

Smile for **TOTAL HEALTH**

A GUIDE TO YOUR DENTAL BENEFITS



2019 Dental Choice PPO

In the event of ambiguity, or a conflict between this summary and the *Certificate of Coverage*, the *Certificate of Coverage* shall control.

The Dental Choice PPO is underwritten by Dominion Dental Services, Inc. (hereinafter referred to as "Dominion"). Certain administrative services are provided by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., under contract with Dominion.



Discover the full-body benefits of dental coverage

We bet you brush like the best of them, but did you know oral health goes beyond a great grin? By visiting a dentist regularly, you're actually doing your entire body a favor without even stepping into a medical office.

Here are a few small things dental coverage can do for you, your health, and the smile that expresses it all.

Prevent

Can clean teeth improve your overall health? Studies show that conditions like heart disease and stroke may be connected to your oral hygiene. So take a trip to the dentist—you might prevent more than just cavities.

Catch

Dentists see what a toothbrush can't. On top of preventive care, dentists do double duty by spotting early symptoms of diabetes, cancer, and more.

Support

Dental checkups are also a great way to help with pre-existing conditions like diabetes that might put you at risk for gum disease. Give your brushing some healthy backup.

Dental Choice PPO Plan

Your dental plan emphasizes healthy smiles through prevention and the early detection of dental problems to avoid costly procedures in the future. With our Dental Choice PPO plan, you have the freedom to see any dentist inside or outside of the plan. You have your choice of convenient, private dental offices where you can receive care.

In-plan

You receive 100% in-network coverage for preventive care procedures such as:

- Oral evaluations
- Routine cleanings
- Bitewing X-rays

The preventive care procedures covered in this plan account for over 65% of dental services most frequently performed for adults.*

Out-of-plan

Depending on the service, you will receive 60% out-of-network coverage for preventive services if you choose to visit a licensed dentist not included in the network of participating dentists. The dentist may charge above the amount covered by your PPO plan, and the balance is your responsibility. For a complete coinsurance schedule, and a list of exclusions and limitations, please refer to your Dominion *Certificate of Coverage*.

Choose a dentist

In-plan dental providers

You may select any general dentist from among our network of participating dentists. When you choose an in-plan dentist, your out-of-pocket expenses are lower.

You can be confident that your in-plan 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.

For a list of participating in-plan dentists including office hours, directions, languages spoken, etc., visit [dominionnational.com/kaiserdentists](https://www.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.

Out-of-plan dental providers

You can visit any licensed dentist not included in the network of participating dentists.

Deductibles and annual maximums

Deductibles apply per member, per plan year, and are \$25 in-plan (\$75 family maximum) and \$50 out-of-plan (\$150 family maximum). The deductible is the amount of charges that you must pay for covered dental services during a plan year before the plan begins paying its share for those services. There is also a maximum annual benefit that applies to all in-plan and out-of-plan benefits per member, per plan year. The annual maximums are \$1,000 in-plan and \$500 out-of-plan.

*Dominion National, based on annual review of utilization data, network survey and analysis report, third quarter 2018.

Make appointments

On or after your effective date of coverage, you can make an appointment with any participating (in-plan) dentist. You can also choose to visit a licensed dentist not in the network of participating dentists (out-of-plan). Make sure you bring your Kaiser Permanente medical ID card for your in-network appointments only. There is no separate dental ID card.

Do I need to submit claims?

In-plan claims are submitted by the dentist. For out-of-plan claims, you may be expected to pay the dentist the full amount at the time of service and then submit a claim to Dominion National. You must submit the claim within 365 days of the date of service.

Claims should be mailed to:
Dominion National
P.O. Box 1126
Elk Grove, IL 60009

Claims can be faxed to:
888-208-8290

Dedicated customer service

Quality service is an important part of any dental plan. Knowledgeable Dominion Member Services specialists are available Monday through Friday, 7:30 a.m. to 6 p.m. to answer questions about coverage or to help you find a participating dentist. Dominion's interactive voice response system is available 24 hours a day for information about participating dental providers in your area or to help you select a dental provider. The most up-to-date list of participating dental providers can be found online.

