

SMILE FOR TOTAL HEALTH

A guide to your dental benefits:
Pediatric Dental HMO



The Pediatric Dental HMO plan emphasizes healthy smiles through the prevention and early detection of dental problems to avoid costly procedures in the future for children up to 19. The combination of predictable costs and no deductibles helps children reach a state of good oral health without facing the high cost of treatment typical of many dental plans.

The Pediatric 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

You pay a \$30 copay for office visits, and a \$0 copay for preventive care procedures such as:

- Oral evaluations
- Routine cleanings
- Certain X-ray procedures
- Topical fluoride

The preventive care procedures covered on this plan account for almost 90% of the most frequently performed services for children.¹ Other covered dental services are provided at a reduced copayment.

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

More extensive care (fillings, crowns, dentures, root canals, periodontal treatment, oral surgery, etc.) is provided at copayments lower than the usual and customary charges for these services. When covered, specialty care is covered at the listed copayment whether performed by a participating general dentist or participating specialist.

For a complete copayment schedule and a list of exclusions and limitations, please refer to your *Agreement or Evidence of Coverage (EOC)*, 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.

²Mid-Atlantic area includes Washington, DC, and parts of Maryland and Virginia.

Choose a dentist

In order to use your pediatric dental benefits, you must select a participating dentist for your child's care. Each eligible family member may use a different participating dentist. To select a participating dentist or for 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 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 your chosen 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 child's 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.

Out-of-pocket maximum

Please refer to your *Evidence of Coverage* for your out-of-pocket maximum.

Dedicated customer service

Quality customer service is an important part of any dental plan. Knowledgeable 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
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. This program also includes fixed fees for certain dental services that are not covered benefits.



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Pediatric Dental Plan
2020 Schedule of Dental Fees

Procedures not shown in this list are not covered. Refer to the Pediatric Dental Plan Rider for a complete description of the terms and conditions of your covered dental benefit.

Fees quoted in the "You pay to Dentist" column apply only when performed by a participating General Dentist or Dental Specialist. If specialty care is required, your general dentist should refer you to a participating specialist except as otherwise described in the Pediatric Dental Plan Rider. Referrals to a participating specialist for specialty care services is strongly advised so as to assist with communications from the general dentist to the treating specialist.

NOTE: If you have any questions concerning this fee schedule, Contact Dominion for details
Toll-free at 1-855-733-7524, Monday through Friday, 7:30 a.m. to 6 p.m., (TTY 711).

ADA CODE	DESCRIPTION OF SERVICES	YOU PAY TO DENTIST
D9439	Office visit	30
DIAGNOSTIC/PREVENTIVE		
D0120	Periodic oral eval - established patient	0
D0140	Limited oral eval - problem focused	0
D0145	Oral eval for a patient under 3 years of age	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
D0210	Intraoral - complete series of radiographic images	26
D0220/30	Intraoral - periapical first 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
D0290	Posterior/anterior or lateral skull bone film	83
D0310	Sialography	370
D0320	Temporomandibular joint arthrogram, incl. injection	562
D0321	Other temporomandibular joint films, by report	120
D0330	Panoramic radiographic image	30
D0340	2D cephalometric radiographic image	0
D0350	2D oral/facial photographic images	0
D0351	3D photographic image	0
D0460	Pulp vitality tests	0

