exchange for participation in the Program according to the terms of this Program Description. Participation is determined for each calendar month.



## Section IV. TERMINATION OR CANCELLATION

A Participant's eligibility for the Program will terminate upon the following events:

- A.** Upon receipt of written direction from Participant to cancel his/her participation in the Program or Participant can call customer service and request to cancel service. Such notice must provide at least 30 calendar days advance notice of such cancellation (or if insufficient advance notice is given it will be treated as if it provided the required 30 days advance notice). If participation is canceled by Participant within the first 30 calendar days after the initial effective date, Program Sponsor will refund all Program Fees paid by Participant except for the Nominal Fee.
- B.** On the last day of the calendar month for which the last payment of Program Fee was made to the Program Sponsor. A thirty (30) day grace period for payment shall be provided. Eligibility is canceled as of the last day of the grace period if any outstanding Fees remain unpaid as of that day. Termination for failure to make timely payment ends the arrangement for eligibility for the Participant and all Dependents enrolled through the Participant. However, this does not preclude any Dependents age 18 or older from subsequently enrolling in the Program directly as a Participant upon payment of Registration Fee and Program Fee.
- C.** A Dependent under age 26 is no longer eligible to participate in the Program as a Dependent as of the last day of the calendar month in which he/she gets married, emancipated, or turns age 26, whichever occurs first. This does not preclude such Dependent from enrolling in the Program directly as a Participant upon payment of Registration Fee and Program Fee.
- D.** If after reasonable efforts to establish and maintain a satisfactory dentist-patient relationship, the Participating Dentist is unable to do so, the Program Sponsor reserves the right to terminate the enrollment of the Participant and any Dependents enrolled as of the last day of the calendar month.
- E.** Immediately upon written notice if Program Sponsor finds that Participant violated the terms of this Program Description, committed fraud or deception in the use of Services.
- F.** Upon at least one calendar month notice for any reason at the discretion of Program Sponsor, including but not limited to in the event the Program is ending.

In the event of termination by Program Sponsor for reasons other than nonpayment by Participant as described in Section II.B above, Program Sponsor will make a pro rata refund of Program Fees already paid for both the month in which termination occurs and any additional future months, as applicable, based on the effective date of such termination.

Except where (1), Participant cancels within the first 30 days as described in "A" above or (2), Participant prepays for 12 months of participation, no refunds of amounts paid as Program Fees or the Registration Fee are due to the Participant at the conclusion of this arrangement. In the event of termination or cancellation involving a Participant who prepaid for 12 months of access to the Program, Program Sponsor will refund the pro rata portion of Program Fees for months accruing after the last day of the month in which termination/cancellation occurs. Program Sponsor has no obligation regarding Fee Schedule payments made to Participating Dentists under any scenario. No Fee Schedule payments are subject to refund.

## Section V. PROGRAM FEES

- A.** Program Fees are due and payable on or before the end of the calendar month preceding the month for which the Participant seeks eligibility to participate.
- B.** Program Fees may be prepaid up to 12 months in advance.
- C.** Program Fee payments will be debited directly from either a checking account or credit/debit card account as stated in the most recently completed Program Authorization Form on record with Program Sponsor. Participant's payment authorization may be amended upon request by submitting a revised Program Authorization form to Program Sponsor. Any new or revised Payment Authorization terms will be effective within 30 calendar days after the written form is received by Program Sponsor.
- D.** Program Fees may be adjusted by Program Sponsor once every 12 months. In such event Program Sponsor shall provide at least thirty days advance written notice to Participant of such changes.
- E.** The initial Program Fee is \$5.30 per month for individuals, \$8.50 for an individual plus (1), Dependent and \$14.50 for an individual plus (2), or more dependents.

## Section VI. SERVICES

The Services listed in the attached Description of Services and Schedule of Dental Fees are the sole list of services provided by this Program. Only the fees shown on the fee schedule apply and cannot be combined with other discounts, programs and/or services.

Before utilizing your Total Cosmetic Dental Services program for services, please note that some of the services available to you under this program could also be covered as benefits under other dental insurance coverage you may be enrolled in. Please be sure to compare the services and related costs under the available plans before letting your provider know whether you will be using your Total Cosmetic Dental Services program or another plan for your services.

## Section VII. DENTAL RECORDS

The dental records of Participants concerning Services performed hereunder are the property of the Participating Dentist.



