

# SMILE FOR TOTAL HEALTH

A guide to your dental benefits: Small Group Adult Dental HMO (DHMO), Maryland and Virginia



The Adult Dental HMO Plan, available to members 19 and older, emphasizes healthy smiles through the prevention and early detection of dental problems to prevent costly procedures in the future. The combination of predictable costs, no deductibles, and no annual maximums helps you reach a state of good oral health without facing the high treatment cost that's typical of many dental plans.

The Adult Dental HMO Plan provides coverage for more than 250 dental procedures through one of the largest dental provider networks<sup>1</sup> in the Mid-Atlantic area.<sup>2</sup> That means you have your choice of convenient private dental offices where you can receive care.

You pay a \$10 copayment for each office visit, which may include the following preventive care services:

- Oral evaluations
- Routine cleaning
- Certain X-rays

The preventive care procedures covered in this plan account for over 65% of the dental services most frequently performed for adults.<sup>1</sup>

## New member? Get started by choosing a dentist.

Visit [dominionnational.com/kaiserdentists](https://dominionnational.com/kaiserdentists) or call Dominion Member Services at **855-733-7524 (TTY 711)**, Monday through Friday, 7:30 a.m. to 6 p.m.

## Save on restorative care

Extensive care (fillings, crowns, dentures, root canals, periodontal treatment, oral surgery, etc.) is provided at cost sharing lower than the usual and customary charges for these services.

When covered, specialty care services are performed by plan specialists and a different copayment will apply. For a complete copayment schedule, and a list of exclusions and limitations, please refer to your *Evidence of Coverage*, or you can find your plan on [dominionnational.com/kaiserdentists](https://dominionnational.com/kaiserdentists).

<sup>1</sup>Dominion National, based on annual review of utilization data, network survey and analysis report, 3rd quarter 2018.

<sup>2</sup>Mid-Atlantic area includes Washington, DC, and parts of Maryland and Virginia.

## Choose a dentist

You may select any general dentist from among our participating dental providers for yourself. Each eligible family member may use a different participating dentist. For a list of participating dentists or information about a dentist, including office hours, directions, languages spoken, etc., visit [dominionnational.com/kaiserdentists](https://www.dominionnational.com/kaiserdentists) or call Dominion Member Services at **855-733-7524** (TTY **711**), Monday through Friday, 7:30 a.m. to 6 p.m. Specialty care is also available in many locations. To receive treatment from a participating specialist, ask your participating general dentist to arrange a referral. Services received from non-participating dentists are not covered.

## Make appointments

After your effective date of coverage, you can make an appointment with a participating general dentist. Make sure you bring your Kaiser Permanente medical ID card to your appointment. There is no separate dental ID card. And you'll have virtually no paperwork or pre-existing condition exclusions to worry about.

## Quality dental care

You can be confident that your dentist was carefully selected to offer quality care. All participating dentists go through a strict quality assurance program developed in accordance with the National Association of Dental Plans' recommendations. This process confirms that each dentist has the required credentials and has passed a thorough on-site office evaluation.

## Dedicated member service

Quality customer service is an important part of any dental plan. Dominion Member Services specialists are available Monday through Friday, 7:30 a.m. to 6 p.m., to answer questions about coverage or to help you find a participating dentist. Dominion's interactive voice response system is available 24 hours a day for information about participating dental providers in your area or to help you select a dental provider. The most up-to-date list of participating dental providers can be found online.

Toll-free phone: **855-733-7524** (TTY **711**)

Mailing address:  
Dominion National  
P.O. Box 21522  
Eagan, MN 55121

Web: [dominionnational.com/kaiserdentists](https://www.dominionnational.com/kaiserdentists)

## Online self-service options

Dominion provides members with secure online access to:

- Plan information
- Dentist search and dental office transfers
- Contact information
- Member Services requests and general correspondence

All changes are confirmed by email.

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In the event of ambiguity, or a conflict between this summary and the *Evidence of Coverage*, the *Evidence of Coverage* shall control. Dental benefits are underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and administered by Dominion National. This program also includes fixed fees for certain dental services that are not covered benefits.



