

Kaiser Permanente & Delta Dental of Colorado



Kaiser Permanente and Delta Dental of Colorado recognize that good oral health is an important part of your overall health.

Your Kaiser Permanente Medicare health plan gives you several ways to maintain good oral health.

Benefits	Plan Coverage			
	Core		Silver, Enhanced and Gold	
Plan				
Network	Delta Dental PPO	Delta Dental Premier	Delta Dental PPO	Delta Dental Premier
Calendar Year Benefit Maximum Total Paid by Health Plan ¹	\$750	N/A	\$1,250	\$500
Calendar-year Deductible	None	None	None	None
Provider network (estimated)				
Colorado	2,700	3,800	2,700	3,800
National	115,000	270,000	115,000	270,000
Covered Services				
Preventive Services				
Oral Exams, Cleanings <i>Limited to two visits per calendar year</i>	100% covered (Member pays nothing)		100% covered (Member pays nothing)	
Topical Fluoride <i>Limited to once every 12 months</i>				
X-rays <i>Varies by type of X-ray</i>				
Basic Services	70% covered up to calendar year maximum <i>Limited to fillings</i>	N/A	70% covered up to calendar year maximum	50% covered up to calendar year maximum
Major Services	50% covered up to calendar year maximum <i>Limited to periodontics</i>	N/A	50% covered up to calendar year maximum	

¹Calendar Year Maximum for PPO is a combined maximum for both PPO and Premier Networks where applicable.

How to find a provider

It's easy to find a Delta Dental dentist:



Go to **deltadentalco.com** and use the Find a Dentist tool



Call **1-800-610-0201**



Use the free mobile app



Email **customer_service@ddpco.com**

Benefits	Plan Coverage			
Plan	Bronze		DSNP	
Network	Delta Dental PPO	Delta Dental Premier	Delta Dental PPO	Delta Dental Premier
Calendar Year Benefit Maximum Total Paid by Health Plan ¹	\$1,750	\$500	\$1,000	N/A
Calendar-year Deductible	None	None	None	None
Covered Services				
Preventive Services				
Oral Exams, Cleanings <i>Limited to two visits per calendar year</i>	100% covered (Member pays nothing)		100% covered (Member pays nothing)	
Topical Fluoride <i>Limited to once every 12 months</i>				
X-rays <i>Varies by type of X-ray</i>				
Basic Services	70% covered up to calendar year maximum	50% covered up to calendar year maximum	100% covered up to calendar year maximum	N/A
Major Services	50% covered up to calendar year maximum		100% covered up to calendar year maximum	N/A

¹Calendar Year Maximum for PPO is a combined maximum for both PPO and Premier Networks where applicable.