## **Section VIII. CHANGES TO PROGRAM DESCRIPTION OR LIST OF SERVICES AND FEE SCHEDULE**

Program Sponsor reserves the right to change the List of Services and/or Fee Schedule or any terms of this Program Description at any time upon at least thirty days prior written notice to Participant. Any such modifications or other communications to Participant shall be made at the address on record with the Program Sponsor, which can be updated upon written notice from Participant in the form and manner prescribed by Program Sponsor. Discounted rates for dental services are negotiated by the Program Administrator with participating providers. These negotiated rates are reflected in the fee schedule as fixed fees and can change annually.

## **Section IX. HOW TO RECEIVE SERVICES**

In order to make an appointment with a Participating Dentist, Participant must directly contact the selected dental office. At the time of service Participant must show Program ID Card or some other legal proof of identity. Also at time of service Participant is required to pay the service Fee directly to the Participating Dentist. All disputes about payment of such Fees are between the Participant and the Participating Dentist and neither Program Sponsor or Program Administrator have any responsibility or liability for those Fees or payments.

## **Section X. NO REPRESENTATION OR WARRANTY; DISCLAIMER OF LIABILITY**

Participant acknowledges that Services are provided by Participating Dentists and arranged by the Program Administrator and that no Services are provided hereunder by Program Sponsor. **PROGRAM SPONSOR MAKES NO REPRESENTATIONS OR WARRANTIES, AND ACCEPTS NO LEGAL LIABILITY OR RESPONSIBILITY, FOR THE SERVICES PARTICIPANT ELECTS TO RECEIVE FROM PARTICIPATING DENTISTS. IN NO EVENT WILL PROGRAM SPONSOR BE LIABLE FOR ANY LOSS OR DAMAGE RESULTING FROM PARTICIPANT'S RECEIPT OF SERVICES FROM PARTICIPATING DENTISTS.**

## **Section XI. COMPLAINTS**

Complaints about program services, terms and conditions, or quality of services or payment of Fees should be brought to the attention of the Participating Dentist. If the issue is not resolved to the Participant's satisfaction, Participant may call the Program Administrator at the number shown below or send the complaint in writing to the Program Administrator at:

Manager of Complaints and Appeals  
P.O. Box 21522  
Eagan, MN 55121  
**888-271-7310**

## **Section XII. OTHER**

This Program Description (including any attachments hereto) and the enrollment application constitute the entire contract between the parties. Any prior agreements, promises, negotiations or representations of or between the parties, either oral or written, relating to the subject matter of this Agreement, which are not expressly set forth in this Agreement are null and void and have no further force or effect.

Participant agrees that this Program Description and the rights and obligations of the parties hereunder shall be construed, interpreted, and enforced in accordance with, and governed by, the laws of State of Maryland.

Participant consents to the exclusive jurisdiction of the state courts for Rockville, Maryland, in connection with any action arising out of or relating to this Agreement. Participant agrees that such venue is proper and waives any objection which they may now or in the future have to any action being brought in any of these courts, and agrees not to plead or claim that any action brought in any of these courts has been brought in an inconvenient forum. The unenforceability or invalidity of any paragraph or subparagraph of this Agreement shall not affect the enforceability and validity of the balance of this Agreement.





Surprises? None.  
There are no hidden  
fees, so you know  
exactly what you're  
going to pay.

## 2021 Schedule of dental fees

Total Cosmetic Dental Services only provides discounted fixed fees for the services listed in the Schedule of Dental Fees; all other items and services are excluded. For a complete description of the terms and conditions of this program, please see your program description. Fees quoted in the General Dentist or Dental Specialist column are the fees (or discount) you pay to that participating provider. If you have any questions concerning this fee schedule, contact customer service for details at **888-271-7310**.

