

SMILE FOR TOTAL HEALTH

A guide to your dental benefits:
Adult \$10 Preventive Dental



Your dental plan emphasizes healthy smiles through the prevention and early detection of dental problems to avoid 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 \$10 Preventive plan provides coverage—or access to a fixed fee schedule for certain non-covered dental services—for more than 250 dental procedures through one of the largest dental provider networks¹ in the Mid-Atlantic area.² You have your choice of convenient dental offices where you can receive care.

You pay a \$10 copay for each covered preventive care office visit, which includes procedures such as:

- Oral evaluations
- Routine cleaning
- Certain X-ray procedures

The preventive care procedures covered on this plan account for over 65% of dental services most frequently performed for adults.¹ Other listed dental services are available for the fixed fees shown on the fee schedule, which you pay directly to your provider as payment in full.

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 offered at fixed fees lower than the usual and customary charges for these services. Only the services listed in the fee schedule are available for fixed fees, provided the services are performed by plan-participating dentists and specialists. For a complete list of covered benefits, exclusions, limitations, and terms for the fixed fees, 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.

²Mid-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 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 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 customer 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
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.
\$10 Preventive Dental Plan
Schedule of Dental Fees – 2020

Procedures not shown in this list are not covered. Detailed dental benefits may be found in the *Evidences of Coverage* (plan material you will receive following your enrollment in our plan).

Fees quoted in the “Dentist Copay” column apply only when performed by a participating general dentist. If specialty care is required, your general dentist should refer you to a participating specialist. 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. Services received from non-participating dentists are not covered under this plan, except for emergency services, out-of-area urgent care, and referrals to non-participating specialists.

Fixed Copayment \$10: You pay a combined FC of \$10 for any visit during which one or more of the following procedures are performed: (a) an oral exam (D0120, D0140, D0145, D0150, D0170 or D0180); (b) X-rays (D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274, D0277, D0340, D0350 or D0351); (c) a pulp vitality test (D0460); (d) a diagnostic cast (D0470); (e) a routine cleaning (D1110 or D1120); (f) fluoride application (D1206 or D1208); or (g) you are given oral hygiene or counseling instructions (D1310, D1320 or D1330). You pay a separate fee for any other procedure performed.

N/B: No benefit is provided.

NOTE: The Schedule of Dental Fees is reviewed annually and is subject to change at the renewal date each year. Contact Dominion for details at 855-733-7524 or TTY 711, Monday through Friday, 7:30 a.m. to 6 p.m.

ADA CODE	BENEFIT	DENTIST COPAY	SPECIALIST COPAY
DIAGNOSTIC/PREVENTIVE			
D0120	Periodic oral eval - established patient	FC \$10	N/B
D0140	Limited oral eval - problem focused	FC \$10	N/B
D0150	Comprehensive oral eval - new or established patient	FC \$10	N/B
D0170	Re-eval - limited, problem focused	FC \$10	N/B
D0180	Comp. periodontal eval - new or established patient	FC \$10	N/B
D0210	Intraoral - complete series of radiographic images	54	69
D0220	Intraoral - periapical first radiographic image	FC \$10	14
D0230	Intraoral - periapical each add. radiographic image	FC \$10	11
D0240	Intraoral - occlusal radiographic image	FC \$10	21
D0250	Extraoral – 2D projection radiographic image	FC \$10	26
D0270	Bitewing x-rays - single radiographic image	FC \$10	14
D0272	Bitewing x-rays - two radiographic images	FC \$10	21
D0273	Bitewing x-rays - three radiographic images	FC \$10	28
D0274	Bitewing x-rays - four radiographic images	FC \$10	31
D0277	Vertical bitewings - 7 to 8 radiographic images	FC \$10	47
D0330	Panoramic radiographic image	43	55
D0340	2D cephalometric radiographic image	FC \$10	55
D0350	2D oral/facial photographic images	FC \$10	29
D0351	3D photographic image	FC \$10	32
D0460	Pulp vitality tests	FC \$10	35
D0470	Diagnostic casts	FC \$10	N/B
D1110	Prophylaxis (cleaning) - adult	FC \$10	N/B
D1110*	Additional cleaning (expecting mothers and Diabetics)	40	40
D1120	Prophylaxis (cleaning) - child	FC \$10	N/B
D1206	Topical application of fluoride varnish	FC \$10	N/B
D1208	Topical application of fluoride – excluding varnish	FC \$10	N/B
D1310	Nutritional counseling for control of dental disease	FC \$10	N/B
D1320	Tobacco counseling for control and prev. oral disease	FC \$10	N/B
D1330	Oral hygiene instructions	FC \$10	N/B
D1351	Sealant - per tooth	30	N/B
D1352	Prev resin rest. mod/high caries risk – perm. tooth	30	N/B
D1354	Interim caries arresting medicament application – per tooth	15	N/B