## Kaiser Permanente Your Small Group Agreement and Evidence of Coverage

*[Throughout this Appendix, the company names, signature, name and title are bracketed to allow for updates without refileing.]*

### **Description of Benefits & Member Copayments for Adult Services (Age 19 and Over)**

<b>ADA Code</b>	<b>Benefit</b>	<b>Member Copayment</b>
<b>Office Visit</b>		
D9439	Office visit	\$10
<b>Diagnostic/Preventive</b>		
D0120	Periodic oral eval - established patient	\$0
D0140	Limited oral eval - problem focused	\$0
D0150	Comprehensive oral eval - new or established patient	\$0
D0160	Detailed and extensive oral eval - problem focused	\$0
D0170	Re-evaluation - limited, problem focused	\$0
D0180	Comp. periodontal eval - new or established patient	\$36
D0210	Intraoral - complete series of radiographic images	\$26
D0220	Intraoral - periapical first radiographic image	\$0
D0230	Intraoral - periapical each add. radiographic image	\$0
D0240	Intraoral - occlusal radiographic image	\$0
D0250	Extraoral – 2D projection radiographic image	\$0
D0270-74	Bitewing x-rays - one to four radiographic images	\$0
D0277	Vertical bitewings - seven to eight radiographic images	\$0
D0330	Panoramic radiographic image	\$30
D0340	2D cephalometric radiographic image	\$0
D0350	2D oral/facial photographic image	\$0
D0351	3D photographic image	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0701	Panoramic radiographic image – image capture only	\$0
D0702	2-D cephalometric radiographic image – image capture only	\$0
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	\$0
D0704	3-D photographic image – image capture only	\$0
D0705	Extra-oral posterior dental radiographic image – image capture only	\$0
D0706	Intraoral – occlusal radiographic image – image capture only	\$0
D0707	Intraoral – periapical radiographic image – image capture only	\$0
D0708	Intraoral – bitewing radiographic image – image capture only	\$0
D0709	Intraoral – complete series of radiographic images – image capture only	\$0
D1110	Prophylaxis (cleaning) - adult	\$0
D1110 <sup>+</sup>	Additional cleaning (expecting mothers or Diabetics)	\$40
D1206	Topical application of fluoride varnish	\$0

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**Your Small Group Agreement and Evidence of Coverage**

<b>ADA Code</b>	<b>Benefit</b>	<b>Member Copayment</b>
D1208	Topical application of fluoride – excluding varnish	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320/30	Oral hygiene instructions	\$0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	\$0
D1354	Application of caries arresting medicament - per tooth	\$0
<b>Restorative Dentistry (Fillings)</b>		
D2140	Amalgam - one surface	\$37
D2150	Amalgam - two surfaces	\$46
D2160	Amalgam - three surfaces	\$58
D2161	Amalgam - >=four surfaces	\$69
D2330	Resin-based composite - one surface, anterior	\$64
D2331	Resin-based composite - two surfaces, anterior	\$76
D2332	Resin-based composite - three surfaces, anterior	\$90
D2335	Resin-based composite - >=four surfaces, anterior	\$109
D2390	Resin-based composite crown, anterior	\$175
D2391	Resin-based composite - one surface, posterior	\$68
D2392	Resin-based composite - two surfaces, posterior	\$80
D2393	Resin-based composite - three surfaces, posterior	\$93
D2394	Resin-based composite - >=four surfaces, posterior	\$112
<b>Crowns and Bridges *</b>		
D2510	Inlay - metallic - one surface	\$390
D2520	Inlay - metallic - two surfaces	\$390
D2530	Inlay - metallic - three or more surfaces	\$407
D2542	Onlay - metallic-two surfaces	\$423
D2543	Onlay - metallic-three surfaces	\$511
D2544	Onlay - metallic-four or more surfaces	\$511
D2610	Inlay - porcelain/ceramic - one surface	\$410
D2620	Inlay - porcelain/ceramic - two surfaces	\$410
D2630	Inlay - porcelain/ceramic - >=3 surfaces	\$427
D2642	Onlay - porcelain/ceramic - two surfaces	\$439
D2643	Onlay - porcelain/ceramic - three surfaces	\$459
D2644	Onlay - porcelain/ceramic - >=4 surfaces	\$459
D2650	Inlay - resin-based composite - one surface	\$425
D2651	Inlay - resin-based composite - two surfaces	\$425
D2652	Inlay - resin-based composite - >=3 surfaces	\$425
D2662	Onlay - resin-based composite - two surfaces	\$429
D2663	Onlay - resin-based composite - three surfaces	\$429
D2664	Onlay - resin-based composite - >=4 surfaces	\$429

