

SMILE FOR TOTAL HEALTH

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



Adult Dental HMO Plan

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 cost of treatment 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 networks¹ in the Mid-Atlantic area.² 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 evaluation
- Topical application of fluoride
- Certain X-ray procedures

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

New member? Get started by choosing a dentist.

Visit 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.

¹Dominion National, based on annual review of utilization data, network survey and analysis report, 3rd Quarter 2018.

²The 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 and/or any eligible family member. 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 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. 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 and no 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 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)

Fax: 855-485-0115

Mailing address:
Dominion National
251 18th St. S., Suite 900
Arlington, VA 22202

Web: 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.

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.



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Description of Benefits & Member Copayments for Adult Services (age 19 and over)

ADA CODE	BENEFIT	MEMBER COPAYMENT
D9439	Office visit	10
DIAGNOSTIC/PREVENTIVE		
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 - 1 to 4 radiographic images	0
D0277	Vertical bitewings - 7 to 8 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
D1110	Prophylaxis (cleaning) - adult	0
D1110*	Additional cleaning (expecting mothers or Diabetics)	40
D1206	Topical application of fluoride varnish	0
D1208	Topical application of fluoride – excluding varnish	0
D1310	Nutritional counseling for control of dental disease	0
D1320/30	Oral hygiene instructions	0
D1354	Interim caries arresting medicament application - per tooth	0
RESTORATIVE DENTISTRY (FILLINGS)		
D2140	Amalgam - one surface	37
D2150	Amalgam - two surfaces	46
D2160	Amalgam - three surfaces	58
D2161	Amalgam - >=4 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 - >=4 surfaces, anterior	109
D2390	Resin-based composite crown, anterior	175

ADA CODE	BENEFIT	MEMBER COPAYMENT
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 - >=4 surfaces, posterior	112
CROWNS & BRIDGES*		
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
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
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
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

ADA CODE	BENEFIT	MEMBER COPAYMENT
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
ENDODONTICS		
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	28
D3220	Therapeutic pulpotomy (excl. final restor.)	81
D3221	Pulpal debridement	87
D3310	Endodontic therapy, anterior tooth	325
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	395
D3330	Endodontic therapy, molar (excl. final restor.)	488
D3333	Internal root repair of perforation defects	96
D3346	Retreat of prev. root canal therapy, anterior	356
D3347	Retreat of prev. root canal therapy, premolar	418
D3348	Retreat of prev. root canal therapy, molar	527
D3410	Apicoectomy - anterior	310
D3421	Apicoectomy - premolar (first root)	333
D3425	Apicoectomy - molar (first root)	379
D3426	Apicoectomy - (each add. root)	148
D3430	Retrograde filling - per root	113
D3450	Root amputation - per root	202
D3920	Hemisection, not inc. root canal therapy	202
D3950	Canal prep/fitting of preformed dowel or post	125
PERIODONTICS		
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	265
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	94
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	324
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	90
D4260	Osseous surgery - >3 cont. teeth, per quad	485
D4261	Osseous surgery - <=3 cont. teeth, per quad	360
D4263	Bone replacement graft - retained natural tooth - first site in quad	502
D4264	Bone replacement graft - retained natural tooth - each add. site in quad	393
D4265	Biological materials to aid in soft and osseous tissue regeneration	275
D4268	Surgical revision proc., per tooth	329
D4270	Pedicle soft tissue graft procedure	434
D4273	Autogenous connective tissue graft procedure, first tooth	540
D4274	Mesial/distal wedge procedure, single tooth	308
D4275	Non-autogenous connective tissue graft	576
D4277	Free soft tissue graft procedure, first tooth	441
D4278	Free soft tissue graft procedure, each add. tooth	68

ADA CODE	BENEFIT	MEMBER COPAYMENT
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	105
D4342	Perio scaling and root planing - <= 3 teeth, per quad	57
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	39
D4355	Full mouth debridement	77
D4381	Localized delivery of chemotherapeutic agents	90
D4910	Periodontal maintenance	66

