

Kaiser Permanente Insurance Company (KPIC) Group Dental Insurance Plan

California Plan E FFS 1000

Annual Deductible..... **\$25 individual / \$75 family**
Annual Maximum Allowable Coverage..... **\$1,000 individual**

	Participating Provider Plan pays	Non-Participating Provider Plan pays*	Limitations
Service			
Deductible does not apply to these procedures			
Exam	100%	100%	Twice in a calendar year
Bitewing X-rays	100%	100%	Twice in a calendar year for children through age 18 or once in a calendar year for adults age 19 and over
Other X-rays	80%	80%	Full-mouth X-rays, single X-rays, and panoramic X-rays once in any five-year period
Prophylaxis	100%	100%	Twice in a calendar year
Fluoride treatments	100%	100%	Only for children up to age 19, twice in a calendar year
Deductible applies to these procedures			
Palliative care	80%	80%	Usual, Customary, and Reasonable
Denture relines	80%	80%	Twice in a calendar year
Space maintainers	100%	100%	Usual, Customary, and Reasonable
Fillings	80%	80%	Usual, Customary, and Reasonable
Stainless steel crowns	80%	80%	Primary teeth only
Endodontics	80%	80%	Usual, Customary, and Reasonable
Periodontics	80%	80%	Usual, Customary, and Reasonable
Oral surgery	80%	80%	Usual, Customary, and Reasonable
Crowns and cast restorations	50%	50%	Includes one replacement in any five-year period, but only if originally covered by KPIC dental plan
Prosthodontics	50%	50%	Standard removable prosthetic appliances (includes one replacement in any five-year period, but only if originally covered by KPIC dental plan)
Orthodontics	Not covered	Not covered	Not covered

*Benefits payable will be based on the Maximum Allowable Charge.

For rates on KPIC group dental insurance plans, please contact your Kaiser Permanente representative or broker.

All rate quotes will be provided by Kaiser Foundation Health Plan, Inc., Underwriting Department.

This dental insurance plan is underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California. The following services are not covered under any of the KPIC group dental insurance plans:

- Any treatment or procedure not listed as covered.
- Charges in excess of the Maximum Allowable Charge.
- Services for injuries or conditions covered under workers' compensation or employer's liability laws.
- Cosmetic surgery, dentistry, or services to correct hereditary, congenital, or developmental malformations.
- Restoration of tooth structure or chewing surfaces for damages due to wear.
- Prescribed drugs, premedication, or pain relievers.
- Experimental procedures.
- Hospital costs or extra charges for hospital treatment.
- Anesthesia (except for general anesthesia for oral surgery).
- Extra-oral grafts, implants, and implant removal.
- Treatment related to the temporomandibular joint (TMJ).
- Plaque control programs, oral hygiene, and dietary instructions.
- Orthodontic treatment.
- Treatment plans that are more expensive than those customarily provided or specialized techniques used instead of standard procedures; for example, a precision denture where a standard denture would suffice.
- Pit and fissure sealants, unless for the first molars of children through age 8 and second molars for children through age 15. The molar must have no decay and no restoration, and the occlusal surface must be intact. Coverage does not include the repair or replacement of a sealant on any tooth within two years of application.
- Services which are provided to the covered person by any federal or state governmental agency or are provided without cost to the covered person by any municipality, county, or other political subdivision, except Medi-Cal benefits.
- Charges by any hospital or other surgical treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants.
- Replacement of existing restoration for any purpose other than active tooth decay.
- Intravenous sedation, occlusal guards, and complete occlusal adjustment.
- Charges for replacement or repair of an orthodontic appliance paid in part or in full by this program.
- Hypnosis.
- Charges for completion of forms.
- Charges for speech therapy.
- Charges for lost or stolen appliances.
- Services for which no charge is normally made in the absence of insurance.

Predetermination of benefits is recommended for services in excess of \$300. This document is not intended as a summary plan description, nor is it designed to serve as the *Certificate of Insurance* or *Schedule of Coverage*. It contains only a summary of the benefits, exclusions, and limitations. If you have specific questions regarding benefit structure, limitations, or exclusions, consult the *Certificate of Insurance* and *Schedule of Coverage*, or contact Delta Dental's Customer Service Department. This dental insurance plan is underwritten by Kaiser Permanente Insurance Company and administered by Delta Dental of California.

For additional benefit information, please call Delta Dental toll free at 1-800-835-2244. For a directory of Delta dentists, please call 1-800-835-2244.