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<b>ADA Code</b>	<b>Benefit</b>	<b>Member Copayment</b>
D2710	Crown – resin-based composite (indirect)	\$259
D2712	Crown - 3/4 resin-based composite (indirect)	\$450
D2720/21/22	Crown - resin with metal	\$470
D2740	Crown - porcelain/ceramic	\$531
D2750/51/52	Crown - porcelain fused metal	\$495
D2753	Crown - porcelain fused to titanium and titanium alloys	\$495
D2780/81/82	Crown - 3/4 cast with metal	\$457
D2783	Crown - 3/4 porcelain/ceramic	\$469
D2790/91/92	Crown - full cast metal	\$481
D2794	Crown - titanium and titanium alloys	\$481
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	\$41
D2931	Prefab. stainless steel crown	\$119
D2932	Prefabricated resin crown	\$135
D2940	Protective restoration	\$37
D2950	Core buildup, including any pins	\$120
D2951	Pin retention - per tooth, in addition to restoration	\$22
D2952	Post and core in addition to crown	\$181
D2954	Prefab. post and core in addition to crown	\$148
D2955	Post removal (not in conj. with endo. therapy)	\$101
D2980	Crown repair necessitated by restorative material failure	\$93
D2981	Inlay repair necessitated by restorative material failure	\$93
D2982	Onlay repair necessitated by restorative material failure	\$93
<b>Endodontics<sup>1</sup></b>		
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	\$28 / \$31
D3220	Therapeutic pulpotomy (excl. final restor.)	\$81 / \$90
D3221	Pulpal debridement	\$87 / \$96
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	\$70 / \$77
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	\$120 / \$132
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	\$325 / \$357
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	\$395 / \$435
D3330	Endodontic therapy, molar (excl. final restor.)	\$488 / \$537
D3333	Internal root repair of perforation defects	\$96 / \$106
D3346	Retreat of prev. root canal therapy, anterior	\$356 / \$393
D3347	Retreat of prev. root canal therapy, premolar	\$418 / \$461
D3348	Retreat of prev. root canal therapy, molar	\$527 / \$581
D3410	Apicoectomy - anterior	\$310 / \$342
D3421	Apicoectomy - premolar (first root)	\$333 / \$367
D3425	Apicoectomy - molar (first root)	\$379 / \$418
D3426	Apicoectomy - (each add. root)	\$148 / \$164

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<b>ADA Code</b>	<b>Benefit</b>	<b>Member Copayment</b>
D3430	Retrograde filling - per root	\$113 / \$125
D3450	Root amputation - per root	\$202 / \$223
D3471	Surgical repair of root resorption – anterior	\$310 / \$342
D3472	Surgical repair of root resorption – premolar	\$333 / \$367
D3473	Surgical repair of root resorption – molar	\$379 / \$418
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$310 / \$342
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$333 / \$367
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$379 / \$418
D3920	Hemisection, not inc. root canal therapy	\$202 / \$222
D3921	Decoronation or submergence of an erupted tooth	\$100 / \$110
D3950	Canal prep/fitting of preformed dowel or post	\$125 / \$138
<b>Periodontics<sup>1</sup></b>		
D4210	Gingivectomy or gingivoplasty - >three cont. teeth, per quad.	\$265 / \$292
D4211	Gingivectomy or gingivoplasty - <=three teeth, per quad.	\$94 / \$103
D4240	Gingival flap proc., inc. root planing - >three cont. teeth, per quad	\$324 / \$357
D4241	Gingival flap proc, inc. root planing - <=three cont. teeth, per quad	\$90 / \$99
D4260	Osseous surgery - >three cont. teeth, per quad	\$485 / \$534
D4261	Osseous surgery - <=three cont. teeth, per quad	\$360 / \$396
D4263	Bone replacement graft - retained natural tooth - first site in quad	\$502 / \$553
D4264	Bone replacement graft - retained natural tooth - each add. site in quad	\$393 / \$433
D4265	Biological materials to aid in soft and osseous tissue regeneration, per site	\$275 / \$303
D4268	Surgical revision proc., per tooth	\$329 / \$362
D4270	Pedicle soft tissue graft procedure	\$434 / \$478
D4273	Autogenous connective tissue graft procedure, first tooth	\$540 / \$595
D4274	Mesial/distal wedge procedure, single tooth	\$308 / \$339
D4275	Non-autogenous connective tissue graft	\$576 / \$634
D4277	Free soft tissue graft procedure, first tooth	\$441 / \$486
D4278	Free soft tissue graft procedure, each add. tooth	\$68 / \$75
D4341	Perio scaling and root planing - >three cont teeth, per quad.	\$105 / \$116
D4342	Perio scaling and root planing - <= three teeth, per quad	\$57 / \$63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$39 / \$43
D4355	Full mouth debridement	\$77 / \$86
D4381	Localized delivery of chemotherapeutic agents	\$90 / \$100
D4910	Periodontal maintenance	\$66 / \$73