### Program Fees

One-time processing fee: \$18

Individual Participant: \$5.30 per month

Individual plus (1) Dependent: \$8.50 per month

Individual plus (2) or more Dependents: \$14.50 per month

Code	Description	General practitioner	Specialist
D0120	Periodic oral evaluation - established patient	\$30.00	N/A
D0140	Limited oral evaluation - problem focused	\$48.00	N/A
D0145	Oral evaluation - pediatric	\$46.00	N/A
D0150	Comprehensive oral evaluation	\$52.00	N/A
D0170	Re-evaluation - limited, problem focused	\$39.00	N/A
D0180	Comprehensive periodontal evaluation	\$43.00	N/A
D0210	Intraoral - complete series	\$54.00	\$69.00
D0220	Periapical - first radiographic image	\$14.00	\$14.00
D0230	Periapical - each add'l radiograph image	\$11.00	\$11.00
D0240	Intraoral - occlusal radiographic image	\$21.00	\$21.00
D0250	Extraoral - 2D projection radiographic image	\$26.00	\$26.00
D0260	Extraoral - each add'l radiographic image	\$22.00	\$22.00
D0270	Bitewing - single radiographic image	\$14.00	\$14.00
D0272	Bitewings - two radiographic images	\$21.00	\$21.00
D0273	Bitewings - three radiographic images	\$28.00	\$28.00
D0274	Bitewings - four radiographic images	\$31.00	\$31.00
D0277	Vertical bitewings - seven to eight radiographic images	\$47.00	\$47.00
D0330	Panoramic radiographic image	\$43.00	\$55.00
D0340	2D cephalometric radiographic image	\$55.00	\$55.00



Code	Description	General practitioner	Specialist
D0350	2D oral/facial photographic image	\$29.00	\$29.00
D0460	Pulp vitality tests	\$35.00	\$35.00
D0470	Diagnostic casts (study model)	\$57.00	N/A
D1110	Prophylaxis - adult	\$60.00	N/A
D1110* Add'l	Additional cleaning for pregnant or diabetic patients	\$40.00	\$40.00
D1120	Prophylaxis - child	\$42.00	N/A
D1206	Topical application of fluoride varnish	\$24.00	N/A
D1208	Topical application of fluoride	\$22.00	N/A
D1310	Nutritional counseling for control of disease	\$38.00	N/A
D1320	Tobacco counseling	\$56.00	N/A
D1330	Oral hygiene instructions	\$32.00	N/A
D1351	Sealant - per tooth	\$30.00	N/A
D1352	Preventive resin restoration - caries risk	\$30.00	N/A
D1510	Space maintainer - fixed - unilateral	\$200.00	N/A
D1515	Space maintainer - fixed - bilateral	\$278.00	N/A
D1520	Space maintainer - removable - unilateral	\$246.00	N/A
D1525	Space maintainer - removable - bilateral	\$278.00	N/A
D1550	Re-cement or re-bond space maintainer	\$23.00	N/A
D2140	Amalgam - one surface, primary or permanent	\$68.00	N/A
D2150	Amalgam - two surfaces, primary or permanent	\$88.00	N/A
D2160	Amalgam - three surfaces, primary or permanent	\$105.00	N/A
D2161	Amalgam - four or more surfaces, primary or permanent	\$126.00	N/A
D2330	Resin-based composite - one surface, anterior	\$83.00	N/A
D2331	Resin-based composite - two surfaces, anterior	\$105.00	N/A
D2332	Resin-based composite - three surfaces, anterior	\$129.00	N/A
D2335	Resin-based composite - four or more surfaces	\$155.00	N/A
D2390	Crown - resin - based composite, anterior	\$209.00	N/A
D2391	Resin-based composite - one surface, posterior	\$102.00	N/A
D2392	Resin-based composite - two surfaces, posterior	\$135.00	N/A
D2393	Resin-based composite - three surfaces, posterior	\$164.00	N/A
D2394	Resin-based composite - four or more surfaces, posterior	\$195.00	N/A
D2510	Inlay - metallic - one surface	\$480.00	N/A
D2520	Inlay - metallic - two surfaces	\$544.00	N/A
D2530	Inlay - metallic - three or more surfaces	\$595.00	N/A
D2542	Onlay - metallic - two surfaces	\$635.00	N/A