D1510	Space maintainer - fixed - unilateral	200	N/B
D1515	Space maintainer - fixed - bilateral	278	N/B
D1520	Space maintainer - removable - unilateral	246	N/B
D1525	Space maintainer - removable - bilateral	278	N/B
D1550	Re-cementation of space maintainer	23	N/B
D1575	Distal shoe space maintainer - fixed – unilateral	200	N/B

RESTORATIVE DENTISTRY (FILLINGS)

D2140	Amalgam - one surface, prim. or perm.	68	N/B
D2150	Amalgam - two surfaces, prim. or perm.	88	N/B
D2160	Amalgam - three surfaces, prim. or perm.	105	N/B
D2161	Amalgam - >=4 surfaces, prim. or perm.	126	N/B
D2330	Resin-based composite - one surface, anterior	83	N/B
D2331	Resin-based composite - two surfaces, anterior	105	N/B
D2332	Resin-based composite - three surfaces, anterior	129	N/B
D2335	Resin-based composite - >=4 surfaces, anterior	163	N/B
D2390	Resin-based composite crown, anterior	216	N/B
D2391	Resin-based composite - one surface, posterior	108	N/B
D2392	Resin-based composite - two surfaces, posterior	143	N/B
D2393	Resin-based composite - three surfaces, posterior	179	N/B
D2394	Resin-based composite - >=4 surfaces, posterior	204	N/B

CROWNS & BRIDGES*

D2510	Inlay- metallic - one surface	493	N/B
D2520	Inlay- metallic - two surfaces	556	N/B
D2530	Inlay - metallic - three or more surfaces	604	N/B
D2542	Onlay - metallic-two surfaces	641	N/B
D2543	Onlay - metallic - three surfaces	653	N/B
D2544	Onlay - metallic - four or more surfaces	657	N/B
D2610	Inlay - porcelain/ceramic - one surface	541	N/B
D2620	Inlay - porcelain/ceramic - two surfaces	576	N/B
D2630	Inlay - porcelain/ceramic - >=3 surfaces	665	N/B
D2642	Onlay - porcelain/ceramic - two surfaces	616	N/B
D2643	Onlay - porcelain/ceramic - three surfaces	666	N/B
D2644	Onlay - porcelain/ceramic - >=4 surfaces	710	N/B
D2650	Inlay - resin-based composite - one surface	498	N/B
D2651	Inlay - resin-based composite - two surfaces	538	N/B
D2652	Inlay - resin-based composite - >=3 surfaces	699	N/B
D2662	Onlay - resin-based composite - two surfaces	568	N/B
D2663	Onlay - resin-based composite - three surfaces	699	N/B
D2664	Onlay - resin-based composite - >=4 surfaces	662	N/B
D2710	Crown - resin based composite (indirect)	277	N/B
D2712	Crown - 3/4 resin-based composite (indirect)	255	N/B
D2720	Crown - resin with high noble metal	675	N/B
D2721	Crown - resin with predom. base metal	601	N/B
D2722	Crown - resin with noble metal	628	N/B
D2740	Crown - porcelain/ceramic	741	N/B
D2750	Crown - porcelain fused to high noble metal	755	N/B
D2751	Crown - porcelain fused to predominantly base metal	653	N/B
D2752	Crown - porcelain fused to noble metal	679	N/B
D2780	Crown - 3/4 cast high noble metal	724	N/B
D2781	Crown - 3/4 cast predominantly base metal	566	N/B
D2782	Crown - 3/4 cast noble metal	611	N/B
D2783	Crown - 3/4 porcelain/ceramic	628	N/B
D2790	Crown - full cast high noble metal	675	N/B
D2791	Crown - full cast predominately base metal	601	N/B
D2792	Crown - full cast noble metal	628	N/B
D2794	Crown – titanium	679	N/B
D2910	Recement inlay	68	N/B
D2920	Recement crown	68	N/B
D2930	Prefab. stainless steel crown - prim. tooth	141	N/B
D2931	Prefab. stainless steel crown - perm. tooth	186	N/B
D2932	Prefabricated resin crown	254	N/B