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<b>ADA Code</b>	<b>Benefit</b>	<b>Member Copayment</b>
<b>Prosthetics (Dentures)</b>		
D5110/20	Complete denture - maxillary/mandibular	\$664
D5130/40	Immediate denture - maxillary/mandibular	\$708
D5211/12	Maxillary/mandibular partial denture - resin base	\$613
D5213/14	Maxillary/mandibular partial denture - cast metal	\$722
D5221/22	Maxillary/mandibular partial denture – resin base	\$613
D5223/24	Maxillary/mandibular partial denture – cast metal	\$722
D5225/26	Maxillary/mandibular partial denture - flexible base	\$722
D5227/28	Immediate maxillary/mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$722
D5282/83	Rem. unilateral partial denture – one-piece cast metal, maxillary/mandibular	\$397
D5284	Rem. unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$397
D5286	Rem. unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	\$397
D5410/11	Adjust complete denture - maxillary/mandibular	\$35
D5421/22	Adjust partial denture - maxillary/mandibular	\$35
D5511	Repair broken complete denture base, mandibular	\$84
D5512	Repair broken complete denture base, maxillary	\$84
D5520	Replace missing or broken teeth - complete denture	\$84
D5611	Repair resin partial denture base, mandibular	\$84
D5612	Repair resin partial denture base, maxillary	\$84
D5621	Repair cast partial framework, mandibular	\$84
D5622	Repair cast partial framework, maxillary	\$84
D5630	Repair or replace broken retentive/clasping material – per tooth	\$112
D5640	Replace broken teeth - per tooth	\$84
D5650	Add tooth to existing partial denture	\$84
D5660	Add clasp to existing partial denture – per tooth	\$112
D5670/71	Replace all teeth and acrylic on cast metal framework	\$263
D5710/11	Rebase complete maxillary/mandibular denture	\$253
D5720/21	Rebase maxillary/mandibular partial denture	\$253
D5725	Rebase hybrid prosthesis	\$253
D5730/31	Reline complete maxillary/mandibular denture (direct)	\$152
D5740/41	Reline maxillary/mandibular partial denture (direct)	\$152
D5750/51	Reline complete maxillary/mandibular denture (indirect)	\$214
D5760/61	Reline maxillary/mandibular partial denture (indirect)	\$214
D5765	Soft liner for complete or partial removable denture – indirect	\$50

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<b>ADA Code</b>	<b>Benefit</b>	<b>Member Copayment</b>
D5810/11	Interim complete denture - maxillary/mandibular	\$333
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular	\$333
D5850/51	Tissue conditioning - maxillary/mandibular	\$75
<b>Bridges and Pontics *</b>		
D6000-D6199	All Implant Services - 15% discount (incl. D0360-D0363 cone beam imaging w/ implants)	
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$57
D6210/11/12	Pontic - metal	\$481
D6240/41/42	Pontic - porcelain fused metal	\$495
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$495
D6245	Pontic - porcelain/ceramic	\$531
D6250/51/52	Pontic - resin with metal	\$470
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$233
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	\$364
D6549	Resin retainer for resin bonded fixed prosthesis	\$233
D6600	Retainer inlay - porc./ceramic, two surfaces	\$410
D6601	Retainer inlay - porc./ceramic, >=three surfaces	\$427
D6602	Retainer inlay - cast high noble metal, two surfaces	\$390
D6603	Retainer inlay - cast high noble metal, >=three surfaces	\$407
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$390
D6605	Retainer inlay - cast predominantly base metal, >=three surfaces	\$407
D6606	Retainer inlay - cast noble metal, two surfaces	\$390
D6607	Retainer inlay - cast noble metal, >=three surfaces	\$407
D6608	Retainer onlay -porc./ceramic, two surfaces	\$439
D6609	Retainer onlay - porc./ceramic, three or more surfaces	\$459
D6610	Retainer onlay - cast high noble metal, two surfaces	\$423
D6611	Retainer onlay - cast high noble metal, >=three surfaces	\$511
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$423
D6613	Retainer onlay - cast predominantly base metal, >=three surfaces	\$511
D6614	Retainer onlay - cast noble metal, two surfaces	\$423
D6615	Retainer onlay - cast noble metal, >=three surfaces	\$511
D6720/21/22	Retainer crown - resin with metal	\$470
D6740	Retainer crown - porcelain/ceramic	\$531
D6750/51/52	Retainer crown - porcelain fused metal	\$495
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$495



