SMILE
FOR TOTAL HEALTH

A guide to your dental benefits: Pediatric Dental HMO

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

The Pediatric Dental HMO plan provides coverage for more than 250 dental procedures through one of the largest dental provider networks[1] in the Mid-Atlantic area.[2]

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

- Oral evaluations
- Routine cleaning
- Certain X-rays
- Topical fluoride

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

New member? Get started by choosing a dentist.

Visit **dominionnational.com/kaiserdentists** or call Dominion Member Services at **855-733-7524** (TTY **711**), Monday through Friday, 7:30 a.m. to 6 p.m.

Save on restorative care

More extensive care (fillings, crowns, dentures, root canals, periodontal treatment, oral surgery, etc.) is provided at copayments lower than the usual and customary charges for these services. When covered, specialty care is covered at the listed copayment whether performed by a participating general dentist or participating specialist. For a complete copayment schedule and a list of exclusions and limitations, please refer to your *Agreement* or *Evidence of Coverage (EOC),* or you can find your plan on **dominionnational.com/kaiserdentists**.

[1]Dominion National, based on annual review of utilization data, network survey and analysis report, 3rd quarter 2018.
[2]Mid-Atlantic area includes Washington, DC, and parts of Maryland and Virginia.

KAISER PERMANENTE®

Choose a dentist

In order to use your pediatric dental benefits, you must select a participating dentist for your child's care. Each eligible family member may use a different participating dentist. To select a participating dentist or for information about a dentist, including office hours, directions, languages spoken, etc., visit **dominionnational.com/kaiserdentists** or call Dominion Member Services at **855-733-7524** (TTY **711**), Monday through Friday, 7:30 a.m. to 6 p.m. Specialty care is also available in many locations. To receive treatment from a participating specialist, ask your participating general dentist to arrange a referral. Services received from non-participating dentists are not covered.

Make appointments

After your effective date of coverage, you can make an appointment with your chosen participating general dentist for your child. Make sure you bring your child's Kaiser Permanente medical ID card to your appointment. There is no separate dental ID card. And you'll have virtually no paperwork or pre-existing condition exclusions to worry about.

Quality dental care

You can be confident that your child's dentist was carefully selected to offer quality care. All participating dentists go through a strict quality assurance program developed in accordance with the National Association of Dental Plans' recommendations. This process confirms that each dentist has the required credentials and has passed a thorough on-site office evaluation.

Out-of-pocket maximum

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

Dedicated customer service

Quality customer service is an important part of any dental plan. 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 PERMANENTE®

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. 2101 E. Jefferson St., Rockville, MD 20852 2021MC0962 MAS 8/31/21-12/31/22

KAISER PERMANENTE®
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 E. Jefferson Street, Rockville, MD 20852
301-816-2424

Kaiser Permanente
Virginia Large Group Agreement and Evidence of Coverage

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Pediatric Dental Plan
2022 Schedule of Dental Fees

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

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

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

ADA Code	Description of Services	You Pay to Dentist
Office Visit		
D9439	Office visit	$30
Diagnostic/Preventive		
D0120	Periodic oral eval - established patient	$0
D0140	Limited oral eval - problem focused	$0
D0145	Oral eval for a patient under 3 years of age	$0
D0150	Comprehensive oral eval - new or established patient	$0
D0160	Detailed and extensive oral eval - problem focused	$0
D0170	Re-evaluation - limited, problem focused	$0
D0210	Intraoral - complete series of radiographic images	$26
D0220/30	Intraoral - periapical first radiographic image	$0
D0240	Intraoral - occlusal radiographic image	$0
D0250	Extraoral – 2D projection radiographic image	$0
D0270-74	Bitewing x-rays - 1 to 4 radiographic images	$0
D0277	Vertical bitewings - 7 to 8 radiographic images	$0
D0330	Panoramic radiographic image	$30
D0340	2D cephalometric radiographic image	$0
D0350	2D oral/facial photographic image	$0
D0351	3D photographic image	$0
D0460	Pulp vitality tests	$0
D0470	Diagnostic casts	$0

