

# **\$0 PREVENTIVE** DENTAL PLAN 2013

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## Kaiser Permanente Preventive Dental Plan \$0 Copayment Directory

The benefit information provided in this directory is only a summary, and does not fully describe your dental coverage. For complete details of your coverage, please refer to your group Evidence of Coverage with Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Permanente). In the event of ambiguity, or a conflict between this summary and the Evidence of Coverage, the Evidence of Coverage shall control.

This directory lists only dental providers. For a list of physicians, please refer to your provider directory.

#### **Preventive Dental Plan**

The preventive dental plan offered by Kaiser Permanente and administered by Dominion Dental Services USA, Inc. (Dominion) provides cost-effective dental care. We emphasize healthy smiles through prevention and the early detection of dental problems. Our preventive dental plan promotes healthy teeth and gums to reduce the need for 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 the financial barriers to treatment typically found with many dental plans.

With the preventive dental plan, you pay a fixed rate of \$0 for each preventive care office visit, which includes oral evaluation, cleaning, and certain X-ray procedures. Other covered dental services are provided at a reduced fee. Participating dentists have agreed to accept the associated dental fee as payment in full for covered dental services. Neither Kaiser Permanente nor Dominion is liable for payment of these dental fees or for any fees incurred for non-covered dental services.

#### Choosing a Dentist

You may select a general dentist from the list of participating dental providers for yourself and your eligible family members. Specialty care is also available. You may call Dominion's Member Services Department at 703-518-5338 or toll-free at 1-888-518-5338, Monday through Friday, 7:30 a.m. to 6 p.m., (TTY 711) for a list of participating specialists. To receive treatment from a participating specialist, please contact your participating general dentist to arrange a referral. Specialists are available in many locations throughout the community, but your discounted fees will be higher for care you receive from a network specialist. Services received from non-participating dentists are not covered under this plan.

#### Quality Dental Care

With the preventive dental plan, you can be confident that your dentist was carefully selected to offer quality care. All 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**

We also know that quality customer service is an important component of any dental plan. Knowledgeable Dominion Member Services Specialists are available Monday through Friday, 7:30 a.m. to 6 p.m. at 703-518-5338 or toll-free at 1-888-518-5338 to answer questions about coverage or to help you find a participating dentist. Hearing impaired members can use the Internet at IP-RELAY.com or call our TTY phone number at 711 for assistance. Dominion'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 DominionDental.com/kaiserdentists. Dominion also provides many other secure features online at DominionDental.com. Finding a participating dentist using the Internet couldn't be easier.

## Plan Benefits Include:

- \$0 fixed charge for most diagnostic and preventive care services
- No deductibles
- No annual benefit maximums
- Virtually no claim forms to fill out

A complete list of discounted services is enclosed.

## Extension of Benefits - Maryland

Extension of Benefits applies only to Kaiser Permanente members for Individuals and Families who live in the State of Maryland and Employer Group Kaiser Permanente members when the employer group is headquartered in the State of Maryland.

For members who meet the conditions above, in those instances when your coverage with us has terminated, we will extend covered dental services, without charging a premium when coverage has ended 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 agreement or *Evidence of Coverage* and 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 agreement or *Evidence of Coverage* and dental rider in effect at the time your coverage ended, for a period of:
  - 60 days following the date your coverage ended if the orthodontist has agreed to or is receiving monthly payments; or
  - until the latter 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.

You must notify Kaiser Permanente in writing if you believe you qualify under this "Extension of Benefits" provision.

## Limitations:

The "Extension of Benefits" section listed above does not apply in the following instances:

- Coverage ends because of failure by the member to pay dues;
- Coverage ends as the result of a member committing fraud or material misrepresentation;
- When coverage is provided by another health plan and that health plan's coverage:
  - (a) is provided at a cost less than or equal to the cost of the extended benefit available under the dental rider and,
  - (b) will not result in an interruption of covered dental services to you.

## How we protect your rights to privacy and confidentiality

We know that protecting your privacy rights is important. Therefore, we believe you should know how we keep your personal and medical information confidential and how we may use it. A more complete description of our privacy practices may be found in our Notice of Privacy Practices. New subscribers receive a copy of this notice by mail at the time of enrollment. You may also obtain a copy by calling Member Services or at any Kaiser Permanente medical center.

We have many guidelines in place to protect your rights to privacy and confidentiality. Here are a few examples:

- 1. Our physicians and employees sign confidentiality statements. This affirms their commitment to protect your information. Only those who "need to know" to make decisions about your health care are permitted to view your medical record.
- 2. Our physicians, employees, and other workforce members receive training on the state and federal standards for the use and disclosure of your protected health information.
- 3. Contractors also sign a statement that they will protect your information.
- 4. Your right to have confidential medical records is part of our members' rights and responsibilities.
- 5. You have the right to deny release of your information. This is so, except when: required by law; permitted for your treatment; permitted for payment of services; or allowed for health plan operations.
- 6. Except as permitted by law, we take out any information that could identify you before talking to your employer or employer representative about the use or cost of services.
- 7. Our staff will ask to see a valid photo ID when you request care or services. If you don't have a valid ID, we will ask you one or two questions that will help us confirm your identity.

Except as permitted by law, we must have your permission in writing before we can share your information for the reasons that follow. The release must explain the exact information to be shared and be signed by you. Your member services representative can give you more details and a release form.

- 1. Giving your employer or employer representative the status of your claims.
- 2. Sharing your medical information with an outside party, except when required or permitted for legal or regulatory reasons or as allowed for treatment, payment, or health plan operation purposes.

We may use your protected information in the following day-to-day operations of the health plan. These tasks are in agreement with the Health Insurance Portability and Accountability Act (HIPAA) and the general release of information in your agreement or *Evidence of Coverage*.

- 1. Talking with your employer representative about changes to your membership information.
- 2. Giving a parent the status of his or her child's claim (if the child is under 18 years of age and there is no legal reason not to do so).
- 3. Providing your name and address to our contracted mail houses. This is so you can receive our health mailings to prevent or manage chronic diseases, and other health care information.
- 4. Sharing information with government agencies or other insurers for liability or payment purposes.
- 5. Providing information as required or permitted by federal, state, or local laws.
- 6. Supporting medical research, as permitted by law.
- 7. Professional, tracking, or quality improvement tasks.