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<b>ADA Code</b>	<b>Benefit</b>	<b>Member Copayment</b>
D6780	Retainer crown - 3/4 cast high noble metal	\$457
D6781	Retainer crown - 3/4 cast predominately base metal	\$457
D6782	Retainer crown - 3/4 cast noble metal	\$457
D6783	Retainer crown - 3/4 porc./ceramic	\$469
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$495
D6790/91/92	Retainer crown - full cast metal	\$481
D6794	Retainer crown – titanium and titanium alloys	\$495
D6930	Recement or rebond fixed partial denture	\$66
D6980	Fixed partial denture repair, by report	\$157
<b>Oral Surgery<sup>1</sup></b>		
D7111	Extraction, coronal remnants - primary tooth	\$45 / \$50
D7140	Extraction, erupted tooth or exposed root	\$63 / \$70
D7210	Extraction, erupted tooth req. elev, etc.	\$127 / \$140
D7220	Removal of impacted tooth - soft tissue	\$144 / \$159
D7230	Removal of impacted tooth - partially bony	\$189 / \$208
D7240	Removal of impacted tooth - completely bony	\$227 / \$250
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	\$181 / \$200
D7250	Removal of residual tooth roots	\$136 / \$150
D7251	Coronectomy - intentional partial tooth removal	\$181 / \$200
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	\$211 / \$232
D7280	Exposure of an unerupted tooth	\$111 / \$122
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$41 / \$45
D7310/20	Alveoloplasty, per quad	\$135 / \$149
D7510	Incision and drainage of abscess - intraoral soft tissue	\$91 / \$100
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$25 / \$28
D7961	Buccal/labial frenectomy (frenulectomy)	\$256 / \$282
D7962	Lingual frenectomy (frenulectomy)	\$256 / \$282
D7979	Non-surgical sialolithotomy	\$43 / \$48
<b>Orthodontics</b>		
D8090	Comp. ortho. treatment - adult dentition	\$3658
D8660	Pre-orthodontic treatment visit	\$413
D8670	Periodic ortho. treatment visit (as part of contract)	\$118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	\$413
<b>Adjunctive General Services</b>		
D9110	Palliative (emergency) treatment of dental pain	\$43
D9210/15	Local anesthesia	\$0

**Kaiser Permanente  
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<b>ADA Code</b>	<b>Benefit</b>	<b>Member Copayment</b>
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9219	Evaluation for deep sedation or general anesthesia	\$0
D9222	Deep sedation/general anesthesia - first 15 minutes	\$103
D9223	Deep sedation/general anesthesia each subsequent 15-minute increment	\$103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes	\$103
D9243	IV moderate conscious sedation/analgesia – each subsequent 15-minute increment	\$103
D9310	Consultation (diagnostic service by nontreating dentist)	\$42
D9613	Infiltration of sustained release therapeutic drug, per quadrant	\$190
D9910	Application of desensitizing medicament	\$31
D9930	Treatment of complications (post-surgical)	\$43
D9944	Occlusal guard – hard appliance, full arch	\$298
D9945	Occlusal guard – soft appliance, full arch	\$298
D9946	Occlusal guard – hard appliance, partial arch	\$298
D9950	Occlusion analysis - mounted case	\$81
D9951	Occlusal adjustment - limited	\$62
D9952	Occlusal adjustment - complete	\$255
D9986	Missed appointment	\$50
D9995	Teledentistry – synchronous; real-time encounter	\$0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$0
D9997	Dental case management - patients with special health care needs	\$50

<sup>1</sup> Specialty care is provided at the listed copayment whether performed by a participating General Dentist or a participating Dental Specialist. If the listed procedure contains a (/), the second listed fee represents the copayment due to the participating Dental Specialist after referral.

+ An additional cleaning is available for expecting mothers and Diabetics at the Copayment listed.

\* All fees exclude the cost of noble and precious metals. An additional fee of up to \$100 may be charged if these materials are used.

Only current ADA CDT codes are considered valid by [Dominion Dental Services, Inc.]