Toll-free phone: **855-733-7524** (TTY **711**)

Fax: **855-485-0115**

Mailing address:
Dominion National
251 18th St., 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
- Contact information
- Member services requests and general correspondence

All changes are confirmed by return email.

Dental Choice PPO Plan

Dental Choice PPO Plan Coverage Schedule

COVERAGE SCHEDULE		
100/80/50/50		
Benefit coverage	In-network	Out-of-network
Class I – Diagnostic and preventive services	100%	60%
Class II – Basic services	80%	50%
Class III – Major services	50%	35%
Class IV – Orthodontia services (ages 19 and under)	50%	0%
Endo./Perio.	Class II benefits	Class II benefits
Annual deductible	In-network	Out-of-network
Amount	\$25	\$50
Maximum for family	\$75	\$150
Applies to all benefits	Yes	Yes
Maximums*	In-network	Out-of-network
Annual	\$1,000	\$500
Lifetime ortho	\$1,000	N/A
Waiting periods	In-network	Out-of-network
Class I – Diagnostic and preventive services	None	None
Class II – Basic services	None	None
Class III – Major services	None	None
Class IV – Orthodontia services	None	N/A

- Deductible is combined for all services for each plan year per member—maximum \$75 in-plan and \$150 out-of-plan per family.
- Annual maximum amount listed is a combined total that applies to both in-network and out-of-network services.
- Services may be received from any licensed dentist.
- If course of treatment is to exceed \$300, prior review is requested.
Plan will pay either the participating dentist's negotiated copayment or the maximum allowable charge (subject to benefit coverage percentage) for dental procedures and services as shown below, after any required annual deductible.

*Annual maximum applies to Class I, Class II, and Class III benefits.

Dental Choice PPO Plan Additional Benefit Information – Limitations

Plan will pay negotiated copayments or maximum allowable charges for in-plan dentists after any required annual deductible. Plan will also pay maximum allowable charges for out-of-plan dentists after any required annual deductible. Please see below for covered procedures and services.

Class I – Diagnostic and preventive services:

1. Two evaluations per plan year including a maximum of one comprehensive evaluation per 36 months
2. One emergency or problem-focused exam (D0140) per plan year
3. Two prophylaxis (cleaning, scaling, and polishing teeth) per plan year
4. Bitewing X-rays, 2 per plan year
5. Periapical X-rays
6. Emergency palliative treatment (only if no services other than exam and X-rays were performed on the same date of service)
7. One full mouth or panoramic X-ray per 60 months
8. One topical fluoride per plan year, age 16 and under
9. One sealant per tooth, per lifetime, age 16 and under (limited to permanent first and second molars)
10. Space maintainers to preserve space between teeth for premature loss of primary tooth (does not include use for orthodontic treatment)

Class II – Basic services:

1. Simple extraction of teeth
2. Amalgam and composite fillings (restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single-surface restorations), per tooth, per surface every 24 months
3. Pin retention of fillings (multiple pins on the same tooth are allowable as one pin)
4. Antibiotic injections administered by a dentist
5. Oral surgery, including postoperative care for:
 - a. Removal of teeth, including impacted teeth
 - b. Extraction of tooth root
 - c. Alveolectomy, alveoplasty, and frenectomy

- d. Excision of pericoronal gingiva, exostosis, or hyperplastic tissue, and excision of oral tissue for biopsy
 - e. Reimplantation or transplantation of a natural tooth
 - f. Excision of a tumor or cyst, and incision and drainage of an abscess or cyst
6. Endodontic treatment of disease of the tooth, pulp, root, and related tissue, limited to:
 - a. Root canal therapy (not covered if pulp chamber was opened before effective date of coverage)
 - b. Pulpotomy
 - c. Apicoectomy
 - d. Retrograde fillings, per root, per lifetime
 7. Periodontic services, limited to:
 - a. Two periodontal cleanings following surgery per plan year (D4341 is not considered surgery)
 - b. One root scaling and planing per quadrant of mouth per 24 months
 - c. Occlusal adjustment performed with covered surgery
 - d. Gingivectomy and gingival curettage
 - e. Osseous surgery including flap entry and closure
 - f. One pedicle or free soft tissue graft per site, per lifetime
 - g. One appliance (night guards) per five years within six months of osseous surgery
 - h. One full mouth debridement per lifetime