PROSTHETICS (DENTURES)

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
D5282/83	Rem. unilateral partial denture - one piece cast metal, maxillary/mandibular	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
D5730/31	Reline complete maxillary/mandibular denture (chairside)	152
D5740/41	Reline maxillary/mandibular partial denture (chairside)	152
D5750/51	Reline complete maxillary/mandibular denture (lab)	214
D5760/61	Reline maxillary/mandibular partial denture (lab)	214
D5810/11	Interim complete denture - maxillary/mandibular	333
D5820/21	Interim partial denture - maxillary/mandibular	333
D5850/51	Tissue conditioning - maxillary/mandibular	75

ADA CODE	BENEFIT	MEMBER COPAYMENT
BRIDGES & PONTICS*		
D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT		
(incl. D0360-D0363 cone beam imaging w/ implants)		
	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	
D6081		57
D6210/11/12	Pontic - metal	481
D6240/41/42	Pontic - porcelain fused metal	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, >=3 surfaces	427
D6602	Retainer inlay - cast high noble metal, two surfaces	390
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	407
D6604	Retainer inlay - cast predominantly base metal, two surfaces	390
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	407
D6606	Retainer inlay - cast noble metal, two surfaces	390
D6607	Retainer inlay - cast noble metal, >=3 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, >=3 surfaces	511
D6612	Retainer onlay - cast predominantly base metal, two surfaces	423
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	511
D6614	Retainer onlay - cast noble metal, two surfaces	423
D6615	Retainer onlay - cast noble metal, >=3 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
D6780	Retainer crown - 3/4 cast high noble metal	457
D6781	Retainer crown - 3/4 cast predominantly base metal	457
D6782	Retainer crown - 3/4 cast noble metal	457
D6783	Retainer crown - 3/4 porc./ceramic	469
D6790/91/92	Retainer crown - full cast metal	481
D6930	Recement or rebond fixed partial denture	66
D6980	Fixed partial denture repair, by report	157
ORAL SURGERY		
D7111	Extraction, coronal remnants - primary tooth	45

ADA CODE	BENEFIT	MEMBER COPAYMENT
D7140	Extraction, erupted tooth or exposed root	63
D7210	Extraction, erupted tooth req. elev, etc.	127
D7220	Removal of impacted tooth - soft tissue	144
D7230	Removal of impacted tooth - partially bony	189
D7240	Removal of impacted tooth - completely bony	227
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	181
D7250	Removal of residual tooth roots	136
D7251	Coronectomy - intentional partial tooth removal	181
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	211
D7280	Exposure of an unerupted tooth	111
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	41
D7310/20	Alveoloplasty, per quad	135
D7510	Incision and drainage of abscess - intraoral soft tissue	91
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	256
D7979	Non-surgical sialolithotomy	43
ORTHODONTICS		
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
ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment of dental pain	43
D9210/15	Local anesthesia	0
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)	43
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	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

ADA CODE	BENEFIT	MEMBER COPAYMENT
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	20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	20

♦ All fees exclude the cost of noble and precious metals. An additional fee will 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 PERMANENTE®

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

2101 East Jefferson Street
Rockville, Maryland 20852

HMO PLAN

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 (Rider) is attached, in consideration of Group's application and payment of Premium for such Services.

I. DEFINITIONS

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, prosthetics, orthodontic and oral surgery services that are covered under this Rider.

Covered Preventive Care Dental Services includes, but is not limited to oral evaluation, cleaning and certain diagnostic X-rays.

Dental Administrator means the entity that has entered into a contract with 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, see Section II, Paragraph F below.

Member Copayments means the discounted fees that a Participating Dental Provider charges you for a Covered Dental Service. Member Copayments are reviewed annually and subject to change effective January 1st of each year.

Dental Specialist means a Participating Dental Provider that is a dental specialist.

General Dentist means a Participating Dental Provider that is a general dentist.

Participating Dental Provider means a licensed dentist who has entered into an agreement with Dental Administrator to provide Covered Preventive Care Dental Services and/or other dental services at negotiated contracted rates.