Code	Description	General practitioner	Specialist
D2543	Onlay - metallic - three surfaces	\$645.00	N/A
D2544	Onlay - metallic - four or more surfaces	\$657.00	N/A
D2610	Inlay - porcelain/ceramic - one surface	\$541.00	N/A
D2620	Inlay - porcelain/ceramic - two surfaces	\$576.00	N/A
D2630	Inlay - porcelain/ceramic - three + surfaces	\$665.00	N/A
D2642	Onlay - porcelain/ceramic - two surfaces	\$616.00	N/A
D2643	Onlay - porcelain/ceramic - three surfaces	\$666.00	N/A
D2644	Onlay - porc./ceramic - four or more surfaces	\$710.00	N/A
D2650	Inlay - resin-based composite - one surface	\$498.00	N/A
D2651	Inlay - resin-based composite - two surfaces	\$538.00	N/A
D2652	Inlay - resin-based comp. - three or more surfaces	\$699.00	N/A
D2662	Onlay - resin-based composite - two surfaces	\$568.00	N/A
D2663	Onlay - resin-based composite - three surfaces	\$699.00	N/A
D2664	Onlay - resin-based composite - four or more surfaces	\$662.00	N/A
D2710	Crown - resin (indirect)	\$277.00	N/A
D2712	Crown - 3/4 resin-based composite (indirect)	\$255.00	N/A
D2720	Crown - resin with high noble metal	\$675.00	N/A
D2721	Crown - resin with predominantly base metal	\$601.00	N/A
D2722	Crown - resin with noble metal	\$628.00	N/A
D2740	Crown - porcelain/ceramic substrate	\$730.00	N/A
D2750	Crown - porcelain fused to high noble metal	\$745.00	N/A
D2751	Crown - porc. fused to predom. base metal	\$640.00	N/A
D2752	Crown - porcelain fused to noble metal	\$679.00	N/A
D2780	Crown - 3/4 cast high noble metal	\$724.00	N/A
D2781	Crown - 3/4 cast predominantly base metal	\$566.00	N/A
D2782	Crown - 3/4 cast noble metal	\$611.00	N/A
D2783	Crown - 3/4 porcelain/ceramic	\$628.00	N/A
D2790	Crown - full cast high noble metal	\$675.00	N/A
D2791	Crown - full cast predominantly base metal	\$601.00	N/A
D2792	Crown - full cast noble metal	\$628.00	N/A
D2794	Crown - titanium	\$679.00	N/A
D2910	Re-cement/bond inlay, onlay, veneer or partial	\$68.00	N/A
D2920	Re-cement or re-bond crown	\$68.00	N/A
D2930	Prefabricated stainless steel crown - primary tooth	\$141.00	N/A
D2931	Prefabricated stainless steel crown - perm. tooth	\$186.00	N/A



Code	Description	General practitioner	Specialist
D2932	Prefabricated resin crown	\$254.00	N/A
D2940	Protective restoration (sedative filling)	\$77.00	N/A
D2941	Interim therapeutic restoration	\$49.00	N/A
D2950	Core buildup, incl. any pins when required	\$172.00	N/A
D2951	Pin retention - per tooth, in addition to rest	\$40.00	N/A
D2952	Cast post and core in addition to crown	\$252.00	N/A
D2954	Prefabricated post and core in addition to crown	\$224.00	N/A
D2955	Post removal	\$194.00	N/A
D2960	Labial veneer (resin laminate) - chairside	\$533.00	N/A
D2961	Labial veneer (resin laminate) - laboratory	\$960.00	N/A
D2962	Labial veneer (porcelain laminate) - laboratory	\$1,318.00	N/A
D2970	Temporary crown (fractured tooth)	\$188.00	N/A
D2980	Crown repair	\$138.00	N/A
D3110	Pulp cap - direct (excl. final restoration)	\$47.00	N/A
D3120	Pulp cap - indirect (excl. final restoration)	\$47.00	N/A
D3220	Therapeutic pulpotomy - (excl. final restoration)	\$104.00	\$122.00
D3221	Pulpal debridement, primary and perm. teeth	\$126.00	N/A
D3310	Root canal, anterior tooth	\$439.00	\$505.00
D3320	Root canal, bicuspid tooth	\$525.00	\$604.00
D3330	Root canal, molar	\$687.00	\$789.00
D3333	Internal root repair of perforation defects	N/A	\$225.00
D3346	Retreat of previous root canal therapy - anterior	N/A	\$609.00
D3347	Retreat of previous root canal therapy - bicuspid	N/A	\$812.00
D3348	Retreat of previous root canal therapy - molar	N/A	\$1,047.00
D3410	Apicoectomy/periradicular surgery - anterior	\$422.00	\$524.00
D3421	Apicoectomy/periradicular surgery - bicuspid	\$471.00	\$655.00
D3425	Apicoectomy/periradicular surgery - molar	\$518.00	\$687.00
D3426	Apico./periradicular surgery (each add'l root)	\$314.00	\$371.00
D3427	Periradicular surgery without apicoectomy	\$402.00	\$504.00
D3430	Retrograde filling - per root	\$118.00	\$295.00
D3450	Root amputation - per root	\$205.00	\$330.00
D3920	Hemisection including any root removal	\$258.00	\$305.00
D3950	Canal prep/fitting of preformed dowel or post	\$154.00	\$216.00
D4210	Gingivectomy or gingivoplasty	\$372.00	\$439.00
D4211	Gingivectomy or gingivoplasty	\$161.00	\$190.00