*Current Dental Terminology © American Dental Association*

**KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.**

# Kaiser Permanente

## Your Small Group Agreement and Evidence of Coverage

*[Throughout this Appendix, telephone numbers, websites, URLs, days and hours of operation, addresses, website addresses, company names, Dental Administrator section, signature, name and title are bracketed to allow for updates without refiling.]*

### HMO Adult Dental Plan

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This HMO Adult Dental Rider, for Members over age 19, is effective as of the date of your Small Group Agreement and Small Group Evidence of Coverage (EOC) and shall terminate as of the date your Small Group Agreement and Small Group Evidence of Coverage (EOC) terminates.

The following dental services shall be added to the Small Group Evidence of Coverage (EOC) to which this HMO Adult Dental Rider (hereinafter “Rider”) is attached, in consideration of Group’s application and payment of Premium for such Services.

### Definitions

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The following terms, when capitalized and used in any part of this Rider, mean:

**Covered Dental Services:** A range of diagnostic, preventive, restorative, endodontic, periodontic, prosthetic, orthodontic and oral surgery services that are covered under this Rider.

**Covered Preventive Care Dental Services:** These include, but are not limited to: oral evaluation, cleaning and certain diagnostic X-rays.

**Dental Administrator:** The entity that has entered into a contract with the Health Plan to provide or arrange for the provision of Covered Dental Services. The name and information about the Dental Administrator can be found under “General Provisions” below.

**Member Copayment:** The discounted fee that a Participating Dental Provider charges you for a Covered Dental Service. Member Copayments are reviewed annually and subject to change upon renewal and only with sixty (60) days advance notice.

**Dental Specialist:** A Participating Dental Provider that is a dental specialist.

**General Dentist:** A Participating Dental Provider that is a general dentist.

**Participating Dental Provider:** A licensed dentist, either general or specialist, who has entered into an agreement with the Dental Administrator to provide Covered Preventive Care Dental Services and/or other dental services at negotiated contracted rates.

### General Provisions

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Subject to the terms, conditions, limitations, and exclusions specified in the Small Group Evidence of Coverage and this Rider, you may receive Covered Preventive Care Dental and Covered Dental Services from Participating Dental Providers. Services received from non-participating dentists are not covered under this plan except for:

1. Benefits provided under a referral to a non-Participating Dental Provider as described below;
2. Dental emergencies as described below; and
3. Continuity of Care for new Members, as described in **Section 2: How to Get the Care You Need.**

The Health Plan has entered into an agreement with the Dental Administrator to provide Covered Preventive Care Dental Services and certain other Covered dental services through its Participating Dental Providers.

## **Kaiser Permanente Your Small Group Agreement and Evidence of Coverage**

You will receive a list of Covered Preventive Care Dental Services and other Covered Dental Services and the associated Member Copayment that you will be charged for each Service. You will be required to pay a \$10 fixed Copayment for each office visit. Please refer to your list of Covered Procedures for details.

You will pay additional Member Copayments for all other Covered Dental Services you receive from Participating Dental Providers. You will pay the applicable Member Copayment directly to the Participating Dental Provider at the time services are rendered. The Participating Dental Provider has agreed to accept that Member Copayment as payment in full of the Member's responsibility for that procedure. Neither the Health Plan nor Dental Administrator are responsible for payment of these fees or for any fees incurred as the result of receipt of non-Covered Dental Services or any other non-covered dental service. Adult dental benefits are not subject to the Deductible, and your Member Copayments do not apply toward the Out-of-Pocket Maximum shown in the *Summary of Cost Shares Appendix* in this Agreement.

You will receive a list of Participating Dental Providers from the Health Plan or from the Dental Administrator. You should select a Participating Dental Provider, who is a "General Dentist," from whom you will receive Covered Preventive Care Dental Services and other Covered Dental Services. Your covered family members may select the same or a different "General Dentist." Specialty care is also available should such care be required; however, you must be referred to a Dental Specialist by your General Dentist.

### **[Dental Administrator [(Dominion National)]**

The Health Plan has entered into an agreement with [Dominion National] to provide Covered Dental Services as described in this Rider. For questions concerning your dental coverage and/or to obtain a list of Participating Dental Providers, Covered Dental Services and Member Copayments, you may contact [Dominion National Service Team Associates], [Monday through Friday from 7:30 a.m. to 6 p.m. (Eastern Time)], at the following telephone numbers:

Toll Free: [855-733-7524]

TTY Line: [TTY 711]

[Dominion National's Integrated Voice Response System] is available twenty-four (24) hours a day for information about Participating Dental Providers in your area, or to help you select a Participating Dental Provider. The most up-to-date list of Participating Dental Providers can be found at the following website:

[[DominionNational.com/kaiserdentists](http://DominionNational.com/kaiserdentists)]

[Dominion National] also provides many other secure features online at [[DominionNational.com](http://DominionNational.com)]].