## Note: "You" may also refer to your authorized representative.

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. 2013 Discounted Schedule of Fees - \$0 Preventive Plan

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

Fees quoted in the "You Pay to Dentist" column apply only when performed by a participating general dentist. If specialty care is required, your general dentist must refer you to a participating specialist. Services received from non-participating dentists are not covered under this plan.

**Fixed Copayment (FC) \$0:** You pay a combined FC of \$0 for any visit during which one or more of the following procedures are performed: (a) an oral exam (D0120, D0140, D0150, or D0180); (b) X-rays (D0220, D0230, D0240, D0270, D0272, D0274, or D0277); (c) a pulp vitality test (D0460); (d) a diagnostic cast (D0470); (e) a routine cleaning (D1110 or D1120); (f) fluoride application (D1201, D1203, D1204, D1205); or (g) you are given oral hygiene instructions (D01330). You pay a separate fee for any other procedure performed.

NOTE: The Schedule of Dental Fees is reviewed annually and is subject to change effective January 1 of each year. Contact Dominion for details at 703-518-5338 or toll-free at 1-888-518-5338, Monday through Friday, 7:30 a.m. to 6 p.m., (TTY 711).

ADA CODES	DESCRIPTION OF SERVICES	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
	Diagnostic Services		
D0120	Periodic oral evaluation	FC0	N/B
D0140	Limited oral evaluation - problem focused	FC0	N/B
D0150	Comprehensive oral evaluation - new or established patient	FC0	N/B
D0180	Comprehensive periodontal evaluation - new or established patient - not in conjunction with D0150 and limited to twice per 18 months	FC0	N/B
D0210	Intraoral - complete series (including bitewings)	\$53	\$66
D0220	Intraoral - periapical first film	FC0	\$13
D0230	Intraoral - periapical each additional film	FC0	\$11
D0240	Intraoral - occlusal film	FC0	\$21
D0270	Bitewing - single film	FC0	\$13
D0272	Bitewings - two films	FC0	\$21
D0274	Bitewings - four films	FC0	\$30
D0277	Vertical bitewings - 7 to 8 films	FC0	\$46
D0330	Panoramic film	\$42	\$53
D0460	Pulp vitality tests	FC0	\$34
D0470	Diagnostic casts (not in conjunction with ortho.)	FC0	N/B

Dominion Dental Services USA, Inc., 115 S. Union Street, Suite 300, Alexandria, VA 22314 | Phone: 1-888-518-5338 | Fax: 703-518-8849 KFHP-PREVENTIVE-DEN-FC\$0 (1/13)

ADA CODES	DESCRIPTION OF SERVICES	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D0999	Office visit copayment when FC services are not performed	\$11	\$12
	Preventive Services		
D1110	Prophylaxis - adult	FC0	N/B
D1120	Prophylaxis - child	FC0	N/B
D1201	Topical application of fluoride (including prophylaxis) - child	FC0	N/B
D1203	Topical application of fluoride (prophylaxis not included) - child	FC0	N/B
D1204	Topical application of fluoride excluding prophylaxis - adult	FC0	N/B
D1205	Topical application of fluoride including prophylaxis - age 14+	FC0	N/B
D1330	Oral hygiene instructions	FC0	N/B
D1351	Sealant - per tooth (up to 16 years of age)	\$29	N/B
D1510	Space maintainer - fixed - unilateral	\$193	N/B
D1515	Space maintainer - fixed - bilateral	\$269	N/B
D1520	Space maintainer - removable - unilateral	\$237	N/B
D1525	Space maintainer - removable - bilateral	\$269	N/B
D1550	Re-cementation of space maintainer	\$22	N/B
	Restorative Services		
D2140	Amalgam - one surface, primary or permanent	\$66	N/B
D2150	Amalgam - two surfaces, primary or permanent	\$85	N/B
D2160	Amalgam - three surfaces, primary or permanent	\$102	N/B
D2161	Amalgam - four or more surfaces, primary or permanent	\$122	N/B
D2330	Resin-based composite - one surface, anterior	\$80	N/B
D2331	Resin-based composite - two surfaces, anterior	\$102	N/B
D2332	Resin-based composite - three surfaces, anterior	\$125	N/B
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$158	N/B
D2391	Resin-based composite - one surface, posterior	\$104	N/B
D2392	Resin-based composite - two surfaces, posterior	\$139	N/B
D2393	Resin-based composite - three surfaces, posterior	\$173	N/B
D2394	Resin-based composite - four or more surfaces, posterior	\$197	N/B
D2510	Inlay - metallic - one surface	\$477	N/B
D2520	Inlay - metallic - two surfaces	\$538	N/B
D2530	Inlay - metallic - three or more surfaces	\$584	N/B
D2542	Onlay - metallic - two surfaces	\$620	N/B
D2543	Onlay - metallic - three surfaces	\$631	N/B
D2544	Dental onlay metallic - four or more surfaces	\$635	N/B
D2610	Inlay - porcelain/ceramic - one surface	\$523	N/B
D2620	Inlay - porcelain/ceramic - two surfaces	\$557	N/B