Code	Description	General practitioner	Specialist
D4240	Gingival flap procedure, incl. root planing	\$479.00	\$566.00
D4241	Gingival flap procedure, incl. root planing	\$121.00	\$239.00
D4260	Osseous surgery - 4 or more teeth	\$709.00	\$836.00
D4261	Osseous surgery - 1 to 3 teeth	\$452.00	\$534.00
D4268	Surgical revision procedure, per tooth	\$389.00	\$562.00
D4274	Distal or proximal wedge procedure	\$329.00	\$466.00
D4341	Periodontal scaling and root planing	\$137.00	\$194.00
D4342	Periodontal scaling and root planing	\$99.00	\$117.00
D4355	Full mouth debridement for compl. eval./diag.	\$121.00	\$175.00
D4381	Localized delivery of antimicrobial agents	\$33.00	\$44.00
D4910	Periodontal maintenance	\$83.00	\$110.00
D5110	Complete denture - maxillary	\$845.00	N/A
D5120	Complete denture - mandibular	\$845.00	N/A
D5130	Immediate denture - maxillary	\$910.00	N/A
D5140	Immediate denture - mandibular	\$910.00	N/A
D5211	Maxillary partial denture - resin base	\$653.00	N/A
D5212	Mandibular partial denture - resin base	\$653.00	N/A
D5213	Maxillary partial denture - cast metal	\$906.00	N/A
D5214	Mandibular partial denture - cast metal	\$906.00	N/A
D5225	Maxillary partial denture	\$904.00	N/A
D5226	Mandibular partial denture	\$1,004.00	N/A
D5281	Remov. unilat. partial denture - 1 piece cast metal	\$510.00	N/A
D5410	Adjust complete denture - maxillary	\$79.00	N/A
D5411	Adjust complete denture - mandibular	\$79.00	N/A
D5421	Adjust partial denture - maxillary	\$79.00	N/A
D5422	Adjust partial denture - mandibular	\$79.00	N/A
D5510	Repair broken complete denture base	\$101.00	N/A
D5520	Replace missing or broken teeth - compl. dent.	\$77.00	N/A
D5610	Repair resin denture base	\$102.00	N/A
D5620	Repair cast framework	\$147.00	N/A
D5630	Repair or replace broken clasp	\$139.00	N/A
D5640	Replace broken teeth - per tooth	\$88.00	N/A
D5650	Add tooth to existing partial denture	\$131.00	N/A
D5660	Add clasp to existing partial denture	\$160.00	N/A
D5670	Replace all teeth and acrylic (maxillary)	\$559.00	N/A

Code	Description	General practitioner	Specialist
D5671	Replace all teeth and acrylic (mandibular)	\$559.00	N/A
D5710	Rebase complete maxillary denture	\$344.00	N/A
D5711	Rebase complete mandibular denture	\$331.00	N/A
D5720	Rebase maxillary partial denture	\$265.00	N/A
D5721	Rebase mandibular partial denture	\$265.00	N/A
D5730	Reline complete maxillary denture - chairside	\$214.00	N/A
D5731	Reline complete mandibular denture - chairside	\$215.00	N/A
D5740	Reline maxillary partial denture - chairside	\$212.00	N/A
D5741	Reline mandibular partial denture - chairside	\$212.00	N/A
D5750	Reline complete maxillary denture - laboratory	\$260.00	N/A
D5751	Reline complete mandibular denture - laboratory	\$258.00	N/A
D5760	Reline maxillary partial denture - laboratory	\$250.00	N/A
D5761	Reline mandibular partial denture - laboratory	\$249.00	N/A
D5810	Interim complete denture - maxillary	\$549.00	N/A
D5811	Interim complete denture - mandibular	\$400.00	N/A
D5820	Interim partial denture - maxillary	\$424.00	N/A
D5821	Interim partial denture - mandibular	\$429.00	N/A
D5850	Tissue conditioning, maxillary	\$120.00	N/A
D5851	Tissue conditioning, mandibular	\$121.00	N/A
D6210	Pontic - cast high noble metal	\$610.00	N/A
D6211	Pontic - cast predominantly base metal	\$624.00	N/A
D6212	Pontic - cast noble metal	\$586.00	N/A
D6214	Pontic - titanium	\$571.00	N/A
D6240	Pontic fused to high noble metal	\$755.00	N/A
D6240	Bridge porcelain high noble	\$755.00	N/A
D6241	Pontic - porcelain fused to predom. base metal	\$653.00	N/A
D6242	Pontic - porcelain fused to noble metal	\$679.00	N/A
D6245	Pontic - porcelain/ceramic	\$741.00	N/A
D6250	Pontic - resin with high noble metal	\$745.00	N/A
D6251	Pontic - resin with predominantly base metal	\$707.00	N/A
D6252	Pontic - resin with noble metal	\$717.00	N/A
D6545	Retainer - cast metal for resin bonded fixed	\$270.00	N/A
D6548	Retainer - porcelain/ceramic for resin bonded	\$481.00	N/A
D6600	Retainer inlay - porcelain/ceramic, 2 surfaces	\$400.00	N/A
D6601	Retainer inlay - porcelain/ceramic, 3+ surfaces	\$426.00	N/A