ADA Code	Description of Services	You Pay to Dentist
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	$0
D0601	Caries risk assessment & documentation, with a finding of low risk	$0
D0602	Caries risk assessment & documentation, with a finding of medium risk	$0
D0603	Caries risk assessment & documentation, with a finding of high risk	$0
D0701	Panoramic radiographic image – image capture only	$0
D0702	2-D cephalometric radiographic image – image capture only	$0
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	$0
D0704	3-D photographic image – image capture only	$0
D0705	Extra-oral posterior dental radiographic image – image capture only	$0
D0706	Intraoral – occlusal radiographic image – image capture only	$0
D0707	Intraoral – periapical radiographic image – image capture only	$0
D0708	Intraoral – bitewing radiographic image – image capture only	$0
D0709	Intraoral – complete series of radiographic images – image capture only	$0
D1110	Prophylaxis (cleaning) – adult	$0
D1120	Prophylaxis (cleaning) – child	$0
D1206	Topical application of fluoride varnish	$0
D1208	Topical application of fluoride – excluding varnish	$0
D1310	Nutritional counseling for control of dental disease	$0
D1320/30	Oral hygiene instructions	$0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	$0
D1351	Sealant – per tooth	$21
D1352	Prev resin rest. mod/high caries risk – perm. tooth	$21
D1354	Interim caries arresting medicament application – per tooth	$0
D1355	Caries preventive medicament application – per tooth	$21
Space Maintainers		
D1510/20	Space maintainer - fixed/removable – unilateral – per quadrant	$143
D1516	Space maintainer - fixed - bilateral, maxillary	$198
D1517	Space maintainer - fixed - bilateral, mandibular	$198
D1526	Space maintainer - removable - bilateral, maxillary	$198
D1527	Space maintainer - removable - bilateral, mandibular	$198
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	$34
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	$34
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	$34
D1556	Removal of fixed unilateral space maintainer – per quadrant	$44
D1557	Removal of fixed bilateral space maintainer – maxillary	$44
D1558	Removal of fixed bilateral space maintainer – mandibular	$44

ADA Code	Description of Services	You Pay to Dentist
D1575	Distal shoe space maintainer - fixed – unilateral – per quadrant	$143
Restorative Dentistry (Fillings)		
D2140	Amalgam - one surface, prim. or perm.	$41
D2150	Amalgam - two surfaces, prim. or perm.	$51
D2160	Amalgam - three surfaces, prim. or perm.	$64
D2161	Amalgam - >=4 surfaces, prim. or perm.	$78
Resin/Composite Restorations (Tooth Colored)		
D2330	Resin-based composite - one surface, anterior	$69
D2331	Resin-based composite - two surfaces, anterior	$83
D2332	Resin-based composite - three surfaces, anterior	$99
D2335	Resin-based composite - >=4 surfaces, anterior	$119
D2390	Resin-based composite crown, anterior	$192
D2391	Resin-based composite - one surface, posterior	$73
D2392	Resin-based composite - two surfaces, posterior	$87
D2393	Resin-based composite - three surfaces, posterior	$102
D2394	Resin-based composite - >=4 surfaces, posterior	$123
Crowns and Bridges *		
D2510	Inlay - metallic - one surface	$407
D2520	Inlay - metallic - two surfaces	$407
D2530	Inlay - metallic - three or more surfaces	$425
D2542	Onlay - metallic-two surfaces	$458
D2543	Onlay - metallic-three surfaces	$524
D2544	Onlay - metallic-four or more surfaces	$524
D2610	Inlay - porcelain/ceramic - one surface	$427
D2620	Inlay - porcelain/ceramic - two surfaces	$427
D2630	Inlay - porcelain/ceramic - >=3 surfaces	$445
D2642	Onlay - porcelain/ceramic - two surfaces	$479
D2643	Onlay - porcelain/ceramic - three surfaces	$499
D2644	Onlay - porcelain/ceramic - >=4 surfaces	$499
D2650	Inlay - resin-based composite - one surface	$440
D2651	Inlay - resin-based composite - two surfaces	$440
D2652	Inlay - resin-based composite - >=3 surfaces	$440
D2662	Onlay - resin-based composite - two surfaces	$444
D2663	Onlay - resin-based composite - three surfaces	$444
D2664	Onlay - resin-based composite - >=4 surfaces	$444
D2710	Crown - resin based composite (indirect)	$272
D2712	Crown - 3/4 resin-based composite (indirect)	$485
D2720/21/22	Crown - resin with metal	$495

