

SMILE FOR TOTAL HEALTH

A guide to your dental benefits:
Adult \$30 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 \$30 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 \$30 copay for each covered preventive care office visit, which includes procedures such as:

- Oral evaluations
- Routine cleanings
- 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.
\$30 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 \$30: You pay a combined FC of \$30 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 \$30 | N/B |
| D0140 | Limited oral eval - problem focused | FC \$30 | N/B |
| D0150 | Comprehensive oral eval - new or established patient | FC \$30 | N/B |
| D0170 | Re-eval - limited, problem focused | FC \$30 | N/B |
| D0180 | Comp. periodontal eval - new or established patient | FC \$30 | N/B |
| D0210 | Intraoral - complete series of radiographic images | 54 | 69 |
| D0220 | Intraoral - periapical first radiographic image | FC \$30 | 14 |
| D0230 | Intraoral - periapical each add. radiographic image | FC \$30 | 11 |
| D0240 | Intraoral - occlusal radiographic image | FC \$30 | 21 |
| D0250 | Extraoral – 2D projection radiographic image | FC \$30 | 26 |
| D0270 | Bitewing x-rays - single radiographic image | FC \$30 | 14 |
| D0272 | Bitewing x-rays - two radiographic images | FC \$30 | 21 |
| D0273 | Bitewing x-rays - three radiographic images | FC \$30 | 28 |
| D0274 | Bitewing x-rays - four radiographic images | FC \$30 | 31 |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | FC \$30 | 47 |
| D0330 | Panoramic radiographic image | 43 | 55 |
| D0340 | 2D cephalometric radiographic image | FC \$30 | 55 |
| D0350 | 2D oral/facial photographic images | FC \$30 | 29 |
| D0351 | 3D photographic image | FC \$30 | 32 |
| D0460 | Pulp vitality tests | FC \$30 | 35 |
| D0470 | Diagnostic casts | FC \$30 | N/B |
| D1110 | Prophylaxis (cleaning) - adult | FC \$30 | N/B |
| D1110* | Additional cleaning (expecting mothers and Diabetics) | 40 | 40 |
| D1120 | Prophylaxis (cleaning) - child | FC \$30 | N/B |
| D1206 | Topical application of fluoride varnish | FC \$30 | N/B |
| D1208 | Topical application of fluoride – excluding varnish | FC \$30 | N/B |
| D1310 | Nutritional counseling for control of dental disease | FC \$30 | N/B |
| D1320 | Tobacco counseling for control and prev. oral disease | FC \$30 | N/B |
| D1330 | Oral hygiene instructions | FC \$30 | 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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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: 

Mark Ruszczyk
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