D2940	Protective restoration	77	N/B
D2941	Interim therapeutic rest., prim. dentition	49	N/B
D2950	Core buildup, including any pins	172	N/B
D2951	Pin retention - per tooth, in addition to restoration	40	N/B
D2952	Post and core in addition to crown	252	N/B
D2954	Prefab. post and core in addition to crown	224	N/B
D2955	Post removal (not in conj. w/ endo therapy)	194	N/B
D2980	Crown repair necessitated by restorative material failure	138	N/B
D2981	Inlay repair necessitated by restorative material failure	138	N/B
D2982	Only repair necessitated by restorative material failure	138	N/B

ENDODONTICS

D3110	Pulp cap - direct (excl. final restoration)	47	N/B
D3120	Pulp cap - indirect (excl. final restoration)	47	N/B
D3220	Therapeutic pulpotomy (excl. final restor.)	104	122
D3221	Pulpal debridement, prim. and perm. teeth	126	N/B
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	482	554
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	576	663
D3330	Endodontic therapy, molar (excl. final restor.)	755	867
D3333	Internal root repair of perforation defects	N/B	225
D3346	Retreat of prev. root canal therapy, anterior	N/B	609
D3347	Retreat of prev. root canal therapy, premolar	N/B	812
D3348	Retreat of prev. root canal therapy, molar	N/B	1047
D3410	Apicoectomy- anterior	422	524
D3421	Apicoectomy- premolar (first root)	471	655
D3425	Apicoectomy- molar (first root)	518	687
D3426	Apicoectomy (each add. root)	314	371
D3427	Periradicular surg. w/o apicoectomy	402	504
D3430	Retrograde filling - per root	118	295
D3450	Root amputation - per root	205	330
D3920	Hemisection, not inc. root canal therapy	258	305
D3950	Canal prep/fitting of preformed dowel or post	154	216

PERIODONTICS

D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	372	439
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	161	190
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	479	566
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	121	239
D4260	Osseous surgery - >3 cont. teeth, per quad	709	836
D4261	Osseous surgery - <=3 cont. teeth, per quad	452	534
D4268	Surgical revision proc., per tooth	389	562
D4274	Mesial/distal wedge procedure, single tooth	329	466
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	137	194
D4342	Perio scaling and root planing - <= 3 teeth, per quad	99	117
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	76	103
D4355	Full mouth debridement	121	175
D4381	Localized delivery of antimicrobial agents	33	44
D4910	Periodontal maintenance	83	110

PROSTHETICS (DENTURES)

D5110	Complete denture - maxillary	845	N/B
D5120	Complete denture - mandibular	845	N/B
D5130	Immediate denture - maxillary	910	N/B
D5140	Immediate denture - mandibular	910	N/B
D5211	Maxillary partial denture - resin base	653	N/B
D5212	Mandibular partial denture - resin base	653	N/B
D5213	Maxillary partial denture - cast metal	906	N/B
D5214	Mandibular partial denture - cast metal	906	N/B
D5221	Immediate maxillary partial denture	653	N/B
D5222	Immediate mandibular partial denture	653	N/B
D5223	Immediate maxillary partial denture	906	N/B
D5224	Immediate mandibular partial denture	906	N/B