### **Missed Appointment Fee**

Participating Dental Providers may charge you an administrative fee if you miss a scheduled dental appointment without giving twenty-four (24) hours advance notice. The fee may vary depending on the Participating Dental Provider, however in no event shall the missed appointment fee exceed \$50 for a single visit. If the Participating Dental Provider charges less than \$50 for a missed appointment, the member will only be responsible for the amount charged.

## **Specialist Referrals**

### **Participating Specialist Referrals**

If, in the judgment of your General Dentist, you require the Services of a specialist, you may be referred to a Dental Specialist who will provide Covered Dental Services. Specialty care is provided at the listed

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copayment whether performed by your participating General Dentist or a participating Dental Specialist. If the listed procedure contains a (/) in the fee schedule, the second listed fee represents the copayment due to the participating Dental Specialist after referral.

### **Non-Participating Specialist Referrals**

Benefits may be provided for referrals to Dental Specialists out-of-network when:

1. You have been diagnosed by your General Dentist with a condition or disease that requires care from a Dental Specialist; and
  - a. The Health Plan and Dental Administrator do not have an in-network Dental Specialist who possesses the professional training and expertise required to treat the condition or disease; or
  - b. The Health Plan and Dental Administrator cannot provide reasonable access to an in-network Dental Specialist with the professional training and expertise to treat the condition or disease without unreasonable delay or travel.

The Member's Cost Share will be calculated as if the provider rendering the Covered Dental Services was an Participating Dental Provider.

If a General Dentist refers you to a non-Participating Dental Provider for Covered Dental Services, the Dental Administrator will be responsible for payment of the charges to the extent the charges exceed the Member Copayments.

If, during the term of this Adult Dental Rider, none of the Participating Dental Providers can render necessary care and treatment to you due to circumstances not reasonably within the control of the Health Plan and Dental Administrator, such as complete or partial destruction of facilities, war, riot, civil insurrection, labor disputes, or the disability of a significant number of the Participating Dental Providers, then you may seek treatment from an independent licensed dentist of your own choosing. The Dental Administrator will pay you for the expenses incurred for the dental services with the following limitations:

1. The Dental Administrator will pay you for services which are listed in the patient charge schedule as "No Charge," to the extent that such fees are reasonable and customary for dentists in the same geographic area;
2. The Health Plan will also pay you for those services for which there is a Copayment, to the extent that the reasonable and customary fees for such services exceed the Copayment for such services as set forth in the patient charge schedule.

You may be required to give written proof of loss within one (1) year of treatment. The Health Plan and Dental Administrator agree to be subject to the jurisdiction of the Insurance Commissioner in any determination of the impossibility of providing services by plan dentists.

### **Standing Referrals to Dental Specialists**

If you suffer from a life-threatening, degenerative, chronic or disabling disease or condition that requires specialized care, your General Dentist may determine, in consultation with you and the Dental Specialist, that you would be best served through the continued care of a Dental Specialist. In such instances, the General Dentist will issue a standing referral to the Dental Specialist.

The standing referral will be made in accordance with a written treatment plan developed by the General Dentist, Dental Specialist, and you. The treatment plan may limit the number of visits to the Dental Specialist or the period of time in which visits to the Dental Specialist are authorized. The Health Plan

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retains the right to require the Dental Specialist to provide the General Dentist with ongoing communication regarding your treatment and dental health status.

### **Extension of Benefits**

In those instances when your coverage with the Health Plan has terminated, we will extend Covered Dental Services, without payment of Premium, in the following instances:

1. If you are in the midst of a course of covered dental treatment at the time your coverage ends, we will continue to provide benefits, in accordance with the Evidence of Coverage and Adult Dental Rider in effect at the time your coverage ended, for a period of ninety (90) days following the date your coverage ended.
2. If you are in the midst of a course of covered orthodontic treatment at the time your coverage ends, we will continue to provide benefits, in accordance with the Evidence of Coverage and Adult Dental Rider in effect at the time your coverage ended, for a period of:
  - a. Sixty (60) days following the date your coverage ended, if the orthodontist has agreed to or is receiving monthly payments; or
  - b. Until the later of sixty (60) days following the date your coverage ended, or the end of the quarter in progress, if the orthodontist has agreed to accept or is receiving payments on a quarterly basis.