D0470	Diagnostic casts	0
D0486	Accession of brush biopsy sample	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum	0
D0601	Caries risk assessment & documentation, with a finding of low risk	0
D0602	Caries risk assessment & documentation, with a finding of moderate risk	0
D0603	Caries risk assessment & documentation, with a finding of high risk	0
D1110	Prophylaxis (cleaning) – adult	0
D1120	Prophylaxis (cleaning) – child	0
D1206	Topical application of fluoride varnish patients	0
D1208	Topical application of fluoride – excluding varnish	0
D1310	Nutritional counseling for control of dental disease	0
D1320/30	Oral hygiene instructions	0
D1351	Sealant - per tooth	21
D1352	Prev resin rest. mod/high caries risk – perm. tooth	21
D1354	Interim caries arresting medicament application – per tooth	0
SPACE MAINTAINERS		
D1510/20	Space maintainer - fixed/removable - unilateral	143
D1516	Space maintainer - fixed - bilateral, maxillary	198
D1517	Space maintainer - fixed - bilateral, mandibular	198
D1526	Space maintainer - removable - bilateral, maxillary	198
D1527	Space maintainer - removable - bilateral, mandibular	198
D1550	Re-cementation of space maintainer	34
D1555	Removal of fixed space maintainer, by non-originating dentist	44
D1575	Distal shoe space maintainer - fixed – unilateral	143
RESTORATIVE DENTISTRY (FILLINGS)		
D2140	Amalgam - one surface, prim. or perm.	41
D2150	Amalgam - two surfaces, prim. or perm.	51
D2160	Amalgam - three surfaces, prim. or perm.	64
D2161	Amalgam - >=4 surfaces, prim. or perm.	78
RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)		
D2330	Resin-based composite - one surface, anterior	69
D2331	Resin-based composite - two surfaces, anterior	83
D2332	Resin-based composite - three surfaces, anterior	99
D2335	Resin-based composite - >=4 surfaces, anterior	119
D2390	Resin-based composite crown, anterior	192
D2391	Resin-based composite - one surface, posterior	73
D2392	Resin-based composite - two surfaces, posterior	87
D2393	Resin-based composite - three surfaces, posterior	102

D2394	Resin-based composite - ≥ 4 surfaces, posterior	123
	CROWNS & BRIDGES*	
D2510	Inlay - metallic – one surface	407
D2520	Inlay - metallic - two surfaces	407
D2530	Inlay - metallic - three or more surfaces	425
D2542	Onlay - metallic-two surfaces	458
D2543	Onlay - metallic-three surfaces	524
D2544	Onlay - metallic-four or more surfaces	524
D2610	Inlay - porcelain/ceramic - one surface	427
D2620	Inlay - porcelain/ceramic - two surfaces	427
D2630	Inlay - porcelain/ceramic - ≥ 3 surfaces	445
D2642	Onlay - porcelain/ceramic - two surfaces	479
D2643	Onlay - porcelain/ceramic - three surfaces	499
D2644	Onlay - porcelain/ceramic - ≥ 4 surfaces	499
D2650	Inlay - resin-based composite - one surface	440
D2651	Inlay - resin-based composite - two surfaces	440
D2652	Inlay - resin-based composite - ≥ 3 surfaces	440
D2662	Onlay - resin-based composite - two surfaces	444
D2663	Onlay - resin-based composite - three surfaces	444
D2664	Onlay - resin-based composite - ≥ 4 surfaces	444
D2710	Crown - resin based composite (indirect)	272
D2712	Crown - 3/4 resin-based composite (indirect)	485
D2720/21/22	Crown - resin with metal	495
D2740	Crown - porcelain/ceramic	560
D2750/51/52	Crown - porcelain fused metal	523
D2780/81/82	Crown - 3/4 cast with metal	478
D2783	Crown - 3/4 porcelain/ceramic	511
D2790-94	Crown - full cast metal	495
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43
D2930	Prefab. stainless steel crown - prim. tooth	110
D2931	Prefab. stainless steel crown - perm. tooth	121
D2932	Prefabricated resin crown	140
D2933	Prefab. stainless steel crown w/ resin window	271
D2934	Prefab. esthetic coated primary tooth	296
D2940	Sedative filling	39
D2941	Interim therapeutic restoration, primary dentition	31
D2950	Core buildup, including any pins	125
D2951	Pin retention - per tooth, in addition to restoration	22
D2952	Post and core in addition to crown	186
D2954	Prefab. post and core in addition to crown	154
D2955	Post removal (not in conj. with endo. therapy)	105
D2960	Labial veneer (resin laminate) - chairside	434
D2961	Labial veneer (resin laminate) - laboratory	601
D2962	Labial veneer (porcelain laminate) - laboratory	449