D5225	Maxillary partial denture - flexible base	904	N/B
D5226	Mandibular partial denture - flexible base	1004	N/B
D5282	Removable unilateral partial denture - one piece cast metal, maxillary	510	N/B
D5283	Removable unilateral partial denture - one piece cast metal, mandibular	510	N/B
D5410	Adjust complete denture - maxillary	79	N/B
D5411	Adjust complete denture - mandibular	79	N/B
D5421	Adjust partial denture - maxillary	79	N/B
D5422	Adjust partial denture - mandibular	79	N/B
D5511	Repair broken complete denture base, mandibular	101	N/B
D5512	Repair broken complete denture base, maxillary	101	N/B
D5520	Replace missing or broken teeth - complete denture	77	N/B
D5611	Repair resin partial denture base, mandibular	102	N/B
D5612	Repair resin partial denture base, maxillary	102	N/B
D5621	Repair cast partial framework, mandibular	147	N/B
D5622	Repair cast partial framework, maxillary	147	N/B
D5630	Repair or replace broken retentive/clasping material – per tooth	139	N/B
D5640	Replace broken teeth - per tooth	88	N/B
D5650	Add tooth to existing partial denture	131	N/B
D5660	Add clasp to existing partial denture – per tooth	160	N/B
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	559	N/B
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	559	N/B
D5710	Rebase complete maxillary denture	344	N/B
D5711	Rebase complete mandibular denture	331	N/B
D5720	Rebase maxillary partial denture	265	N/B
D5721	Rebase mandibular partial denture	265	N/B
D5730	Reline complete maxillary denture (chairside)	214	N/B
D5731	Reline complete mandibular denture (chairside)	215	N/B
D5740	Reline maxillary partial denture (chairside)	212	N/B
D5741	Reline mandibular partial denture (chairside)	212	N/B
D5750	Reline complete maxillary denture (lab)	260	N/B
D5751	Reline complete mandibular denture (lab)	258	N/B
D5760	Reline maxillary partial denture (lab)	250	N/B
D5761	Reline mandibular partial denture (lab)	249	N/B
D5810	Interim compl. denture - maxillary	549	N/B
D5811	Interim compl. denture - mandibular	400	N/B
D5820	Interim partial denture - maxillary	424	N/B
D5821	Interim partial denture - mandibular	429	N/B
D5850	Tissue conditioning - maxillary	120	N/B
D5851	Tissue conditioning - mandibular	121	N/B

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	99	N/B
D6081			
D6210	Pontic - cast high noble metal	610	N/B
D6211	Pontic - cast predominately base metal	624	N/B
D6212	Pontic - cast noble metal	586	N/B
D6214	Pontic - titanium	571	N/B
D6240	Pontic - porcelain fused to high noble metal	755	N/B
D6241	Pontic - porcelain fused to predominately base metal	653	N/B
D6242	Pontic - porcelain fused to noble metal	679	N/B
D6245	Pontic - porcelain/ceramic	741	N/B
D6250	Pontic - resin w/ high noble metal	745	N/B
D6251	Pontic - resin w/ predominately base metal	707	N/B
D6252	Pontic - resin w/ noble metal	717	N/B
D6545	Ret. - cast metal for resin bonded fixed prosthesis	270	N/B
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	481	N/B
D6549	Resin retainer - for resin bonded fixed prost	270	N/B
D6600	Retainer inlay - porc./ceramic, two surfaces	400	N/B
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	426	N/B