II. GENERAL PROVISIONS

- A.** 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 under Section III.B below; (b) dental emergencies as described in Section V. below; and (3) Continuity of Care for new Members, as described in Section 2.
- B.** Health Plan has entered into an agreement with Dental Administrator to provide Covered Preventive Care Dental Services and certain other Covered dental services through its Participating Dental Providers.
- C.** You will receive a list of Covered Preventive Care Dental Services and other Covered Dental Services and the associated Member Copayments that you will be charged for each Service. For some Services, you will be required to pay a combined fixed copayment for all such services provided during each visit. Please refer

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

to your list of Covered Procedures for details. You will pay Member Copayments for certain 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 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 dental fees do not apply toward the Out-of-Pocket Maximum shown in the Summary of Cost Shares Appendix in this Agreement.

D. You will receive a list of Participating Dental Providers from the Health Plan or from 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.

E. Dental Administrator (Dominion National): 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 Member Services specialists, Monday through Friday from 7:30 a.m. to 6:00 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 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

Dominion National also provides many other secure features online at DominionNational.com.

F. Missed Appointment Fee: Participating Dental Providers may charge you an administrative fee if you miss a scheduled dental appointment without giving 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.

III. SPECIALIST REFERRALS

A. 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 to you at the Member Copayment for each procedure rendered.

B. Non-Participating Specialist Referrals

Benefits may be provided for referrals to non-Participating Dental Provider specialists when:

1. You have been diagnosed by your General Dentist with a condition or disease that requires care from a Dental Specialist; and
2. Health Plan and Dental Administrator do not have a Participating Dental Provider Specialist who possesses the professional training and expertise required to treat the condition or disease; or
3. Health Plan and Dental Administrator cannot provide reasonable access to a Dental Specialist

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

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 a 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: 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; 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 ninety (90) days of treatment. 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.

C. Standing Referrals to Dental Specialists

1. 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.
2. 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. Health Plan retains the right to require the Dental Specialist to provide the General Dentist with ongoing communication regarding your treatment and dental health status.

IV. EXTENSION OF BENEFITS

A. In those instances when your coverage with 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 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. 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 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.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

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

B. Extension of Benefit Limitations:

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

1. Coverage ends because of your failure to pay premium;
2. 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’s.
 - 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.

V. DENTAL EMERGENCIES

A. OUT OF AREA

When a dental emergency occurs when you are more than 50 miles from your General Dentist, 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 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 two (2) years after the date of service. Proof of loss should be mailed to: Dominion National, 251 18th Street South, Suite 900, Arlington, VA 22202, ATTN: Accounting Dept. 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.

Failure to provide proof of loss for a dental emergency, or as may be required under Part III-B, within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the proof within the required time, if the proof is furnished as soon as reasonably possible and, except in the absence of legal capacity of the claimant, not later than one year from the time proof is otherwise required.

B. 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.

VI. EXCLUSIONS AND LIMITATIONS

A. 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
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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 by such office or the Health Plan or Dental Administrator under Section III.B above (except for dental emergencies as described in Section V. above; and Continuity of Care for new Members, as described in Section 2).
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. The copayments do not apply when performed by a Dental Specialist. (with the exception of orthodontics). Dental Specialists, if available, have entered into an agreement to provide dental services to members at a negotiated fee schedule. Members must directly contact the Dental Specialist to obtain fees.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Dental Administrator.
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 in 12 months.
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) interim caries arresting medicament application 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 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%.
11. Relining and rebasing of dentures is covered once every 24 months per patient.
12. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
13. Root planing or scaling is covered once every 24 months per quadrant per patient.
14. 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 years.
15. 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.
16. Full mouth debridement is covered once per lifetime per patient.
17. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
18. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.

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19. Periodontal maintenance after active therapy is covered twice per Plan year, within 24 months after definitive periodontal therapy, per patient.
20. Coronectomy - intentional partial tooth removal, once per lifetime.
21. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year (when available).

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

Current Dental Terminology © American Dental Association.

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By: _____

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