Class III – Major services:

1. One study model per 36 months
2. Crown build-up for non-vital teeth
3. Recementing bridges, inlays, onlays, and crowns after first 12 months, and per 12 months, per tooth thereafter

Dental Choice PPO Plan Additional Benefit Information – Limitations *continued*

4. One repair of dentures or fixed bridgework per 24 months
5. General anesthesia and analgesic, including intravenous sedation, in conjunction with covered oral surgery or periodontal surgery
6. Restoration services, limited to:
 - a. Gold or porcelain inlays, onlays, and crowns for tooth with extensive caries or fracture that is unable to be restored with an amalgam or composite filling
 - b. Replacement of existing inlay, onlay, or crown after seven years of the restoration initially placed or last replaced (will not apply if replacement is necessary due to the extraction of functioning natural teeth after the effective date of coverage)
 - c. Stainless steel crowns up to age 14 (one per tooth, per lifetime)
 - d. Post and core in addition to crown when separate from crown for endodontically treated teeth, with a good prognosis endodontically and periodontally
7. Prosthetic services, limited to:
 - a. Initial placement of dentures or fixed bridgework (including acid etch metal bridges)
 - b. Replacement of dentures or fixed bridgework that cannot be repaired after 7 years from the date of last placement
 - c. Addition of teeth to existing partial denture
 - d. One relining or rebasing of existing removable dentures per 24 months (only after 24 months from date of last placement, unless an immediate prosthesis replacing at least three teeth)

Class IV – Orthodontia services – Up to age 19

Diagnostic, active, and retention treatment to include removable fixed appliance therapy and comprehensive therapy.

Exclusions

The following services are not covered:

1. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared
2. Services which are covered under Medicare, worker's compensation or employer's liability laws
3. Services and treatment provided without charge or for which there would be no charge in the absence of insurance
4. Services not listed as covered
5. Hospitalization for any dental procedure
6. Services and treatment for which member is eligible for coverage under his or her hospital, medical, surgical, or major medical plan
7. Reconstructive, plastic, cosmetic, elective, or aesthetic dentistry
8. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth
9. Implant removal or the replacement of dentures, bridges, inlays, onlays, or crowns that can be repaired or restored to normal function
10. Implants and related services; Replacement of lost, stolen, or damaged prosthetic or orthodontic appliances; athletic mouthguards; precision or semi-precision attachments; denture duplication; periodontal splinting of teeth
11. Services for increasing vertical dimension, restoring occlusion, replacing tooth structure lost by attrition, and correcting developmental malformations and/or congenital conditions
12. Oral hygiene instructions; plaque control; completion of a claim form; broken appointments; prescription or take-home fluoride; or diagnostic photographs
13. Dispensing of drugs
14. Diagnosis or treatment of temporomandibular joint (TMJ) syndromes, problems, and/or occlusal disharmony
15. Procedures that in the opinion of Dominion Dental Services are experimental or investigative in nature because they do not meet professionally recognized standards of dental practice and/or have not been shown to be consistently effective for the diagnosis or treatment of the member's condition
16. Treatment of cleft palate, anodontia, malignancies, or neoplasms
17. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of member's continuous coverage under the plan

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

In the event of dispute, the provisions of the approved English version of the form will control.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚስተላው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**)።

Bàsòò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̀ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò d̀ò po-poò béin m̀ gbo kpáa. Đá **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-777-7902** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-777-7902 (TTY: 711)** تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902 (TTY: 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-777-7902 (TTY: 711)**.

ગુજરાતી (Gujarati) સુચન: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902 (TTY: 711)**.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902 (TTY: 711)**.

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902 (TTY: 711)** पर कॉल करें।

Igbo (Igbo) NRỤBAMA: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-777-7902 (TTY: 711)**.

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902 (TTY: 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-777-7902 (TTY: 711)** まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-777-7902 (TTY: 711)** 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-777-7902 (TTY: 711)**.

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902 (TTY: 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902 (TTY: 711)**.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902 (TTY: 711)**.

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-777-7902 (TTY: 711)**.

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902 (TTY: 711)**.

أردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902 (TTY: 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902 (TTY: 711)**.

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902 (TTY: 711)**.

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