D6602	Retainer inlay - cast high noble metal, two surfaces	422	N/B
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	468	N/B
D6604	Retainer inlay - cast predominantly base metal, two surfaces	422	N/B
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	404	N/B
D6606	Retainer inlay - cast noble metal, two surfaces	384	N/B
D6607	Retainer inlay - cast noble metal, >=3 surfaces	426	N/B
D6608	Retainer onlay - porc./ceramic, two surfaces	437	N/B
D6609	Retainer onlay - porc./ceramic, >=3 surfaces	458	N/B
D6610	Retainer onlay - cast high noble metal, two surfaces	501	N/B
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	548	N/B
D6612	Retainer onlay - cast predominantly base metal, two surfaces	431	N/B
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	478	N/B
D6614	Retainer onlay - cast noble metal, two surfaces	454	N/B
D6615	Retainer onlay - cast noble metal, >=3 surfaces	501	N/B
D6624	Retainer inlay - titanium	468	N/B
D6634	Retainer onlay - titanium	548	N/B
D6720	Retainer crown - resin with high noble metal	747	N/B
D6721	Retainer crown - resin with predom. base metal	666	N/B
D6722	Retainer crown - resin with noble metal	696	N/B
D6740	Retainer crown - porcelain/ceramic	741	N/B
D6750	Retainer crown - porcelain fused to high noble metal	639	N/B
D6751	Retainer crown - porcelain fused to predominately base metal	571	N/B
D6752	Retainer crown - porcelain fused to noble metal	599	N/B
D6780	Retainer crown - 3/4 cast high noble metal	724	N/B
D6781	Retainer crown - 3/4 cast predominantly base metal	566	N/B
D6782	Retainer crown - 3/4 cast noble metal	578	N/B
D6783	Retainer crown - 3/4 porcelain/ceramic	808	N/B
D6790	Retainer crown - full cast high noble metal	675	N/B
D6791	Retainer crown - full cast predominately base metal	601	N/B
D6792	Retainer crown - full cast noble metal	628	N/B
D6794	Retainer crown - titanium	679	N/B
D6930	Recement fixed partial denture	88	N/B
D6940	Stress breaker	205	N/B
D6980	Fixed partial denture repair, by report	206	N/B

ORAL SURGERY

D7111	Extraction, coronal remnants - primary tooth	72	85
D7140	Extraction, erupted tooth or exposed root	83	97
D7210	Extraction, erupted tooth req. bone cut	149	176
D7220	Removal of impacted tooth - soft tissue	183	216
D7230	Removal of impacted tooth - partially bony	250	295
D7240	Removal of impacted tooth - completely bony	295	347
D7241	Removal of impacted tooth - completely bony w/ unusual surg. complications	363	429
D7250	Removal of residual tooth roots	167	199
D7251	Coronectomy - intentional partial tooth removal	363	429
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	279	330
D7280	Exposure of an unerupted tooth	312	369
D7282	Mobil. of erupted/malpositioned tooth to aid eruption	96	210
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	196	231
D7286	Incisional biopsy of oral tissue - soft (all others)	184	216
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	142	169
D7310	Alveoloplasty in conjunction with extractions - per quadrant	150	177
D7311	Alveoloplasty in conj. with extractions	130	154
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	193	227
D7321	Alveoloplasty not in conjunc w/ extractions	40	84
D7471	Removal of lateral exostosis	314	370
D7472	Removal of torus palatinus	263	311
D7473	Removal of torus mandibularis	271	320
D7485	Reduction of osseous tuberosity	297	351
D7510	Incision and drainage of abscess - intraoral soft tissue	108	127
D7511	Incision/drainage of abscess - intra. soft tissue, comp.	226	260
D7910	Suture of recent small wounds up to 5 cm	246	290

D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	266	314
D7963	Frenuloplasty	99	245
D7970	Excision of hyperplastic tissue - per arch	456	539
D7971	Excision of pericoronal gingiva	225	265
D7972	Surgical reduction of fibrous tuberosity	78	185
D7979	Non-surgical sialolithotomy	30	75

ORTHODONTICS – PRE-AUTHORIZATION REQUIRED

D8070	Comp. ortho. treatment - transitional dentition	N/B	3304
D8080	Comp. ortho. treatment - adolescent dentition	N/B	3658
D8090	Comp. ortho treatment - adult dentition	N/B	3658
D8660	Pre-orthodontic treatment visit	N/B	413
D8670	Periodic ortho. treatment visit (as part of contract)	N/B	118
D8680	Ortho. retention (rem of appl./placement of retainers)	N/B	516