ADA Code	Description of Services	You Pay to Dentist
D2740	Crown - porcelain/ceramic	$560
D2750/51/52	Crown - porcelain fused metal	$523
D2753	Crown - porcelain fused to titanium and titanium alloys	$523
D2780/81/82	Crown - 3/4 cast with metal	$478
D2783	Crown - 3/4 porcelain/ceramic	$511
D2790-94	Crown - full cast metal	$495
D2910/20	Recement inlay, onlay/crown or partial coverage rest.	$43
D2915	Recement cast or prefab. post and core	$82
D2928	Prefab. porcelain/ceramic crown – permanent tooth	$560
D2929	Prefab. porcelain/ceramic crown - prim. tooth	$560
D2930	Prefab. stainless steel crown - prim. tooth	$110
D2931	Prefab. stainless steel crown - perm. tooth	$121
D2932	Prefabricated resin crown	$140
D2933	Prefab. stainless steel crown w/ resin window	$271
D2934	Prefab. esthetic coated primary tooth	$296
D2940	Protective restoration	$39
D2941	Interim therapeutic restoration, primary dentition	$31
D2950	Core buildup, including any pins	$125
D2951	Pin retention – per tooth, in addition to restoration	$22
D2952	Post and core in addition to crown	$186
D2954	Prefab. post and core in addition to crown	$154
D2955	Post removal (not in conj. with endo. therapy)	$105
D2962	Labial veneer (porcelain laminate) – indirect	$449
D2980	Crown repair necessitated by restorative material failure	$102
D2981	Inlay repair necessitated by restorative material failure	$102
D2982	Onlay repair necessitated by restorative material failure	$102
D2983	Veneer repair necessitated by restorative material failutre	$102
Endodontics		
D3110/20	Pulp cap – direct/indirect (excl. final restoration)	$32
D3220	Therapeutic pulpotomy (excl. final restor.)	$81
D3221	Pulpal debridement, prim. and perm. teeth	$94
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	$160
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	$164
D3310	Endodontic therapy, anterior tooth (excl. final restor.)	$341
D3320	Endodontic therapy, premolar tooth (excl. final restor.)	$418
D3330	Endodontic therapy, molar (excl. final restor.)	$512
D3333	Internal root repair of perforation defects	$105
D3346	Retreat of prev. root canal therapy, anterior	$387
D3347	Retreat of prev. root canal therapy, premolar	$465

ADA Code	Description of Services	You Pay to Dentist
D3348	Retreat of prev. root canal therapy, molar	$558
D3351	Apexification/recalcification - initial visit	$202
D3352	Apexification/recalcification - interim med. repl.	$589
D3353	Apexification/recalcification - final visit	$449
D3355	Pulpal regeneration - initial visit	$202
D3356	Pulpal regeneration - interim medication replacement	$589
D3357	Pulpal regeneration - completion of treatment	$449
D3410	Apicoectomy - anterior	$323
D3421	Apicoectomy - premolar (first root)	$364
D3425	Apicoectomy - molar (first root)	$418
D3426	Apicoectomy - (each add. root)	$152
D3428	Bone graft in conj. w/ periradicular surg., per tooth, single site	$743
D3429	Bone graft in conj. w/ periradicular surg., add. contiguous tooth, same site	$582
D3430	Retrograde filling - per root	$119
D3450	Root amputation - per root	$234
D3471	Surgical repair of root resorption - anterior	$323
D3472	Surgical repair of root resorption – premolar	$364
D3473	Surgical repair of root resorption – molar	$418
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	$323
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	$364
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	$418
D3920	Hemisection, not inc. root canal therapy	$234
D3950	Canal prep/fitting of preformed dowel or post	$136
Periodontics		
D0180	Comp. periodontal eval - new or established patient	$0
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.	$279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.	$100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad	$345
D4241	Gingival flap proc, inc. root planing - <=3 cont. teeth, per quad	$106
D4249	Clinical crown lengthening - hard tissue	$576
D4260	Osseous surgery - >3 cont. teeth, per quad	$499
D4261	Osseous surgery - <=3 cont. teeth, per quad	$392
D4263	Bone replacement graft - retained natural tooth - first site in quad.	$743
D4264	Bone replacement graft - retained natural tooth - each add. site in quad.	$582
D4268	Surgical revision proc., per tooth	$358