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ADA CODES	DESCRIPTION OF SERVICES	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$643	N/B
D2642	Onlay - porcelain/ceramic - two surfaces	\$595	N/B
D2643	Onlay - porcelain/ceramic - three surfaces	\$644	N/B
D2644	Dental onlay porcelain - four or more surfaces	\$686	N/B
D2650	Inlay - resin-based composite - one surface	\$481	N/B
D2651	Inlay - resin-based composite - two surfaces	\$520	N/B
D2652	Inlay - resin-based composite - three or more surfaces	\$675	N/B
D2710	Crown - resin (indirect)	\$268	N/B
D2712	Crown 3/4 resin-based composite (exclusive of veneers)	\$247	N/B
D2740	Crown - porcelain/ceramic substrate	\$716	N/B
D2750	Crown - porcelain fused to high noble metal	\$730	N/B
D2751	Crown - porcelain fused to predominantly base metal	\$631	N/B
D2752	Crown - porcelain fused to noble metal	\$656	N/B
D2780	Crown - 3/4 cast high noble metal	\$699	N/B
D2781	Crown - 3/4 cast predominantly base metal	\$547	N/B
D2782	Crown - 3/4 cast noble metal	\$590	N/B
D2790	Crown - full cast high noble metal	\$652	N/B
D2791	Crown - full cast predominantly base metal	\$581	N/B
D2792	Crown - full cast noble metal	\$607	N/B
D2794	Crown - titanium	\$656	N/B
D2910	Recement inlay	\$66	N/B
D2915	Recement cast or prefabricated post and core	\$36	N/B
D2920	Recement crown	\$66	N/B
D2930	Prefabricated stainless steel crown - primary tooth	\$137	N/B
D2931	Prefabricated stainless steel crown - permanent tooth	\$180	N/B
D2932	Prefabricated resin crown	\$246	N/B
D2934	Prefabricated steel crown primary	\$106	N/B
D2940	Sedative filling	\$75	N/B
D2950	Core buildup, including any pins	\$166	N/B
D2951	Pin retention - per tooth, in addition to restoration	\$39	N/B
D2952	Cast post and core in addition to crown	\$244	N/B
D2954	Prefabricated post and core in addition to crown	\$216	N/B
D2970	Temporary crown (fractured tooth)	\$182	N/B
D2980	Crown repair, by report	\$133	N/B
	Endodontic Services		
D3110	Pulp cap - direct (excluding final restoration)	\$45	N/B
D3120	Pulp cap - indirect (excluding final restoration)	\$45	N/B

ADA CODES	DESCRIPTION OF SERVICES	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$100	\$118
D3310	Anterior (excluding final restoration)	\$425	\$488
D3320	Bicuspid (excluding final restoration)	\$507	\$583
D3330	Molar (excluding final restoration)	\$663	\$763
D3346	Retreatment of previous root canal therapy - anterior	N/B	\$588
D3347	Retreatment of previous root canal therapy - bicuspid	N/B	\$784
D3348	Retreatment of previous root canal therapy - molar	N/B	\$1,012
D3351	Apexification/recalcification - initial visit	\$369	\$435
D3352	Apexification/recalcification - interim medication replacement	\$289	\$342
D3353	Apexification/recalcification - final visit	\$317	\$374
D3410	Apicoectomy/periradicular surgery - anterior	\$408	\$506
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$455	\$633
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$501	\$664
D3426	Apicoectomy/periradicular surgery (each additional root)	\$304	\$358
D3430	Retrograde filling - per root	\$114	\$285
D3450	Root amputation - per root	\$198	\$319
D3920	Hemisection (including any root removal), not including root canal therapy	\$250	\$295
	Periodontic Services		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant	\$359	\$424
D4211	Gingivectomy or gingivoplasty - one to three teeth per quadrant	\$155	\$184
D4230	Anatomical crown exposure	\$444	N/B
D4231	Anatomical crown exposure - one to three teeth per quadrant	\$59	N/B
D4240	Gingival flap procedure, including root planing - four or more contiguous	\$463	\$547
D4241	Gingival flap procedure, including root planing - one to three teeth per quadrant	\$117	\$231
D4249	Clinical crown lengthening - hard tissue	\$486	\$574
D4260	Osseous surgery (including flap entry and closure) - four or more per quadrant	\$685	\$808
D4261	Osseous surgery (including flap entry and closure)-one to three teeth per quadrant	\$437	\$516
D4263	Bone replacement graft - first site in quadrant	\$194	\$398
D4265	Biologic material to aid in soft/osseous tissue	\$163	\$199
D4268	Surgical revision procedure, per tooth	\$376	\$543
D4270	Pedicle soft tissue graft procedure	\$516	\$609

ADA CODES	DESCRIPTION OF SERVICES	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D4271	Free soft tissue graft procedure - including donor site	\$533	\$629
D4275	Soft tissue allograft	\$273	\$616
D4276	Combined connective tissue and double pedicle	\$329	\$507
D4320	Provisional splinting - intracoronal	\$255	\$301
D4321	Provisional splinting - extracoronal	\$193	\$227
D4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$132	\$187
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$96	\$114
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$117	\$169
D4910	Periodontal maintenance	\$80	\$106
	Prosthetics - Removable		
D5110	Complete denture - maxillary	\$817	N/B
D5120	Complete denture - mandibular	\$817	N/B
D5130	Immediate denture - maxillary	\$879	N/B
D5140	Immediate denture - mandibular	\$879	N/B
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	\$631	N/B
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	\$631	N/B
D5213	Axillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	\$876	N/B
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	\$876	N/B
D5225	Maxillary partial denture	\$874	N/B
D5226	Mandibular partial denture	\$970	N/B
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$492	N/B
D5410	Adjust complete denture - maxillary	\$77	N/B
D5411	Adjust complete denture - mandibular	\$77	N/B
D5421	Adjust partial denture - maxillary	\$77	N/B
D5422	Adjust partial denture - mandibular	\$77	N/B
D5510	Repair broken complete denture base	\$98	N/B
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$75	N/B
D5610	Repair resin denture base	\$99	N/B
D5620	Repair cast framework	\$142	N/B
D5630	Repair or replace broken clasp	\$134	N/B