Code	Description	General practitioner	Specialist
D6602	Retainer inlay - cast high noble, 2 surfaces	\$422.00	N/A
D6603	Retainer inlay - cast high noble, 3 or more	\$468.00	N/A
D6604	Retainer inlay - cast predom. base, 2 surfaces	\$422.00	N/A
D6605	Retainer inlay - cast predom. base, 3+ surfaces	\$404.00	N/A
D6606	Retainer inlay - cast noble, 2 surfaces	\$384.00	N/A
D6607	Retainer inlay - cast noble, 3+ surfaces	\$426.00	N/A
D6608	Retainer onlay - porcelain/ceramic, 2 surfaces	\$437.00	N/A
D6609	Retainer onlay - porcelain/ceramic, 3+ surfaces	\$458.00	N/A
D6610	Retainer onlay - cast high noble, 2 surfaces	\$501.00	N/A
D6611	Retainer onlay - cast high noble, 3+ surfaces	\$548.00	N/A
D6612	Retainer onlay - cast predom. base, 2 surfaces	\$431.00	N/A
D6613	Retainer onlay - cast predom. base, 3+ surfaces	\$478.00	N/A
D6614	Retainer onlay - cast noble metal, 2 surfaces	\$454.00	N/A
D6615	Retainer onlay - cast noble, 3+ surfaces	\$501.00	N/A
D6624	Inlay titanium	\$468.00	N/A
D6634	Onlay titanium	\$548.00	N/A
D6720	Retainer crown - resin with high noble metal	\$747.00	N/A
D6721	Retainer crown - resin with predom. base metal	\$656.00	N/A
D6722	Retainer crown - resin with noble metal	\$676.00	N/A
D6740	Retainer crown - porcelain/ceramic	\$741.00	N/A
D6750	Retainer crown - porcelain fused to high noble	\$639.00	N/A
D6751	Retainer crown - porcelain fused to predom. base	\$571.00	N/A
D6752	Retainer crown - porcelain fused to noble	\$599.00	N/A
D6780	Retainer crown - 3/4 cast high noble	\$724.00	N/A
D6781	Retainer crown - 3/4 cast predom. base	\$566.00	N/A
D6782	Retainer crown - 3/4 cast noble	\$578.00	N/A
D6783	Retainer crown - 3/4 porcelain/ceramic	\$808.00	N/A
D6790	Retainer crown - full cast high noble	\$675.00	N/A
D6791	Retainer crown - full cast predom. base	\$601.00	N/A
D6792	Retainer crown - full cast noble metal	\$628.00	N/A
D6794	Retainer crown - titanium	\$659.00	N/A
D6930	Re-cement or re-bond fixed partial denture	\$88.00	N/A
D6940	Stress breaker	\$205.00	N/A
D6975	Coping	\$431.00	N/A
D6980	Fixed partial denture repair	\$206.00	N/A