ADA Code	Description of Services	You Pay to Dentist
D4270	Pedicle soft tissue graft procedure	$643
D4273	Autogenous connective tissue graft proc.	$800
D4274	Mesial/distal wedge procedure, single tooth	$308
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	$654
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	$100
D4320	Provisional splinting – intracoronal	$427
D4321	Provisional splinting – extracoronal	$377
D4341	Perio scaling and root planing - >3 cont teeth, per quad.	$109
D4342	Perio scaling and root planing - <= 3 teeth, per quad	$63
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	$45
D4355	Full mouth debridement	$89
D4381	Localized delivery of antimicrobial agents	$98
D4910	Periodontal maintenance	$74
Prosthetics (Dentures)		
D5110/20	Complete denture - maxillary/mandibular	$697
D5130/40	Immediate denture - maxillary/mandibular	$722
D5211/12	Maxillary/mandibular partial denture - resin base	$649
D5213/14	Maxillary/mandibular partial denture - cast metal	$750
D5221	Immediate maxillary partial denture	$649
D5222	Immediate mandibular partial denture	$649
D5223	Immediate maxillary partial denture	$750
D5224	Immediate mandibular partial denture	$750
D5225/26	Maxillary/mandibular partial denture - flexible base	$750
D5282	Rem. unilateral partial denture - one piece cast metal, maxillary	$419
D5283	Rem. unilateral partial denture - one piece cast metal, mandibular	$419
D5284	Rem. unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	$419
D5286	Rem. unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	$419
D5410/11	Adjust complete denture - maxillary/mandibular	$38
D5421/22	Adjust partial denture - maxillary/mandibular	$38
D5511	Repair broken complete denture base, mandibular	$87
D5512	Repair broken complete denture base, maxillary	$87
D5520	Replace missing or broken teeth - complete denture	$87
D5611	Repair resin partial denture base, mandibular	$87

ADA Code	Description of Services	You Pay to Dentist
D5612	Repair resin partial denture base, maxillary	$87
D5620	Repair cast framework	$87
D5621	Repair cast partial framework, mandibular	$87
D5622	Repair cast partial framework, maxillary	$87
D5630	Repair or replace broken retentive/clasping material	$115
D5640	Replace broken teeth - per tooth	$87
D5650	Add tooth to existing partial denture	$87
D5660	Add clasp to existing partial denture – per tooth	$115
D5670/71	Replace all teeth and acrylic on cast metal framework	$287
D5710/11	Rebase complete maxillary/mandibular denture	$260
D5720/21	Rebase maxillary/mandibular partial denture	$260
D5730/31	Reline complete maxillary/mandibular denture (direct)	$159
D5740/41	Reline maxillary/mandibular partial denture (direct)	$155
D5750/51	Reline complete maxillary/mandibular denture (indirect)	$224
D5760/61	Reline maxillary/mandibular partial denture (indirect)	$224
D5810/11	Interim complete denture - maxillary/mandibular	$362
D5820/21	Interim partial denture (including retentive/clasping materials, rests, and teeth,) maxillary/mandibular	$362
D5850/51	Tissue conditioning - maxillary/mandibular	$79
D5951	Feeding aid	$1395
Bridges and Pontics *		
D6205	Pontic - indirect resin based composite	$445
D6210/11/12	Pontic - metal	$495
D6214	Pontic – titanium	$495
D6240/41/42	Pontic - porcelain fused metal	$523
D6243	Pontic – porcelain fused to titanium and titanium alloys	$495
D6245	Pontic - porcelain/ceramic	$560
D6250/51/52	Pontic - resin with metal	$495
D6545	Retainer - cast metal for resin bonded fixed prosthesis	$251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	$393
D6549	Resin retainer for resin bonded fixed prosthesis	$251
D6600	Retainer inlay - porc./ceramic, two surfaces	$427
D6601	Retainer inlay - porc./ceramic, >=3 surfaces	$445
D6602	Retainer inlay - cast high noble metal, two surfaces	$407
D6603	Retainer inlay - cast high noble metal, >=3 surfaces	$425
D6604	Retainer inlay - cast predominantly base metal, two surfaces	$407
D6605	Retainer inlay - cast predominantly base metal, >=3 surfaces	$425
D6606	Retainer inlay - cast noble metal, two surfaces	$407