ADA CODES	DESCRIPTION OF SERVICES	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D5640	Replace broken teeth - per tooth	\$85	N/B
D5650	Add tooth to existing partial denture	\$127	N/B
D5660	Add clasp to existing partial denture	\$154	N/B
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$540	N/B
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$540	N/B
D5710	Rebase complete maxillary denture	\$333	N/B
D5711	Rebase complete mandibular denture	\$320	N/B
D5720	Rebase maxillary partial denture	\$256	N/B
D5721	Rebase mandibular partial denture	\$256	N/B
D5730	Reline complete maxillary denture (chairside)	\$207	N/B
D5731	Reline complete mandibular denture (chairside)	\$208	N/B
D5740	Reline maxillary partial denture (chairside)	\$205	N/B
D5741	Reline mandibular partial denture (chairside)	\$205	N/B
D5750	Reline complete maxillary denture (laboratory)	\$251	N/B
D5751	Reline complete mandibular denture (laboratory)	\$249	N/B
D5760	Reline maxillary partial denture (laboratory)	\$242	N/B
D5761	Reline mandibular partial denture (laboratory)	\$240	N/B
D5820	Interim partial denture (maxillary)	\$410	N/B
D5821	Interim partial denture (mandibular)	\$415	N/B
D5850	Tissue conditioning, maxillary	\$116	N/B
D5851	Tissue conditioning, mandibular	\$117	N/B
	Prosthetics - Fixed		
D6092	Recement supp. crown	\$67	N/B
D6093	Recement supp. part denture	\$100	N/B
D6205	Pontic - indirect resin-based composite	\$247	N/B
D6210	Pontic - cast high noble metal	\$589	N/B
D6211	Pontic - cast predominantly base metal	\$603	N/B
D6212	Pontic - cast noble metal	\$566	N/B
D6214	Pontic - titanium	\$551	N/B
D6240	Pontic - porcelain fused to high noble metal	\$730	N/B
D6241	Pontic - porcelain fused to predominantly base metal	\$631	N/B
D6242	Pontic - porcelain fused to noble metal	\$656	N/B
D6245	Pontic - porcelain/ceramic	\$716	N/B
D6545	Retainer - cast metal for resin-bonded fixed prosthesis	\$260	N/B
D6602	Inlay - cast high noble metal, two surfaces	\$407	N/B
D6603	Inlay - cast high noble metal, three or more surfaces	\$453	N/B
D6604	Inlay - cast predominantly base metal, two surfaces	\$407	N/B
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$391	N/B
D6606	Inlay - cast noble metal, two surfaces	\$371	N/B
D6607	Inlay - cast noble metal, three or more surfaces	\$412	N/B
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ADA CODES	DESCRIPTION OF SERVICES	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D6610	Onlay - cast high noble metal, two surfaces	\$484	N/B
D6611	Onlay cast high noble metal >=3 surfaces	\$529	N/B
D6612	Onlay - cast predominantly base metal, two surfaces	\$417	N/B
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$462	N/B
D6614	Onlay - cast noble metal, two surfaces	\$439	N/B
D6615	Onlay cast noble metal >=3 surfaces	\$484	N/B
D6624	Inlay - titanium	\$453	N/B
D6634	Onlay - titanium	\$529	N/B
D6710	Crown - indirect resin-based composite	\$247	N/B
D6740	Crown - porcelain/ceramic	\$716	N/B
D6750	Crown - porcelain fused to high noble metal	\$617	N/B
D6751	Crown - porcelain fused to predominantly base metal	\$551	N/B
D6752	Crown - porcelain fused to noble metal	\$579	N/B
D6780	Crown - 3/4 cast high noble metal	\$699	N/B
D6781	Crown - 3/4 cast predominantly base metal	\$547	N/B
D6782	Crown - 3/4 cast noble metal	\$559	N/B
D6790	Crown - full cast high noble metal	\$652	N/B
D6791	Crown - full cast predominantly base metal	\$581	N/B
D6792	Crown - full cast noble metal	\$607	N/B
D6794	Crown - titanium	\$656	N/B
D6930	Recement fixed partial denture	\$85	N/B
	Oral Surgery		
D7111	Coronal remnants - deciduous tooth	\$69	\$82
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$80	\$94
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$144	\$170
D7220	Removal of impacted tooth - soft tissue	\$176	\$209
D7230	Removal of impacted tooth - partially bony	\$242	\$285
D7240	Removal of impacted tooth - completely bony	\$285	\$336
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$162	\$192
D7260	Oroantral fistula closure	\$436	\$514
D7261	Primary closure of a sinus perforation	\$179	\$514
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$270	\$319
D7280	Surgical access of an unerupted tooth	\$301	\$356

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ADA CODES	DESCRIPTION OF SERVICES	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D7282	Mobiliz. of erupted or malpos. tooth - aid erupted	\$92	\$203
D7283	Placement of device	\$66	\$126
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$189	\$223
D7286	Biopsy of oral tissue - soft (all others)	\$177	\$209
D7287	Cytology sample collection	\$39	\$68
D7288	Brush biopsy - transepithelial sample collect	\$39	\$68
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$138	\$163
D7292	Surgical placement: temp. anchorage device (screw ret. plate) req. surg. flap	\$1,083	N/B
D7293	Surgical placement: temp. anchorage device req. surg. flap	\$865	N/B
D7294	Surgical placement: temp. anchorage device w/out surg. flap	\$649	N/B
D7310	Alveoloplasty in conjunction with extractions - four or more teeth per quadrant	\$145	\$171
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces per quadrant	\$126	\$149
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$187	\$220
D7321	Alveoloplasty not in conjunction with extractions	\$39	\$81
D7410	Excision of benign lesion up to 1.25 cm	\$182	\$215
D7411	Excision of benign lesion > 1.25 cm	\$179	\$210
D7412	Excision of benign lesion, complicated	\$248	\$292
D7450	Removal of benign odon cyst/tumor - diam<=1.25cm	\$254	\$299
D7451	Removal of benign odon cyst/tumor - diam>1.25cm	\$320	\$378
D7460	Removal of benign nonodon cyst/tumor - diam<=1.25cm	\$244	\$287
D7461	Removal of benign nonodon cyst/tumor - diam>1.25cm	\$345	\$408
D7471	Removal of lateral exostosis	\$303	\$357
D7472	Removal of torus palatinus	\$254	\$301
D7473	Removal of torus mandibularis	\$261	\$309
D7485	Surgical reduction of osseous tuberosity	\$287	\$339
D7510	Incision and drainage of abscess - intraoral soft tissue	\$104	\$123
D7511	Incision and drainage of abscess - intraoral	\$218	\$251
D7520	Incision/drainage of abscess - extra. soft tissue	\$218	\$257
D7521	Incision and drainage of abscess	\$152	\$175
D7530	Foreign body removal from muc./skin/subcut tissue	\$152	\$180
D7550	Partial ostect/sequestrect non-vital bone removal	\$254	\$301
D7910	Suture of recent small wounds up to 5 cm	\$237	\$280
D7911	Complicated suture - up to 5 cm	\$196	\$232