Code	Description	General practitioner	Specialist
D7111	Coronal remnants - deciduous tooth	\$72.00	\$85.00
D7140	Extraction, erupted tooth or exposed root	\$83.00	\$97.00
D7210	Surgical removal of erupted tooth req elevation	\$149.00	\$176.00
D7220	Removal of impacted tooth - soft tissue	\$183.00	\$216.00
D7230	Removal of impacted tooth - partially bony	\$250.00	\$295.00
D7240	Removal of impacted tooth - completely bony	\$295.00	\$347.00
D7241	Removal of compl. bony impact tooth with complic.	\$363.00	\$429.00
D7250	Surgical removal of residual tooth roots	\$167.00	\$199.00
D7270	Tooth reimpl and/or stabil of acc. displ toot	\$279.00	\$330.00
D7280	Surgical access of an unerupted tooth	\$312.00	\$369.00
D7282	Mobiliz. of erupted or malpos. tooth-aid erup	\$96.00	\$210.00
D7285	Incisional biopsy of oral tissue - hard	\$196.00	\$231.00
D7286	Incisional biopsy of oral tissue - soft	\$184.00	\$216.00
D7291	Transseptal/supra crestal fiberotomy	\$142.00	\$169.00
D7310	Alveolo in conjunction with extractions - per quad	\$150.00	\$177.00
D7311	Alveoloplasty in conjunction with extractions	\$130.00	\$154.00
D7320	Alveolo not in conjunction with extraction - per quad	\$193.00	\$227.00
D7321	Alveoloplasty not in conjunction with extractions	\$40.00	\$84.00
D7471	Removal of lateral exostosis	\$314.00	\$370.00
D7472	Removal of torus palatinus	\$263.00	\$311.00
D7473	Removal of torus mandibularis	\$271.00	\$320.00
D7485	Surgical reduction of osseous tuberosity	\$297.00	\$351.00
D7510	Incision/drainage of abscess - intraoral soft	\$108.00	\$127.00
D7511	Incision and drainage of abscess - intraoral	\$226.00	\$260.00
D7910	Suture of recent small wounds up to 5 cm	\$246.00	\$290.00
D7960	Frenulectomy (frenectomy/frenotomy)	\$266.00	\$314.00
D7963	Frenuloplasty	\$99.00	\$245.00
D7970	Excision of hyperplastic tissue - per arch	\$456.00	\$539.00
D7971	Excision of pericoronal gingiva	\$225.00	\$265.00
D7972	Surgical reduction of fibrous tuberosity	\$78.00	\$185.00
D8070	Comp. ortho treatment of the trans dentition	\$3,304.00	\$3,304.00
D8080	Comp. ortho treatment of the adol. dentition	\$3,658.00	\$3,658.00
D8080	Invisalign comp. ortho treatment of the adol. dentition	15% Discount	15% Discount
D8090	Comp. ortho treatment of the adult dentition	\$3,658.00	\$3,658.00
D8660	Pre-orthodontic treatment exam to monitor	\$413.00	\$413.00

Code	Description	General practitioner	Specialist
D8670	Periodic orthodontic treatment visit	\$118.00	\$118.00
D8680	Orthodontic retention	\$516.00	\$516.00
D9110	Palliative (emerg) treatment of dental pain	\$30.00	\$75.00
D9210	Local anesth. not in conjunction with surgical proc.	\$0.00	N/A
D9211	Regional block anesthesia	\$0.00	N/A
D9212	Trigeminal division block anesthesia	\$0.00	N/A
D9215	Local anesthesia	\$0.00	N/A
D9220	Deep sedation/general anesth - first 30 minutes	\$80.00	\$277.00
D9221	Deep sedation/general anesth - each add'l 15 minutes	\$40.00	\$100.00
D9230	Analg, anxiolysis, nitrous oxide inhalation	\$36.00	\$41.00
D9241	Intrav mod conscious sed./analg - first 30 minutes	\$121.00	\$272.00
D9242	Intrav mod conscious sed./analg - add'l 15 minutes	\$0.00	\$85.00
D9310	Consultation - second opinion	\$59.00	\$96.00
D9439	Office visit/infectious disease cont	\$10.00	\$10.00
D9440	Office visit - after regularly scheduled hours	\$27.00	\$111.00
D9910	Application of desensitizing medicament	\$30.00	\$60.00
D9930	Post-surgical treat. of unusual circumstances	\$48.00	\$48.00
D9940	Occlusal guard, by report	\$338.00	\$519.00
D9950	Occlusion analysis - mounted case	\$169.00	\$169.00
D9951	Occlusal adjustment - limited	\$88.00	\$115.00
D9952	Occlusal adjustment - complete	\$372.00	\$597.00
D9972	External bleaching - per arch	\$265.00	N/A
D9979	Laser whitening - per arch	\$200.00	N/A
D9990	Broken office appointment	\$50.00	\$50.00



## Exclusions and limitations

Total Cosmetic Dental Services only provides discounted fixed fees for the services listed in the Program Fee Schedule. All other items and services are excluded including:

1. Oral Surgery requiring the setting of fractures or dislocations, except as may be otherwise included in the cosmetic and preventive dental services program fee schedule.
2. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations.
3. Dispensing of drugs, except as may be otherwise included in the fee schedule.
4. Hospitalization for any dental procedure.
5. Replacement due to loss or theft of prosthetic appliance.
6. Services related to procedures that are of such a degree of complexity as to not be normally performed by a participating dental provider, unless referred by your general dentist to a dental specialist who will provide dental services at the dental fee for each procedure rendered.
7. Services which are provided without cost to participant by any federal, state, municipal, county, or other political subdivision (with the exception of Medicaid).
8. Services that cannot be performed because of the general health of the patient.
9. Lab fees for excisions and biopsies, except as may be otherwise noted in the cosmetic and preventive dental services program that is described in the Program Description.
10. Procedures requiring fixed prosthodontic restoration, which are necessary for complete oral rehabilitation or reconstruction.
11. Dental expenses incurred in connection with any dental procedure that was started prior to the effective date. Examples include orthodontic work in progress, teeth prepared for crowns, and root canal therapy in progress.

### **Total Cosmetic Dental Services are subject to the following limitations:**

1. Two evaluations per calendar year including a maximum of one comprehensive evaluation.
2. One problem focused exam per calendar year.
3. Discounts for periodic oral exams, prophylaxes (cleanings) and fluoride applications is limited to two times per contract year. One additional cleaning is subject to the discounted fee schedule during pregnancy and for diabetic patients.
4. One topical fluoride or fluoride varnish per calendar year.
5. Two bitewing X-rays are per calendar year.
6. One set of full mouth X-rays or panoramic film every three years.
7. Replacement of a filling if it is more than two years from the original date of placement.
8. Replacement of a bridge, crown or denture if it is more than seven years from the date of original placement.

## Disclosure

This program is not insurance or health plan coverage. Participants have access to cosmetic and other dental procedures through participating providers at fixed discounted fees. Participating providers are located in Maryland, Virginia, and Washington, DC, and are subject to change. Participants are responsible for paying the dentist for services provided and Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. does not pay dentists for service. Participants are required to pay for services provided and can receive the list of dental services including fee schedule from participating dentists or by going to **[kp.org/totalcosmeticdentalservices](http://kp.org/totalcosmeticdentalservices)**. Participants can contact the program sponsor, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. by mail at 2101 East Jefferson Street, Rockville, MD, 20852. Fee schedule amounts are due for each service requested or furnished at the time of service. A nominal fee may be retained by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. if participation is canceled within the first 30 calendar days after the initial effective date. The participant's financial responsibilities are the fee schedule amounts as shown on the latest fee schedule. Before utilizing your Total Cosmetic Dental Services program for services, please note that some of the services available to you under this program could also be covered as benefits under other dental insurance coverage you may be enrolled in. Please be sure to compare the services and related costs under the available plans before letting your provider know whether you will be using your Total Cosmetic Dental Services program or another plan for your services.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the number provided below.

District of Columbia	1-888-271-7310
Maryland	1-888-271-7310
Virginia	1-888-271-7310

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Kaiser Permanente, Attn: Appeals and Correspondence Department, 2101 East Jefferson Street, Rockville, MD 20852, telephone number: 1-800-777- 7902. You can file a grievance by mail or phone. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Help In Your Language

### English

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call **1-888-271-7310**.

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-271-7310**.

### Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-271-7310**。

### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-271-7310**.

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-271-7310**.

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-271-7310** 번으로 전화해 주십시오.

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-271-7310**.

### Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。  
**1-888-271-7310** まで、お電話にてご連絡ください。

### Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี  
โทร **1-888-271-7310**.

### Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।  
**1-888-271-7310** पर कॉल करें।

### Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፡  
ወደ ሚከተለው ቁጥር ይደውሉ **1-888-271-7310**.

### **Farsi**

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-271-7310** تماس بگیرید.

### **Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-271-7310**.

### **German**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-271-7310**.

### **French**

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-271-7310**.

### **Yoruba**

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-888-271-7310**.

### **Portuguese**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-271-7310**.

### **Italian**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-888-271-7310**.

### **Bengali**

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-888-271-7310**।

### **Urdu**

**خبردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-888-271-7310**

### **French Creole**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-271-7310**.

### **Gujarati**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-271-7310**.