ADA Code	Description of Services	You Pay to Dentist
D6607	Retainer inlay - cast noble metal, >=3 surfaces	$425
D6608	Retainer onlay -porc./ceramic, two surfaces	$479
D6609	Retainer onlay - porc./ceramic, three or more surfaces	$499
D6610	Retainer onlay - cast high noble metal, two surfaces	$458
D6611	Retainer onlay - cast high noble metal, >=3 surfaces	$524
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$458
D6613	Retainer onlay - cast predominantly base metal, >=3 surfaces	$524
D6614	Retainer onlay - cast noble metal, two surfaces	$458
D6615	Retainer onlay - cast noble metal, >=3 surfaces	$524
D6720/21/22	Retainer crown - resin with metal	$495
D6740	Retainer crown - porcelain/ceramic	$560
D6750/51/52	Retainer crown - porcelain fused metal	$523
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	$495
D6780	Retainer crown - 3/4 cast high noble metal	$470
D6781	Retainer crown - 3/4 cast predominantly base metal	$470
D6782	Retainer crown - 3/4 cast noble metal	$470
D6783	Retainer crown - 3/4 porc./ceramic	$511
D6784	Retainer crown – 3/4 titanium and titanium alloys	$495
D6790/91/92	Retainer crown - full cast metal	$495
D6794	Retainer crown – titanium	$495
D6930	Recement or rebond fixed partial denture	$69
D6980	Fixed partial denture repair, by report	$172
Oral Surgery		
D7111	Extraction, coronal remnants - primary tooth	$56
D7140	Extraction, erupted tooth or exposed root	$69
D7210	Extraction, erupted tooth req. elev, etc.	$133
D7220	Removal of impacted tooth - soft tissue	$151
D7230	Removal of impacted tooth - partially bony	$196
D7240	Removal of impacted tooth - completely bony	$241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	$217
D7250	Removal of residual tooth roots	$141
D7251	Coronectomy - intentional partial tooth removal	$217
D7260	Oroantral fistula closure	$578
D7261	Primary closure of a sinus perforation	$465
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	$226
D7280	Exposure of an unerupted tooth	$153
D7282	Mobil. of erupted/malpositioned tooth to aid eruption	$231

ADA Code	Description of Services	You Pay to Dentist
D7283	Place. of device to facilitate erupt. of impacted tooth	$144
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	$387
D7286	Incisional biopsy of oral tissue - soft (all others)	$295
D7288	Brush biopsy - transepithelial sample collect	$93
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	$60
D7310/20	Alveoloplasty, per quad	$141
D7311/21	Alveoloplasty in conjunction with/out extractions	$141
D7450	Removal of benign odon cyst/tumor - diam <=1.25cm	$354
D7451	Removal of benign odon cyst/tumor - diam >1.25cm	$543
D7471	Removal of lateral exostosis	$351
D7472/73	Removal of torus palatinus/mandibularis	$480
D7485	Surgical reduction of osseous tuberosity	$568
D7510	Incision and drainage of abscess - intraoral soft tissue	$96
D7511	Incision/drainage of abscess - intra. soft tissue, comp.	$112
D7880	Occlusal orthotic device, "by report" (covered for TMJ)	$272
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	$25
D7961	Buccal/labial frenectomy (frenulectomy)	$263
D7962	Lingual frenectomy (frenulectomy)	$263
D7963	Frenuloplasty (Cosmetic Service)	$293
D7970	Excision of hyperplastic tissue - per arch	$233
D7971	Excision of pericoronal gingiva	$131
D7972	Surgical reduction of fibrous tuberosity (Cosmetic Service)	$521
D7979	Non-surgical sialolithotomy	$43
Orthodontics (Pre-Authorization Required)		
D8020	Lim. ortho treatment - transitional dentition	$3304
D8030	Lim. ortho treatment of - adolescent dentition	$3422
D8040	Lim. ortho treatment - adult dentition	$3658
D8070	Comp. ortho. treatment - transitional dentition	$3304
D8080	Comp. ortho. treatment - adolescent dentition	$3422
D8090	Comp. ortho. treatment - adult dentition	$3658
D8210	Removable appliance therapy – includes appliances for thumb sucking and tongue thrusting	$770
D8220	Fixed appliance therapy – includes appliances for thumb sucking and tongue thrusting	$783
D8660	Pre-orthodontic treatment visit	$413
D8670	Periodic ortho. treatment visit (as part of contract)	$118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s))	$413