ADA CODES	DESCRIPTION OF SERVICES	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$257	\$303
D7963	Frenuloplasty	\$96	\$237
D7970	Excision of hyperplastic tissue - per arch	\$441	\$520
D7971	Excision of pericoronal gingiva	\$217	\$256
D7972	Surgical reduction of fibrous tuberosity	\$76	\$179
	Orthodontics		
D8070	Comprehensive orthodontic treatment of the transitional dentition	N/B	\$3,990
D8080	Comprehensive orthodontic treatment of the adolescent dentition	N/B	\$4,132
D8090	Comprehensive orthodontic treatment of the adult dentition	N/B	\$4,417
D8660	Pre-orthodontic treatment visit	N/B	\$499
D8670	Periodic orthodontic treatment visit (as part of contract)	N/B	\$142
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	N/B	\$499
	Additional Procedures		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$29	\$72
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0	N/B
D9220	Deep sedation/general anesthesia - first 30 minutes	\$78	\$268
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$39	\$97
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$35	\$40
D9241	Intrav. conscious sedation/analgesia - first 30 minutes	\$117	\$263
D9242	Intrav. conscious sedation/analgesia - each additional 15 minutes	\$0	\$82
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$57	\$93
D9440	Office visit - after regularly scheduled hours	\$26	\$107
D9910	Application of desensitizing medicament	\$29	\$58
D9940	Occlusal guard, by report	\$327	\$501
D9942	Repair and/or reline of occlusal guard	\$51	\$98
D9951	Occlusal adjustment - limited	\$85	\$111
D9952	Occlusal adjustment - complete	\$359	\$577
D9999	Unspecified adjunctive procedure, by report	\$16	\$24

Participating dentists 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 dentist; however, in no event shall the missed appointment fee exceed \$0 for a single visit.

## **Exclusions and Limitations**

## Exclusions: The following services are not covered under your dental plan:

- 1. Services provided by dentists or other practitioners of healing arts not associated with Kaiser Permanente and/or Dental Administrator, except upon referral arranged by a participating dental provider and authorized by us, or when required in a covered emergency.
- 2. Services for injuries or conditions which are covered under worker's compensation or employer's liability laws.
- 3. Services that are provided without cost to the member by any federal, state, municipal, county, or other political subdivision (with the exception of Medicaid).
- 4. Services that, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- 5. Cosmetic, elective, or aesthetic dentistry.
- 6. 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*.
- 7. Drugs obtainable with or without a prescription, except as may be otherwise covered in your medical plan, which is described in the *Evidence of Coverage*.
- 8. Hospitalization for any dental procedure.
- 9. Treatment for conditions resulting from major disaster, epidemic, or war, including declared or undeclared war or acts of war.
- 10. Replacement due to loss or theft of prosthetic appliance.
- 11. Services that cannot be performed because of the general health of the patient.
- 12. Implantation and related restorative procedures.
- 13. Services not listed as a covered dental service.
- 14. Services provided by a non-participating dental provider or not preauthorized by Dental Administrator (with the exception of out-of-area emergency dental services).
- 15. Services related to the treatment of TMD (Temporomandibular disorder).
- 16. Elective surgery, including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
- 17. Procedures relating to the change and maintenance of vertical dimension or major restoration of occlusion, or to alter the occlusion (bite) through full mouth adjustment/grinding of the teeth. This does not exclude minor occlusal adjustments on individual teeth to remove high spots or smooth out rough or sharp areas.
- 18. Dental expenses incurred in connection with any dental procedure that was started prior to your effective date of coverage. Examples include orthodontic work in progress, teeth prepared for crowns, and root canal therapy in progress.
- 19. Treatment of malignancies, neoplasm, or congenital malformations, except as may be otherwise covered in your medical plan, which is described in the *Evidence of Coverage*.
- 20. Lab fees for excisions and biopsies, except as may be otherwise covered in your medical plan, which is described in the *Evidence of Coverage*.
- 21. Experimental procedures, implantations, or pharmacological regimens.
- 22. Initial placement or replacement of fixed bridgework solely for the purpose of achieving periodontal stability.
- 23. Charges for second opinions, unless preauthorized.
- 24. Procedures requiring fixed prosthodontic restoration, which are necessary for complete oral rehabilitation or reconstruction.
- 25. Occlusal guards, except for the purpose of controlling habitual grinding.

Dominion Dental Services USA, Inc., 115 S. Union Street, Suite 300, Alexandria, VA 22314 | Phone: 1-888-518-5338 | Fax: 703-518-8849 KFHP-PREVENTIVE-DEN-FC\$0 (1/13)

## Limitations: Covered dental services are subject to the following limitations:

- 1. Replacement of a bridge, crown, or denture within 5 years after the date it was originally installed.
- 2. Replacement of fillings within 2 years after original date of placement.
- 3. Coverage for periodic oral exams, prophylaxes (cleanings), and fluoride applications is limited to two times per plan year.
- 4. 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 percent.
- 5. Full mouth X-rays or panoramic film is limited to one set every three years.
- 6. Retreatment of root canal within 2 years of the original treatment.
- 7. Coverage for sealants (D1351) is limited to the first and second permanent molars for children under the age of 16 once every 24 months.
- 8. Coverage for periodontal surgery of any type, including any associated material (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4263, D4265, D4268, D4270, D4271, D4275, and D4276) is covered once every 36 months per quadrant or surgical site.
- 9. Coverage for root planing or scaling (D4341 and D4342) is limited to once every 24 months per quadrant.
- 10. Full mouth debridement (D4355) is limited to once every 36 months.
- 11. Periodontal maintenance after active therapy (D4910) is limited to twice per 12 months within 24 months after definitive periodontal therapy.
- 12. Coverage for relining of dentures (D5730, D5731, D5740, D5741, D5750, D5751, D5760, and D5761) is limited to once every 12 months.

## **Kaiser Permanente Dental Plan Providers**

## **District of Columbia**

Roy Baptiste, DDS (1406) 3130 MLK Ave., SE Washington, DC 20032 (202) 562-6340

Leslie Bonner (23938) The Bonner Dental Network, PC 1700 17th St., NW; Ste. 302 Washington, DC 20009 (202) 249-9131 Language(s): Spanish

Maury Branch, III (51048) Petworth Dental PLLC 4018 Georgia Ave. NW Washington, DC 20011 (202) 829-4319

Maury Branch, III (51049) Petworth Dental PLLC 800 Butternut St NW Washington, DC 20012 (202) 726-0436

Alvin Brown (37563) Terrell A. Waters, DDS, PC 4300 Wheeler Rd., SE Washington, DC 20032 (202) 562-8827 Language(s): Spanish

Heyward Burrell Dental, PC (69975) 2415 Benning Rd., NE Washington, DC 20002 (202) 396-9679