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain	30	75
D9210	Local anesthesia not in conj. w/ operative/surg. procedures	0	N/B
D9211	Regional block anesthesia	0	N/B
D9212	Trigeminal division block anesthesia	0	N/B
D9215	Local anesthesia in conj. w/ operative/surg. procedures	0	N/B
D9219	Evaluation for deep sedation or general anesthesia	0	N/B
D9222	Deep sedation/general anes - first 15 min incr	61	136
D9223	Deep sedation/general anes - each subsequent 15 min incr	61	136
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis,	36	41
D9239	Intravenous moderate sedation/analgesia – first 15 min incr	61	136
D9243	Intravenous moderate sedation/analgesia – each subsequent 15 min incr	61	136
D9310	Consultation (diagnostic service by nontreating dentist)	59	96
D9439	Office visit not including an FC visit	10	10
D9440	Office visit after regularly scheduled hours	27	111
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	190	190
D9910	Application of desensitizing medicament	30	60
D9930	Treatment of complications, post-surgical	48	48
D9944	Occlusal guard – hard appliance, full arch	338	519
D9945	Occlusal guard – soft appliance, full arch	338	519
D9946	Occlusal guard – hard appliance, partial arch	338	519
D9950	Occlusion analysis, mounted case	169	169
D9951	Occlusal adjustment - limited	88	115
D9952	Occlusal adjustment - complete	372	597
D9986	Missed appointment	50	50
D9995	Teledentistry – synchronous; real-time encounter	20	20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	20	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.

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(301) 816-2424

ADULT DENTAL PLAN RIDER

This Adult 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 dental Services, for adults age 19 or older, shall be added to the Group Evidence of Coverage (EOC) to which this Adult Dental Plan 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, periodontics, 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 G 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 and/or other dental Services at negotiated contracted rates.

II. GENERAL PROVISIONS

- A. Subject to the terms, conditions, limitations, and exclusions specified in the Group Evidence of Coverage and this Rider, you may receive Covered Preventive Care Dental and Covered Dental Services from Participating Dental Providers.
- 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 Dental Fees that you will be charged for each Service. You will pay a fixed copayment for each preventive care office visit during which Covered Preventive Care Dental Services are provided. The fixed copayment does not apply to the following preventive Services: intraoral complete series (D0210), panoramic film (D0330), additional cleaning beyond benefit limitation (D1110), sealant (D1351, D1352), interim caries arresting medicament application per tooth (D1354), space maintainer (D1510, D1515, D1520, D1525, D1575), and re-cementation of space maintainer (D1550). 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.
- D. You will receive a list of Participating Dental Providers from the Health Plan or from Dental Administrator.
- E. You should select a Participating Dental Provider, who is a "General Dentist", from whom you and your covered

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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 by your General Dentist. Your Dental Fees are usually higher for care received by a Dental Specialist.

- F. 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).
- G. **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

- H. **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 Adult Dental Plan 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 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 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, Virginia 22202, ATTN: Accounting Dept.

VI. EXCLUSIONS AND LIMITATIONS

A. Exclusions

The following Services are not covered under this 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, except as may be otherwise covered in your medical plan which is described in the Evidence of Coverage.
5. Services with respect to malignancies, cysts or neoplasms, hereditary congenital, anodontic, mandibular prognathism or development malformations where, in the opinion of the Plan, such Services should not be performed in a dental office.
6. Drugs obtainable with or without a prescription, except as may be otherwise covered in your medical plan this is described in the Evidence of Coverage.
7. Hospitalization for any dental procedure.
8. Treatment for conditions resulting from major disaster, epidemic or war, including declared or undeclared war or acts of war, 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 a covered benefit under this Plan.
11. Services provided by a non-Participating Dental Provider that was not pre-authorized by the Plan (with the exception of out-of-area emergency dental Services, covered dental services and services obtained pursuant to a referral to a non-Participating Dental Provider specialists).
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, unless your Participating General Dentist refers you to a Dental Specialist who will provide covered dental services at the dental fee established by the Plan for each procedure rendered.

14. Elective surgery including, but not limited to extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
15. The Invisalign system and similar specialized braces 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.

B. Limitations

Covered Dental Services are subject to the following limitations:

1. Two (2) evaluations are covered per calendar policy year 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 calendar policy year per patient.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar policy year (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar policy year per patient.
5. Two (2) sets of bitewing x-rays are covered per calendar policy 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 within seven (7) years after the date it was originally installed.
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%.
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, once per two years.
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. 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.
19. Periodontal maintenance after active therapy is covered twice per calendar policy year within 24 months after definitive periodontal therapy.
20. Coronectomy – intentional partial tooth removal, once per lifetime.
21. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar policy year (when available).

This Rider is subject to all the terms and conditions of the Group Agreement and 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: 

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