ADA Code	Description of Services	You Pay to Dentist
D8701	Repair of fixed retainer, includes reattachment – maxillary	$174
D8702	Repair of fixed retainer, includes reattachment – mandibular	$174
D8703	Replacement of lost or broken retainer – maxillary	$179
D8704	Replacement of lost or broken retainer – mandibular	$179
D8999	Unspecified orthodontic procedure, by report	$0
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental pain	$43
D9210/15	Local anesthesia	$0
D9211/12	Regional block anesthesia	$0
D9219	Evaluation for deep sedation or general anesthesia	$0
D9222	Deep sedation/general anesthesia - first 15 minutes	$103
D9223	Deep sedation/general anesthesia each subsequent 15-minute increment	$103
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	$37
D9239	Intravenous moderate sedation/analgesia – first 15 minutes	$103
D9243	IV moderate conscious sedation/analgesia – each subsequent 15-minute increment	$103
D9248	Non-intravenous conscious sedation	$145
D9310	Consultation (diagnostic service by nontreating dentist)	$43
D9420	Hospital call	$350
D9440	Office visit after regularly scheduled hours	$90
D9610	Therapeutic parenteral drug, single admin.	$26
D9612	Therapeutic parenteral drug, 2 or more admin., diff. med.	$70
D9613	Infiltration of sustained release therapeutic drug – single or multiple	$190
D9630	Drugs or medicaments dispensed in the office for home use	$42
D9910	Application of desensitizing medicament	$31
D9920	Behavior management, by report	$68
D9930	Treatment of complications (post-surgical)	$43
D9944	Occlusal guard – hard appliance, full arch	$272
D9945	Occlusal guard – soft appliance, full arch	$272
D9946	Occulsal guard – hard appliance, partial arch	$272
D9950	Occlusion analysis - mounted case	$104
D9951	Occlusal adjustment - limited	$66
D9952	Occlusal adjustment - complete	$266
D9986	Missed appointment	$50
D9995	Teledentistry – synchronous; real-time encounter	$20
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	$20
D9997	Dental case management – patients with special health care needs	$50

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

By: _____

Gracelynn McDermott

Vice President Marketing, Sales & Business Development

KAISER PERMANENTE®
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 E. Jefferson Street, Rockville, MD 20852
301-816-2424

Kaiser Permanente
Virginia Large Group Agreement and Evidence of Coverage

Pediatric Dental Plan Rider

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

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

Definitions

The following terms, when capitalized and used in any part of this EOC, mean:

Covered Dental Services: A range of diagnostic, preventive, restorative, endodontic, periodontic, prosthetic, orthodontic and oral surgery Services that are covered under this Pediatric Dental Plan Rider.

Covered Preventive Care Dental Services: These include, but are not limited to: oral evaluation, cleaning and certain diagnostic X-rays.

Dental Administrator: The entity that has entered into a contract with the 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 below.

Dental Fee: The discounted fee that a Participating Dental Provider charges you for a Covered Dental Service. Dental Fees are reviewed annually and subject to change effective January 1 of each year.