James F. Coley, Jr. DDS (37589) 500 8th St., NE Washington, DC 20002 (202) 543-7498 Karen Cooper (37736) Comprehensive & Cosmetic Dental Ctr, LLC 3801 Minnesota Ave., NE Washington, DC 20019 (202) 399-2300

\*Aphonzo Davidson, Jr. (512) Hillcrest Dental Assoc. 2811 Pennsylvania Ave. Ste. 2 Washington, DC 20020 (202) 584-0710

Emmanuel O Ezemobi DDS (51084) 3901 Georgia Ave. NW Level 1 Washington, DC 20011 (202) 291-1765

Emad El Haje (37585) Prosthetic and TMJ Management 1800 I St.; Ste. 801 Washington, DC 20006 (202) 393-8844 Language(s): Arabic, French

Delphine George (50966) International Dental Care PC 2108 18th St NW Suite 1 Washington, DC 20009 (202) 234-8998

E.G. Harrison, DMD (37679) 3230 Pennsylvania Ave., SE Washington, DC 20020 (202) 582-0400 Carols Jones (68514) Stellar Smiles 2715 Pennsylvania Ave. Washington, DC 20020 (202) 575-0152

Paul M. Krainson, DDS, PC (37539) 4740 Connecticut Ave., NW #102 Washington, DC 20008 (202) 537-0003 Language(s): Spanish

Michael G. Landy, DDS, FAGD (281) 4600 Connecticut Ave., NW Washington, DC 20008 (202) 872-1525 Language(s): Farsi, French, Spanish

Richard Lee, DDS (1058) 214 2nd St., SE Washington, DC 20003 (202) 546-9857 Language(s): Chinese, Spanish

\* Sharon Madison (51060) Michelle P Loewinger DDS 1140 19th St NW Suite 450 Washington, DC 20036 (202) 332-3600

Robert E. Martin, Jr., DDS (37541) 3609 Georgia Ave., NW Washington, DC 20010 (202) 291-1414

Larry F McNair, DDS (50740) 2033 Hamlin St., NE Washington, DC 20018 (202) 526-2902

Gregory Miller (1659) Capitol City Dental Center 7723 Alaska Ave., NW Washington, DC 20012 (202) 882-7878

Fazil Mohamed, DDS (2528) 6605 Georgia Ave. Washington, DC 20012 (202) 723-2131

\*Aisha Nasir (50854) Metropolitan Dental Associates 1712 | St.; Ste. 910 Washington, DC 20006 (202) 861-7730

Dror Orbach (69981) Orbach Orthodontics 950 25th St., NW Ste. S 1 Washington, DC 20037 (202) 625-0888

Shelton R. Penn, DDS (338) 5 Barney Cir., SE Washington, DC 20003 (202) 547-2674

A Peretz (2739) Georgetown Smile 4400 MacAuthur Blvd. Ste. 200 Washington, DC 20007 (202) 333-0003 Language(s): Russian, Spanish

Elizabeth Perry-Dodson DDS (61282) 7310 Alaska Ave. NW Washington, DC 20012 (202) 829-1266

Sushila J. Peterson, DDS (311) 3816 8th St., NW Washington, DC 20011 (202) 722-4321 Fereidoon Rezvani, DDS (2385) 1712 Eye St., NW; #600 Washington, DC 20006 (202) 331-0655 Language(s): Farsi

Monireh Roudsari (2769) Georgia Avenue Dental Clinic 7304 Georgia Ave., NW Ste. 2 Washington, DC 20012 (202) 545-1998

Tareq Salameh (69560) Eastern Family Dental 7826 Eastern Ave., NW Ste. 202 Washington, DC 20012 (202) 829-2110

Tareq Salameh (50841) Salameh Dental Associates 4444 Connecticut Ave., NW Ste. 106 Washington, DC 20008 (202) 363-2810 Language(s): Arabic

Rahim Sharmin (1691) Sharmin Dental Clinic 1613 Harvard St., NW Ste. 108 Washington, DC 20009 (202) 462-5227 Language(s): Farsi, French, Spanish

Stanley T Smith, DDS, PC (50757) 3609 Georgia Ave., NW Washington, DC 20010 (202) 829-4600

Dianne Whitfield-Locke, DDS (37605) 3333 14th St., NW; Ste. M110 Washington, DC 20010 (202) 518-1147 Mehdi Yousefi (273) Yousefi Washington Clinic 3 Washington Cir.; Ste. G Washington, DC 20037 (202) 785-9474 Language(s): French, Farsi, Spanish, Persian

#### Maryland

#### Allegany County

\*Lynne S. Brodell, DDS (429) 12600 Winchester Rd., #103 LaVale, MD 21502 (301) 729-0444 Language(s): Spanish, Sign Language

Curtis Friedenberg, DDS (9547) 59 Greene St. Cumberland, MD 21502 (301) 777-0300

\* Frank A. Laparle, DDS (454) 500 Memorial Ave., #401 Cumberland, MD 21502 (301) 722- 6689

#### Anne Arundel County

Joseph Benderson (61419) BayCove Family & Cosmetic Dentistry 780 Ritchie Hwy. Ste. S 30 Severna Park, MD 21146 (410) 384-9030

Genevieve Borders (4344) Southgate Dental Care 1811 A South Crain Hwy. Glen Burnie, MD 21061 (410) 760-4455

#### \*PROVIDER NOT ACCEPTING NEW PATIENTS UNDER THIS PLAN AT THIS TIME.

Cynthia Burns (51007) Arundel Mills Dental Group 7556 Teague Rd. Suite 460 Hanover, MD 21076 (410) 799-9636

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Kim Meah (50913) Meah Family & Cosmetic Dentistry 1350 Dorsey Rd. Suite A Hanover, MD 21076 (410) 684-2884

Deep Muko (2216) Gambrills Family Dentistry 959 Annapolis Rd. Gambrills, MD 21054 (410) 672-3456 Language(s): Spanish

Alireza Rajaei (1709) Dental One Associates Annapolis PC 180 Admiral Cochrane Dr. Ste. 200 Annapolis, MD 21401 (410) 841-5131 Language(s): Spanish Cynthia Reed-Boyd (37565) Boyd & Boyd Dentistry 914 Bay Ridge Rd. Ste. 205 Annapolis, MD 21403 (410) 626-1797

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\*Saideh Tehrani, DMD (446) 3450 Fort Meade Rd., #202 Laurel, MD 20724 (301) 498-6554 Language(s): Farsi, German

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Scott Ulery (2011) Ulery Dental & Orthodontics 8055 Ritchie Hwy.; Ste. 102 Pasadena, MD 21122 (410) 590-6690 Language(s): Spanish

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Ernest J Colvin & Assoc. (68517) 5808 York Rd. Ste. A Baltimore, MD 21212 (410) 433-1991

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## \*PROVIDER NOT ACCEPTING NEW PATIENTS UNDER THIS PLAN AT THIS TIME.