D2980	Crown repair, by report	102
D2981	Inlay repair necessitated by restorative material failure	102
D2982	Onlay repair necessitated by restorative material failure	102
D2983	Veneer repair necessitated by restorative material failure	102

PROSTHETICS (DENTURES)

D5110/20	Complete denture - maxillary/mandibular	697
D5130/40	Immediate denture - maxillary/mandibular	722
D5211/12	Maxillary/mandibular partial denture - resin base	649
D5213/14	Maxillary/mandibular partial denture - cast metal	750
D5221	Immediate maxillary partial denture	649
D5222	Immediate mandibular partial denture	649
D5223	Immediate maxillary partial denture	750
D5224	Immediate mandibular partial denture	750
D5225/26	Maxillary/mandibular partial denture - flexible base	750
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	419
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	419
D5410/11	Adjust complete denture - maxillary/mandibular	38
D5421/22	Adjust partial denture - maxillary/mandibular	38
D5511	Repair broken complete denture base, mandibular	87
D5512	Repair broken complete denture base, maxillary	87
D5520	Replace missing or broken teeth - complete denture	87
D5611	Repair resin partial denture base, mandibular	87
D5612	Repair resin partial denture base, maxillary	87
D5621	Repair cast partial framework, mandibular	87
D5622	Repair cast partial framework, maxillary	87
D5630	Repair or replace broken retentive/clasping material – per tooth	115
D5640	Replace broken teeth - per tooth	87
D5650	Add tooth to existing partial denture	87
D5660	Add clasp to existing partial denture - per tooth	115
D5670/71	Replace all teeth and acrylic on cast metal framework	287
D5710/11	Rebase complete maxillary/mandibular denture	260
D5720/21	Rebase maxillary/mandibular partial denture	260
D5730/31	Reline complete maxillary/mandibular denture (chairside)	159
D5740/41	Reline maxillary/mandibular partial denture (chairside)	155
D5750/51	Reline complete maxillary/mandibular denture (lab)	224
D5760/61	Reline maxillary/mandibular partial denture (lab)	224
D5810/11	Interim complete denture - maxillary/mandibular	362
D5820/21	Interim partial denture - maxillary/mandibular	362
D5850/51	Tissue conditioning - maxillary/mandibular	79
D5863	Overdenture - complete maxillary	1694
D5864	Overdenture - partial maxillary	1668
D5865	Overdenture - complete mandibular	1694
D5866	Overdenture - partial mandibular	1668
D5992	Adjustment of prosthetic appliance, by report	24

D5993	Cleaning and maintenance prosthetic appliance	18
BRIDGES & PONTICS*		
D6058	Abutment supported porcelain/ceramic crown	560
D6059/60/61	Abutment porc/metal crown- metal	523
D6066	Implant porc/metal crown	523
	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		63
D6210/11/12	Pontic – metal	495
D6240/41/42	Pontic - porcelain fused metal	523
D6245	Pontic - porcelain/ceramic	560
D6250/51/52	Pontic - resin with metal	495
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393
D6549	Resin retainer - for resin bonded fixed prosthesis	251
D6600	Retainer inlay - porc./ceramic, two surfaces	427
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	445
D6602	Retainer inlay - cast high noble metal, two surfaces	407
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	425
D6604	Retainer inlay - cast predominantly base metal, two surfaces	407
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	425
D6606	Retainer inlay - cast noble metal, two surfaces	407
D6607	Retainer inlay - cast noble metal, >=3 surfaces	425
D6608	Retainer onlay -porc./ceramic, two surfaces	479
D6609	Retainer onlay - porc./ceramic, three or more surfaces	499
D6610	Retainer onlay - cast high noble metal, two surfaces	458
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	524
D6612	Retainer onlay - cast predominantly base metal, two surfaces	458
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	524
D6614	Retainer onlay - cast noble metal, two surfaces	458
D6615	Retainer onlay - cast noble metal, >=3 surfaces	524
D6720/21/22	Retainer crown - resin with metal	495
D6740	Retainer crown - porcelain/ceramic	560
D6750/51/52	Retainer crown - porcelain fused metal	523
D6780	Retainer crown - 3/4 cast high noble metal	470
D6781	Retainer crown - 3/4 cast predominantly base metal	470
D6782	Retainer crown - 3/4 cast noble metal	470
D6783	Retainer crown - 3/4 porc./ceramic	511
D6790/91/92	Retainer crown - full cast metal	495
D6930	Recement or rebond fixed partial denture	69
D6980	Fixed partial denture repair, by report	172