Dental Specialist: A Participating Dental Provider that is a dental specialist.

General Dentist: A Participating Dental Provider that is a general dentist.

Medically Necessary Orthodontia: Orthodontic services related to the treatment of a severe, dysfunctional, handicapping malocclusion or as otherwise determined by the Plan.

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

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

General Provisions

Subject to the terms, conditions, limitations, and exclusions specified in this Rider, you may receive Covered Preventive Care Dental and Covered Dental Services from Participating Dental Providers. You may receive Covered Dental Services from a non-Participating Dental Provider for emergencies, urgent care received outside the Health Plan's Service Area, and Services obtained pursuant to a referral to a non-participating specialist.

Kaiser Permanente
Virginia Large Group Agreement and Evidence of Coverage

The Health Plan has entered into an agreement with the Dental Administrator to provide Covered Preventive Care Dental Services and certain other Covered Dental Services through its Participating Dental Providers.

Attached is a list of Covered Preventive Care Dental Services and other Covered Dental Services and the associated Dental Fees that you will be charged for each Service. You will pay a fixed copayment for each office visit. The fixed copayment does not apply to certain preventive Services.

You will pay Dental Fees for certain other Covered Dental Services you receive from Participating Dental Providers. You will pay the applicable Dental Fee directly to the Participating Dental Provider at the time Services are rendered. The Participating Dental Provider has agreed to accept that Dental Fee as payment in full of the Member's responsibility for that procedure. Neither the Health Plan nor Dental Administrator are responsible for payment of these fees or for any fees incurred as the result of receipt of non-Covered Dental Services or any other non-covered dental service.

Covered Dental Services are not subject to a Deductible. Copayments and Dental Fees set forth in the ***Description of Benefits & Member Copayments for Pediatric Services*** (up to age 19) apply toward the Out-of-Pocket Maximum of this Agreement.

You will receive a list of Participating Dental Providers from the Health Plan or from the Dental Administrator. You must select a Participating Dental Provider, who is a "General Dentist," from whom you and your covered family members will receive Covered Preventive Care Dental Services and other Covered Dental Services. Specialty care is also available should such care be required; however, referrals to a Dental Specialist for specialty care services are strongly advised so as to assist with communications from the general dentist to the treating specialist.

You may also obtain a list of Participating Dental Providers by contacting the 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).

Dental Administrator (Dominion Dental Services USA, Inc. d/b/a Dominion National or "Dominion National")

The 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 Service Team Associates 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 twenty-four (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.

Missed Appointment Fee

Participating Dental Providers may charge you an administrative fee if you miss a scheduled dental appointment without giving twenty-four (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.

Specialist Referrals

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. Please note that a referral is not required to receive Covered Dental Services from a participating pediatric dentist. Referrals to a Dental Specialist for specialty care services are strongly advised so as to assist with communications from the general dentist to the treating specialist.

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
    a. The 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
    b. The 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.

Standing Referrals to Dental Specialists

If you suffer from a life-threatening, degenerative, chronic or disabling disease or condition that requires specialized care, your General Dentist may determine, in consultation with you and the Dental Specialist, that you would be best served through the continued care of a Dental Specialist. In such instances, the General Dentist will issue a standing referral to the Dental Specialist.

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. The 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.

Extension of Benefits

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 Agreement and Dental Rider in effect at the time your coverage ended, for a period of ninety (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 and Dental Rider in effect at the time your coverage ended, for a period of:
    a. Sixty (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 sixty (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.

Extension of Benefits Limitations

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

1. When coverage ends because of your failure to pay Premiums;
2. When coverage ends as the result of you committing fraud or material misrepresentation;
3. When coverage is provided by a succeeding 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.

Dental Emergencies Outside the Service Area

When a dental emergency occurs outside the Service Area, the Dental Administrator will reimburse you for the reasonable charges for Covered Dental Services that may be provided, less any discounted fee, upon proof of payment, not to exceed $100 per incident. Proof of payment must be submitted to the Dental Administrator within ninety (90) days of treatment or as soon as reasonably possible. Proof of payment should be mailed to:

Dominion National
251 18th Street South, Suite 900
Arlington, VA 22202
ATTN: Accounting Dept

Coverage is provided for emergency dental treatment as may be required to alleviate pain, bleeding, or swelling. You must receive all post-emergency care from your Participating Dental Provider.