To assist us, if you believe you qualify under this “Extension of Benefits” provision, please notify us in writing.

### **Extension of Benefits Limitations**

The “Extension of Benefits” section listed above does not apply to the following:

1. When coverage ends because of your failure to pay Premium;
2. When coverage ends as the result of you committing fraud or material misrepresentation;
3. When coverage is provided by another health plan and that health plan’s coverage:
  - a. Is provided at a cost to you that is less than or equal to the cost to you of the extended benefit available under this Rider; and
  - b. Will not result in an interruption of the Covered Dental Services you are receiving.

## **Dental Emergencies**

### **Out of Area**

When a dental emergency occurs when you are more than fifty (50) miles from your General Dentist, the Dental Administrator will reimburse the non-participating provider directly. If the Member has already paid the charges, the Dental Administrator will reimburse the Member (upon proof of payment) instead of paying the provider directly for Covered Dental Services that may have been provided. Reimbursement to the Member is not to exceed \$100 per incident. Services are limited to those procedures not excluded under Plan limitations and exclusions.

Proof of payment must be submitted to the Dental Administrator by provider within one hundred eighty (180) days of treatment. The Dental Administrator will allow Members to submit claims up to one (1) year after the date of service. However, a Member’s legal incapacity shall suspend the time to submit a claim, and the suspension period ends when legal capacity is regained. Failure to submit a claim within one (1) year after the date of services does not invalidate or reduce the amount of the claim if it was not reasonably possible to submit the claim within one (1) year after the date of services, and the claim is submitted within

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two (2) years after the date of service. Benefits payable under this contract for any loss will be paid immediately or within the time required by state regulations after receipt of proof of loss that contains the required supporting documentation. If the Dental Administrator fails to pay claim within the time required by state regulations, it will pay interest from the date on which payment is required to the date the claim is paid.

Proof of loss should be mailed to:

[Dominion National  
P.O. Box 211424  
Eagan, MN 55121]

Coverage is provided for emergency dental treatment as may be required to alleviate pain, bleeding, or swelling. Coverage is limited to those procedures not excluded under Plan limitations and exclusions. You must receive all post-emergency care from your Participating Dental Provider.

### **In Area**

When you have a dental emergency within the Service Area, but are unable to make arrangements to receive care through your General Dentist, treatment must be pre-authorized by contacting the Dental Administrator at [855-733-7524].

## **Exclusions and Limitations**

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### **Plan Exclusions**

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Dental Administrator.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Dental Administrator, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized or otherwise approved by such office or the Health Plan or Dental Administrator as shown above (except for dental emergencies as described above; and Continuity of Care for new Members, as described in **Section 2: How to Get the Care You Need**).
12. Services related to the treatment of TMD (Temporomandibular Disorder).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist or Dental Specialist.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Dental Administrator.

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15. The Invisalign system and similar appliances are not a covered benefit. Patient Copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

### **Adult Dental Limitations**

1. Two (2) evaluations are covered per Plan year per patient including a maximum of one (1) comprehensive evaluation, which is limited to once per Plan year.
2. One (1) problem focused exam is covered per Plan year per patient.
3. Two (2) teeth cleanings (prophylaxis) are covered per Plan year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per Plan year per patient.
5. Two (2) sets of bitewing X-rays are covered per Plan year per patient.
6. One (1) set of full mouth X-rays or panoramic film is covered every three (3) years per patient.
7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime.
8. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
9. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
10. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25 percent.
11. Relining and rebasing of dentures is covered once every twenty-four (24) months per patient.
12. Soft liner for complete or partial removable denture – indirect, limited to one (1) per 12 months.
13. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
14. Root planing or scaling is covered once every twenty-four (24) months per quadrant per patient.
15. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two (2) years.
16. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, limited to once per two years.
17. Full mouth debridement is covered once per lifetime per patient.
18. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant or a total of twelve (12) teeth for all four (4) quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
19. Periodontal surgery of any type, including any associated material, is covered once every thirty-six (36) months per quadrant or surgical site per patient.
20. Periodontal maintenance after active therapy is covered twice per Plan year, within twenty-four (24) months after definitive periodontal therapy, per patient.
21. Coronectomy - intentional partial tooth removal, once per lifetime.
22. Teledentistry, synchronous (D9995) or asynchronous (D9996), must be accompanied by a covered procedure.

Only current ADA CDT codes are considered valid by the Dental Administrator.

*Current Dental Terminology © American Dental Association*