

**KAISER PERMANENTE INSURANCE COMPANY
SCHEDULE OF COVERAGE - DENTAL
FFS PLAN E with Ortho**

COVERED PERSONS: Employee and Dependents (if elected)

Dependent Child Age Limit: 26

ACCUMULATION PERIOD: Calendar Year

BENEFIT MAXIMUMS:

Benefit maximum per Accumulation Period: \$1,000 per Covered Person

	CONTRACTED PROVIDER/DENTIST*	PERCENTAGE PAYABLE NON PARTICIPATING PROVIDER/DENTIST*
DEDUCTIBLES:		
Deductible:	\$25 per person, per Accumulation Period up to a family maximum of \$75 per Accumulation Period	\$25 per person, per Accumulation Period up to a family maximum of \$75 per Accumulation Period

	CONTRACTED PROVIDER/DENTIST*	PERCENTAGE PAYABLE NON PARTICIPATING PROVIDER/DENTIST*
COVERED SERVICES:		
Routine Exam:	100% Limited to 2 exams per Accumulation Period	100%
Bite wing x-rays:	100%, Limited to twice per Accumulation Period for children through age 18 or once per Accumulation Period for adults age 19 and over	100%
Other x-rays (Full mouth x-rays, single x-rays and panoramic x-rays once in any five-year period):	80%	80%
Prophylaxis:	100%	100% Limited 2 treatments per Accumulation Period
Fluoride treatments (only for children up to age 19):	100%	100% Limited to 2 treatments per Accumulation Period

Space Maintainers:	100%	100%
	Payable at the Usual, Customary and Reasonable rates	
Denture Relines :	80%	80%
	Limited 2 treatments per Accumulation Period	
Fillings:	80%	80%
	Payable at the Usual, Customary and Reasonable rates	
Palliative Care:	80%	80%
	Payable at the Usual, Customary and Reasonable rates	
Sealants (limited to application of sealants only to permanent first and second molars with no caries (decay), with no restorations and with the occlusal surface intact: for first molars through age 8 and second molars through age 15. Coverage does not include the repair or replacement of sealants on any tooth within 2 years of application):	80%	80%
Stainless Steel Crowns (primary teeth only):	80%	80%
	Payable at the Usual, Customary and Reasonable rates	
Oral Surgery:	80%	80%
	Payable at the Usual, Customary and Reasonable rates	
Endodontics (Root Canal Therapy:	80%	80%
	Payable at the Usual, Customary and Reasonable rates	
Periodontics (Treatment of Gums and Bones):	80%	80%
	Payable at the Usual, Customary and Reasonable rates	
Crowns and Casts Restorations (Includes replacements after 5 years, but only if originally covered by KPIC dental plan):	50%	50%
Prosthodontics (Bridges and Dentures) (Standard removable prosthetic appliance (includes replacement after 5 years, but only if originally covered by KPIC dental plan):	50%	50%

Orthodontics (Only for eligible children up to age 19, \$1,500 lifetime maximum per insured (replacement or repair of an orthodontic appliance is not covered):	50%	50%
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***IMPORTANT NOTICE:**

Contracted Providers/Dentists may include a Delta PPO Provider (Participating Provider) and a Premier Dentist. If you go to a Contracted Provider your out-of-pocket expense may be less because Contracted Providers have agreed to charge lower fees than usually charged in their offices. If you go to a Non-Participating Dentist, you will be responsible for the difference if the Non-Participating Dentist charges more than the Filed Fee/Negotiated Fees.

Contracted Providers have agreed to charge lower fees than Non Participating Provider/Dentist. Contracted Providers/Dentists are both a PPO Provider/Dentist and a Premier Provider/Dentist. If you go to either a PPO or a Premier Dentist your out of pocket is lower than if you go to a Non Participating Provider/Dentist. Additionally, between a PPO Provider/Dentist and a Premier Provider/Dentist, your out of pocket is less if you go to a PPO Dentist.

Specimen