Pre-Authorization for Medically Necessary Orthodontia

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

Out-of-Pocket Maximum

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

Exclusions and Limitations

Exclusions

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

1. Services which are covered under worker's compensation or employer's liability laws.
2. Services which are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of TMD (Temporomandibular Disorder) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires Medically Necessary Orthodontia services.
13. Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics). Participating dentists should refer to Specialty Care Referral Guidelines.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan. The prophylactic removal of these teeth for Medically Necessary Orthodontia services may be covered subject to review.
15. Non-Medically Necessary Orthodontia and Phase I Treatment codes D8010 and D8050 for Medically Necessary Orthodontia are not covered benefits under this policy. Discounts are provided to members through the Plan's agreements with its participating orthodontists. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #25 concerning Medically Necessary Orthodontia.

Limitations

Covered Dental Services are subject to the following limitations:

1. One (1) evaluation (D0120, D0145 or D0150) per six (6) months, per patient. Coverage for oral evaluations begins with the eruption of the first tooth.
2. One (1) teeth cleaning (D1110 or D1120) per six (6) months, per patient.
3. One (1) fluoride treatment is covered per six (6) months, per patient.
4. One (1) sealant per tooth, per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).
5. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime.
6. One (1) space maintainer (D1510, D1520, D1516, D1517, D1525 or D1527) is covered per twelve (12) months, per quadrant (unilateral) or per arch (bilateral), per patient; one (1) distal shoe space maintainer (D1575), fixed, unilateral per twenty-four (24) months.
7. Replacement of a filling is covered if it is more than twelve (12) months from the date of original placement. Fillings are covered once per tooth per surface per twelve (12) months.
8. Replacement of a crown, denture (fixed or removable), onlay (porcelain/ceramic) or labial veneer is covered if it is more than five (5) years from the date of original placement. One (1) per tooth per five (5) years.
9. Replacement of a primary stainless-steel crown is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
10. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
11. Relining and rebasing of dentures is covered once per twenty-four (24) months, per patient, only after six (6) months of initial placement.
12. Root canal treatment is covered once per tooth, per lifetime, per patient. Retreatment of previous root canal therapy is covered once per tooth, per lifetime, not within twenty-four (24) months when done by same provider/location.
13. Periodontal scaling and root planing (D4341 or D4342) and osseous surgery (D4260 or D4261) are limited to one (1) per twenty-four (24) months, per quadrant, per patient. Gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per patient per lifetime.
14. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu or a covered D1110/D1120, limited to once per two (2) years.
15. Full mouth debridement is covered once per twelve (12) months, per patient.
16. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years.
17. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of twelve (12) teeth for all four (4) quadrants per twelve (12) months, per patient. Must have pocket depths of five (5) millimeters or greater.
18. Periodontal surgery of any type, including any associated material, is covered once every twenty-four (24) months, per quadrant or surgical site, per patient.
19. Periodontal maintenance after active therapy is covered four (4) times per twelve (12) months, per patient.

20. Coronectomy, intentional partial tooth removal, one (1) per lifetime.
21. Frenulectomy, one (1) per patient per lifetime.
22. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes.
23. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of sixty (60) minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. The routine administration of inhalation analgesia or oral sedation is generally considered part of the treatment procedure, unless its use is documented in the patient record as necessary to complete treatment.
24. Occlusal guard, by report (for grinding and clenching of teeth).
25. Apexification, apicoectomy, retrograde fillings and clinical crown lengthening are each covered once per patient, per lifetime.
26. Orthodontics is only covered if medically necessary as determined by the Plan and is limited to once per lifetime. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility. Medically necessary pediatric orthodontia exists where there is a severe, dysfunctional, handicapping malocclusion.
27. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year.

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: _____

Gracelynn McDermott
Vice President Marketing, Sales & Business Development