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Hyacinth Dunstan (19824) H M Dunstan And Associates 5800 Loch Raven Blvd. Baltimore, MD 21239 (410) 435-5881

Hyacinth Dunstan (37575) Park West Health System, Inc. 3319 W. Belvedere Ave. Baltimore, MD 21215 (410) 542-7800

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Harvey Solomon (9567) Solomon, Greenwald And Kyser DDS PA 1103 N. Point Blvd.; Ste. 401 Baltimore, MD 21224 (410) 285-3500

#### **Baltimore County**

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Shahnaz Saber (2690) Saber Dental Care, PA 2717 Hammonds Ferry Rd. Baltimore, MD 21227 (410) 242-5012

Inderjit Sehdev (529) Joppa Partners 219 W. Joppa Rd. Baltimore, MD 21204 (410) 823-1413 Language(s): German

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Thomas G Tzomides DDS LLC (51041) 30 Middle River Rd. Middle River, MD 21220 (410) 686-6510

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Mohammed Warshanna (37577) Angel Dental Care 405 Frederick Rd.; Ste. 150 Catonsville, MD 21228 (410) 747-0077

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Bruce E.Yuille, DDS (409) 700 Geipe Rd.; Ste. 270 Catonsville, MD 21228 (410) 566-1550

## **Carroll County**

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Alexander Chung (18473) Dental One Specialists-Westminster 412 Malcolm Dr.; Ste. 100 Westminster, MD 21157 (410) 848-3838

Ken Kim (445) Dental One Associates Westminster 412 Malcolm Dr., #100 Westminster, MD 21157 (410) 848-3838

Michael Pantos, DMD, PA (37628) 1643 Liberty Rd.; #104 Eldersburg, MD 21784 (410) 552-4460

## Cecil County

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Deepali Gham (70916) Delmarva Center for Dental Excellence 230 S Bridge St. Ste. A Elkton, MD 21921 (410) 398-7711

\*C.V. Pasqualini, Jr., DMD (184) 111 Howard St. Elkton, MD 21922 (410) 398-3737

### **Charles County**

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\*Godfrey Hewitt (410) Metro Dental Center 6620 Crain Hwy., #204 La Plata, MD 20646 (301) 932-6133

Joseph A. Maloney, DDS (2324) 3450 Old Washington Rd. Ste. 204 Waldorf, MD 20602 (301) 374-9033

Cathy Wiltshire (434) Post Office Lake Dental Assoc. 603 Post Office Rd., #208 Waldorf, MD 20602 (301) 705-7552

## Frederick County

Mazin Alayssami (37595) Alayssami Dental, PC 5726 B. Buckeystown Pike Frederick, MD 21704 (301) 695-1414

\*Philip Jay Magpantay (37755) Dental Services of Frederick, LLC 198 Thomas Johnson Dr. 18 Frederick, MD 21702 (301) 620-1117

Mark Mazin (193) Mazin Alayssami DMD & Assoc., PC 68 Thomas Johnson Dr. Ste. B Frederick, MD 21702 (301) 620-9090

## \*PROVIDER NOT ACCEPTING NEW PATIENTS UNDER THIS PLAN AT THIS TIME.

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Deep Muko, DDS, PA (69530) 198 Thomas Johnson Dr. Ste. 18 Frederick, MD 21702 (301) 644-8006

Atul Purohit DDS (47035) 801 Toll House Ave. Building 1 Frederick, MD 21701 (301) 662-0131

## Harford County

Iwona Kubiczek, DDS, PC (2857) 2021-B Emmorton Rd. Ste. 216 Bel Air, MD 21015 (410) 838-4404 Language(s): Russian

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Thomas G. Tzomides, DDS (953) 2404 Pleasantville Rd. Fallston, MD 21047 (410) 879-6688

Michael Woland (50727) Maryland Family Dental LLC 122 N Philadelphia Blvd. Aberdeen, MD 21001 (410) 272-2636

## Howard County

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Craig Blucher (69952) Dr. Bluchers Family Dentistry 10741 Birmingham Way Woodstock, MD 21163 (410) 750-7855

Azita Davanlou (2723) Chartwell Dental Group 8180 Lark Brown Rd. Ste. 202 Elkridge, MD 21075 (410) 799-7172 Language(s): Farsi

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Frances Pak (19804) Pak Dental Associates, PC 10326 A Baltimore National Pike Ellicott City, MD 21042 (410) 461-1166 Michael Pantos, DMD, PA (37627) 10300 B. Baltimore National Pike Ellicott City, MD 21042 (410) 480-0426

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## \*PROVIDER NOT ACCEPTING NEW PATIENTS UNDER THIS PLAN AT THIS TIME.

## Montgomery County

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## \*PROVIDER NOT ACCEPTING NEW PATIENTS UNDER THIS PLAN AT THIS TIME.

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#### \*PROVIDER NOT ACCEPTING NEW PATIENTS UNDER THIS PLAN AT THIS TIME.