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain	43
D9210/15	Local anesthesia	0
D9211/12	Regional 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 anes - each subsequent 15 min incr	103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes	103
D9243	Intravenous moderate sedation/analgesia-each subsequent 15 min	103
D9248	Non-intravenous conscious sedation	145
D9310	Consultation (diagnostic service by nontreating dentist)	43
D9410	House/extended care facility call	200
D9420	Hospital call	350
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
D9941	Fabrication of athletic mouthguard	102
D9944	Occlusal guard – hard appliance, full arch	272
D9945	Occlusal guard – soft appliance, full arch	272
D9946	Occlusal guard – hard appliance, partial arch	272
D9950	Occlusion analysis - mounted case	104
D9951	Occlusal adjustment – limited	66
D9952	Occlusal adjustment – complete	266
D9986	Missed appointment	50
D9995	Teledentistry – synchronous; real-time encounter	20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	20

ENDODONTICS

D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32
D3220	Therapeutic pulpotomy (excl. final restor.)	81
D3221	Pulpal debridement, prim. and perm. teeth	94
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	160
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	164
D3310	Endodontic therapy, anterior tooth (excl. final restoration)	341
D3320	Endodontic therapy, premolar tooth (excl. final restoration)	418
D3330	Endodontic therapy, molar tooth (excl. final restoration)	512
D3332	Incomp endo. Therapy-inop. or fractured tooth	183
D3333	Internal root repair of perforation defects	105
D3346	Retreat of prev. root canal therapy, anterior	387
D3347	Retreat of prev. root canal therapy, premolar	465
D3348	Retreat of prev. root canal therapy, molar	558

D3351	Apexification/recalcification - initial visit	202
D3352	Apexification/recalcification - interim med. repl.	589
D3353	Apexification/recalcification - final visit	449
D3355	Pulpal regeneration - initial visit	202
D3356	Pulpal regeneration – interim medication replacement	589
D3357	Pulpal regeneration – completion of treatment	449
D3410	Apicoectomy- anterior	323
D3421	Apicoectomy- premolar (first root)	364
D3425	Apicoectomy- molar (first root)	418
D3426	Apicoectomy- (each add. root)	152
D3427	Periradicular surgery w/o apicoectomy	266
D3430	Retrograde filling - per root	119
D3450	Root amputation - per root	234
D3470	Intentional reimplantation	718
D3920	Hemisection, not inc. root canal therapy	234
D3950	Canal prep/fitting of preformed dowel or post	136

PERIODONTICS

D0180	Comp. periodontal eval - new or established patient	0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	100
D4230	Anatomical crown exposure, >=4 teeth per quad.	454
D4231	Anatomical crown exposure, 1-3 teeth per quad.	424
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	345
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	106
D4249	Clinical crown lengthening - hard tissue	576
D4260	Osseous surgery - >3 cont. teeth, per quad	499
D4261	Osseous surgery - <=3 cont. teeth, per quad	392
D4268	Surgical revision proc., per tooth	358
D4274	Mesial/distal wedge procedure, single tooth	308
D4320	Provisional splinting – intracoronal	427
D4321	Provisional splinting – extracoronal	377
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad	63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	45
D4355	Full mouth debridement	89
D4381	Localized delivery of antimicrobial agents	98
D4910	Periodontal maintenance	74
D4920	Unscheduled dressing change by non-treating dentist	84

ORAL SURGERY

D7111	Extraction, coronal remnants - primary tooth	56
D7140	Extraction, erupted tooth or exposed root	69
D7210	Extraction, erupted tooth req. bone cut	133

D7220	Removal of impacted tooth - soft tissue	151
D7230	Removal of impacted tooth - partially bony	196
D7240	Removal of impacted tooth - completely bony	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	217
D7250	Removal of residual tooth roots	141
D7251	Coronectomy-intentional partial tooth removal	217
D7260	Oroantral fistula closure	578
D7270	Tooth reimplant/stabiliz. of acc. evulsed/displaced tooth	226
D7272	Tooth transplantation	615
D7280	Exposure of an unerupted tooth	153
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	387
D7286	Incisional biopsy of oral tissue - soft (all others)	295
D7290	Surgical repositioning of teeth	407
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	60
D7310/20	Alveoloplasty, per quad	141
D7311/21	Alveoloplasty in conj. with/out extractions	141
D7340	Vestibuloplasty - ridge ext. sec. epithel.	923
D7350	Vestibuloplasty - ridge ext. inc. grafts, etc	1776
D7410	Excision of benign lesion up to 1.25 cm	278
D7440	Exc. of malignant tumor- lesion diam. <=1.25cm	608
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm	543
D7460	Removal of benign nonodon cyst/tumor-diam <=1.25cm	516
D7461	Removal of benign nonodon cyst/tumor-diam >1.25cm	718
D7471	Removal of lateral exostosis	351
D7472/73	Removal of torus palatinus/mandibularis	480
D7510	Incision and drainage of abscess - intraoral soft tissue	96
D7520	Incision/drainage of abscess -extra. soft tiss	116
D7550	Partial ostect/sequestrect non-vital bone rem.	336
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	263
D7970	Excision of hyperplastic tissue - per arch	233
D7971	Excision of pericoronal gingiva	131
D7979	Non-surgical sialolithotomy	43
ORTHODONTICS - PRE-AUTHORIZATION REQUIRED		
D8070	Comp. ortho. treatment - transitional dentition	3304
D8080	Comp. ortho. treatment - adolescent dentition	3422
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
D8692	Replacement of lost or broken retainer	179
D8693	Rebonding or recementing fixed retainer	174
D8694	Repair of fixed retainers, includes reattachment	174

* 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.

PEDIATRIC DENTAL PLAN RIDER

This Pediatric Dental Plan Rider is effective as of the date of your Group Agreement and Group Evidence of Coverage (EOC), and shall terminate as of the date your Group Agreement and Group Evidence of Coverage (EOC) terminates.

The following pediatric dental Services, for Members through the end of the month in which the Member turns 19, shall be added to the Group Evidence of Coverage (EOC) to which this Pediatric Dental Rider (Rider) is attached, in consideration of Group's application and payment of Premium for such Services. Coverage continues through the end of the month in which the Member turns 19.

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, periodontics, prosthetics, orthodontic and oral surgery Services that are covered under this Pediatric Dental Plan Rider, and listed in the Pediatric Dental Plan Schedule of Dental Fees attached to the EOC.

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.

Dental Fee means the discounted fees that a Participating Dental Provider charges you for a Covered Dental Service.

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, Covered Dental Services and/or other dental Services at negotiated contracted rates.

Out-of-Pocket Maximum means the Out-of-Pocket Maximum listed in the Summary of Services and Cost Shares Appendix of the EOC to which this Rider is attached.

II. GENERAL PROVISIONS

- A.** Subject to the terms, conditions, limitations, and exclusions specified in this Rider, you may receive Covered Preventive Care Dental and Covered Dental Services from Participating Dental Providers. You may receive Covered Dental Services from a non-Participating Dental Provider for emergencies, urgent care received outside Health Plan's Service Area, and Services obtained pursuant to a referral to a non-participating specialist. Services received from non-Participating Dental Provider 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; (2) dental emergencies as described in Section V. below; and (3) Continuity of Care for new Members, as described in Section 2 of the Evidence of Coverage (EOC).
- 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.** Attached is a list of Covered Preventive Care Dental Services and other Covered Dental Services and the associated Dental Fees that you will be charged for each Service. You will pay a fixed copayment for each office visit. The fixed copayment does not apply to certain preventive Services. You will pay Dental Fees for certain other Covered Dental Services you receive from Participating Dental Providers. You will pay the applicable Dental Fee directly to the Participating Dental Provider at the time Services are rendered. The Participating Dental Provider has agreed to accept that Dental Fee 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. Covered Dental Services are not subject to a Deductible. Copayments and Dental Fees set forth in the attached Pediatric Dental Plan Schedule of Dental Fees apply toward the Out-of-Pocket Maximum in the Summary of Services and Cost Shares of the EOC.
- D.** You will receive a list of Participating Dental Providers from the Health Plan or from Dental Administrator.