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## Pennsylvania

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## **Fayette County**

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#### Lancaster County

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## York County

Ahmad Chaudhry (33834) Aspen Dental Associates of NE PA PC 1101 Carlisle Rd. York, PA 17404 (717) 845-2176

Rashmi Deshpande (37962) Aspen Dental Associates of NE PA PC 2803 Concord Rd. York, PA 17402 (717) 600-1000

John Popernack (51062) Aspen Dental 409 Eisenhower Dr. Hanover, PA 17331 (717) 630-0010

## Virginia

## Alexandria City

Anwar Ahmad, DMD (1799) 1707 Osage St.; 402 Alexandria, VA 22302 (703) 578-1700

Mazin Alayssami, DMD & Assoc., PC (144) 5249 Duke St.; Ste. 210 Alexandria, VA 22304 (703) 823-2413 Language(s): Spanish Gary Avakian, DDS (1390) 303 S. Columbus St. Alexandria, VA 22314 (703) 549-7492

\*Hoang K. Do, DDS, LLC (1582) 5266 Dawes Ave. Alexandria, VA 22311 (703) 845-8741 Language(s): Vietnamese, French, Spanish

Mohsen Ghanbari (1527) Comprehensive Family Dentistry 50 S. Pickett St.; Ste. 118 Alexandria, VA 22304 (703) 370-2000

\*Joel C. Goldstein, DDS (1974) 460513 Pinecrest Office Park Dr. Alexandria, VA 22312 (703) 658-0550

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Said M. Khalefa, DDS, PC (1269) 4600 Pincrest Office Park Dr. Ste. B Alexandria, VA 22312 (703) 914-0020

Thomas S. Kwon, DDS (342) 4701 Kenmore Ave.; Ste. 122 Alexandria, VA 22304 (703) 751-1112 Language(s): Korean, Spanish

Benjamin Lee (1122) Robin S. Kim, DDS & Benjamin K. Lee, DMD, PC 5130 Duke St., #4 Alexandria, VA 22304 (703) 370-6500 Language(s): Korean, Spanish, Vietnamese Phuong Phan, DMD, PC (2274) 1225 Martha Custis Dr.; #C-6 Alexandria, VA 22302 (703) 931-6344 Language(s): Spanish, Vietnamese

Bruce Taheri (79814) Alexandria Smile Dentistry 5234 Dawes Ave. Alexandria, VA 22311 (703) 671-0626

Ronald E. Tolson, DDS (215) 5246 Dawes Ave. Alexandria, VA 22311 (703) 379-2290

Kimberly Townes (37579) Floss and Smile, PC 3223 Duke St.; Ste. A Alexandria, VA 22314 (703) 212-0602

## Arlington County

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Tarek Mogharbel (37711) Mira Dental Care 1800 N. Kent St.; #100 Arlington, VA 22209 (703) 807-0808

Henry C. Wray, DDS (1391) 920 N. Kansas St. Arlington, VA 22201 (703) 243-6868 Language(s): French

David Zadeh (1664) Zadeh Dental Office 611 S. Carlin Springs Rd. Ste. 408 Arlington, VA 22204 (703) 671-7500 Language(s): Spanish, Persian

## City of Fredericksburg

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### City of Manassas

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Mitra Khosravi (1729) Milton Starr, DDS, PC 7800 Sudley Rd.; Ste. 7810 Manassas, VA 20109 (703) 367-0599 Language(s): Vietnamese, Farsi

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### Fairfax City

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Kalpana Trivedi (2880) Fairfax Dental Associates 11166 Fairfax Blvd.; Ste. 400 Fairfax, VA 22030 (703) 691-3015 Language(s): Spanish

#### \*PROVIDER NOT ACCEPTING NEW PATIENTS UNDER THIS PLAN AT THIS TIME.

## Fairfax County

Mazin Alayssami (1177) Drs. Alayssami, Hamid & Associates 6230- E Rolling Rd. Springfield, VA 22152 (703) 451-6100 Language(s): Arabic, Persian, German

Mazin Alayssami, DMD & Assoc., PC (92) 13873 Park Center Rd. Ste. 137 Herndon, VA 20171 (703) 478-0115

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Elda Bordon (79058) Family and Cosmetic Dentistry 1800 Michael Faraday Dr. Reston, VA 20190 (571) 926-8429 Language(s): Spanish

\*Donald Chaenkwok, DDS (1387) 14012B Sullyfield Cir. Chantilly, VA 20151 (703) 378-1695 Jonathan Chang, DDS, PC (37536) 2301 Gallows Rd.; Ste. 215 Dunn Loring, VA 22027 (703) 560-6500 Language(s): Korean, Cantonese, Spanish, Farsi, Mandarin

Johnson C. Cheng, DDS (67) 6928-A Little River Tpk. Annandale, VA 22003 (703) 354-6289 Language(s): Cantonese

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Joseph Dehyar (2803) Dr. Dehyar & Associates, DMD, PC 9534 Burke Rd. Burke, VA 22015 (703) 764-0650 Language(s): Farsi

## \*PROVIDER NOT ACCEPTING NEW PATIENTS UNDER THIS PLAN AT THIS TIME.

Stephanie Dickson (33865) Dickson Dental, PC 5962 Richmond Hwy. Alexandria, VA 22303 (571) 481-4410 Language(s): Spanish

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Basiony Hagar (69947) Centreville Dental Group 13890 Braddock Rd. Ste. 202 Centreville, VA 20121 (703) 825-7339 Language(s): Arabic, Farsi, Spanish

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## \*PROVIDER NOT ACCEPTING NEW PATIENTS UNDER THIS PLAN AT THIS TIME.

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## Falls Church City

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#### Fauquier County

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#### Hanover County

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## Henrico County

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## \*PROVIDER NOT ACCEPTING NEW PATIENTS UNDER THIS PLAN AT THIS TIME.

#### Loudoun County

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Maryam Avin (1878) Hamid A. Avin, DDS, PC 47100 Community Plaza Ste. 165 Sterling, VA 20164 (703) 444-5222 Language(s): German, Farsi, Spanish

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Mohammad Nikpourfard (37583) Belmont Dentistry 44121 Harry Byrd Hwy.; #280 Ashburn, VA 20147 (703) 723-1200 Language(s): Farsi

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#### Prince William County

Hassanoor Abdirahman (72099) Woodbridge Family Dental 13601 Office Pl. Ste. 202 Woodbridge, VA 22192 (703) 986-0434 Language(s): Spanish

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Hicham Mekouar (50430) Gateway Dental Orthodontics 7462 Limestone Dr. Gainesville, VA 20155 (703) 753-3346

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Silvija Valleru (1731) Woodbridge Dental Associates PC 14520 Smoketown Rd. Woodbridge, VA 22192 (703) 491-4489

#### Spotsylvania County

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Navin Hukmani (1730) Milton Starr, DDS, PC 201 Park Hill Dr. Fredericksburg, VA 22401 (540) 310-4986 Language(s): German

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#### Stafford County

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#### \*PROVIDER NOT ACCEPTING NEW PATIENTS UNDER THIS PLAN AT THIS TIME.

## Notes:



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

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