You must select a Participating Dental Provider, who is a “General Dentist”, from whom you and your covered family members will receive Covered Preventive Care Dental Services and other Covered Dental Services. Specialty care is also available should such care be required, however, you must be referred to a Dental Specialist for specialty care services by your Participating Dental Provider.

- E. You may obtain a list of Participating Dental Providers, Covered Dental Services and Dental Fees by contacting Dental Administrator or the Health Plan’s Member Services Department Monday through Friday between 7:30 a.m. and 9 p.m. at 1-800-777-7902 or 711 (TTY).
- F. Dental Administrator (Dominion Dental Services USA, Inc., d/b/a Dominion National or “Dominion National”): Health Plan has entered into an agreement with Dominion National to provide Covered Dental Services as described in this Rider. For assistance concerning dental coverage questions or for help finding a Participating Dental Provider, Dominion National Member Services specialists are available Monday through Friday from 7:30 a.m. to 6:00 p.m. (Eastern Time) at 1-855-733-7524 or 711 (TTY).

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:

www.DominionNational.com/kaiserdentists

DOMINION NATIONAL also provides many other secure features online at www.dominionnational.com

- G. **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 Dental Fee 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 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.

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, which 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 Premiums, 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 Pediatric Dental Plan Rider in effect at the time your coverage ended, for a period of 90 days following the date your coverage ended.

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

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 Pediatric Dental Plan 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.

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:
 - 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 OUTSIDE THE SERVICE AREA

When a dental emergency occurs outside the Service Area, 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 or non-participating provider 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. 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 payment 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. You must receive all post-emergency care from your Participating Dental Provider.

VI. PRE-AUTHORIZATION FOR MEDICALLY NECESSARY ORTHODONTIA

The Dental Administrator requires the treating orthodontist to submit a treatment plan prior to initiating Services. The Dental Administrator may request x-rays or other dental records prior to issuing the pre-authorization. The proposed Services will be reviewed and a pre-authorization will be issued to you or the orthodontist, specifying coverage. The pre-authorization is not a guarantee of coverage and is considered valid for 180 days.

VII. OUT-OF-POCKET MAXIMUM

All Dental Fees paid by the Member apply toward the Out-of-Pocket Maximum shown in the Summary of Services and Cost Shares Appendix of the EOC to which this Rider is attached.

VIII. SUBMISSION OF CLAIMS

When you receive Covered Dental Services from a Non-Participating Dental Provider, you are responsible for submitting a claim to us for payment and/or reimbursement.

The Dental Administrator will accept a recognized ADA claim form from the dental provider’s office. Claims can be submitted to Dominion National, P.O. Box 1126, Elk Grove Village, IL 60009. If you would like to request a claim form you may go online at www.dominionnational.com or please call Dental Administrator at the phone number listed above (See Section II.F) to request a claim form. Once you have completed the claim form, you must attach copies of all itemized bills and proof of payment, if any.

If Dental Administrator does not provide the claim form within 15 days, you may submit proof of loss by submitting, within the one (1) year time frame for filing proof of loss stated below, written proof of the occurrence, character, and extent of the loss for which the claim is made.

All itemized bills and/or proof of payment must be submitted within one (1) year of receipt of the covered Services. Failure to submit such a request within one (1) year of receipt of the covered Services will not invalidate

or reduce the amount of the claim, if it was not reasonably possible to submit the request within the aforementioned time frame. If it is not reasonably possible to submit the claim within one (1) year after the date of service, it shall be sent to us no later than two (2) years from the time, proof is otherwise required. A Member's legal incapacity shall suspend the time to submit a claim. Such suspension period ends when legal capacity is regained.

Benefits payable under the Group Evidence of Coverage for any loss will be paid not more than 30 days after receipt of written proof of loss. If a claim is denied in whole or in part, the written notice of the denial will contain the reasons for denial and reference to the pertinent provisions of the Group Evidence of Coverage and this Rider.

If a claim is denied, you or your Authorized Representative may file an appeal in accordance with the "Getting Assistance, Health Care Service Review and Grievance and Appeal Process" section of the Group Evidence of Coverage.

IX. EXCLUSIONS AND LIMITATIONS

A. Exclusions

The following Services are not covered under this Pediatric Dental Plan Rider:

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 Plan.
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 Plan, 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, with the exception of a lost retainer.
10. Procedures not listed as covered benefits under this Rider, or the Pediatric Dental Plan Schedule of Dental Fees attached to the EOC.
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 of the EOC).
12. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). A referral form is required. Participating dentists should refer to Specialty Care Referral Guidelines.
13. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth may be covered subject to review.
14. Any bill, or demand for payment, for a dental Service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.
15. Non-medically necessary orthodontia and Phase I Treatment for Medically Necessary orthodontia are not covered benefits under this policy. The provider agreements create no liability for payment by the Plan, and payments by the member for these Services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #25 concerning Medically Necessary orthodontia.

B. Limitations


Covered Dental Services are subject to the following limitations:

1. One (1) evaluation (D0120, D0145, D0150 or D0160) is covered two (2) times per calendar policy year, per patient.
2. One (1) teeth cleaning (D1110 or D1120) is covered two (2) times per calendar policy year, per patient.
3. One (1) topical fluoride application (D1206 or D1208) is covered two (2) times per calendar policy year, per patient; four (4) fluoride varnish treatments are covered per calendar policy year, per patient for children age three (3) and above; eight (8) topical fluoride varnishes are covered per calendar policy year, per patient up to age two (2).
4. Two (2) bitewing x-rays are covered per calendar policy year, per patient. per provider/location (D0270 does not have a frequency limitation).

5. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years. Panoramic x-rays are limited to ages six (6) and above. No more than one (1) set of x-rays are covered per provider/location.
6. One (1) sealant per tooth is covered per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
7. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime.
8. One (1) space maintainer is covered per 24 months, per quadrant (D1510, D1520 or D1575) or per arch (D1516, D1517, D1526 or D1527), per patient.
9. Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
10. Replacement of a crown or denture is covered if it is more than five (5) years from the date of original placement.
11. Replacement of a prefabricated resin and stainless steel crown (D2930, D2932, D2933, D2934) is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
12. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan.
13. Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
14. Root canal treatment and retreatment of previous root canal are covered once per tooth per lifetime.
15. Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasmy (D4210 or D4212) are limited to one (1) per 24 months, per patient, per quadrant.
16. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years.
17. Full mouth debridement is covered once per 24 months, per patient.
18. One (1) 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, per two (2) years.
19. 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 (4) quadrants per 12 months. Must have pocket depths of five (5) millimeters or greater.
20. Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
21. Periodontal maintenance after active therapy is covered two (2) times per calendar policy year.
22. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
23. All dental Services that are to be rendered in a hospital setting require coordination and approval from both the Dental Administrator and the medical insurer before Services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
24. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of Services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. Non-intravenous conscious sedation is not covered in conjunction with analgesia.
25. Orthodontics is only covered if Medically Necessary as determined by the Dental Administrator. Patient copayments will apply to the routine orthodontic appliance portion of Services only. Additional costs incurred will become the patient's responsibility.
26. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per policy year (when available).

This Rider is subject to all the terms and conditions of the Group Evidence of Coverage to which this Rider is attached. This Rider does not change any of those terms and conditions, unless specifically stated in this Rider.

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

By: 

 Mark Ruszczyk

Vice President, Marketing, Sales & Business Development