

The KPIC Adult Dental Insurance Plan

Oral health for total health

We bet you brush like the best of them, but did you know oral health goes beyond a great smile? On top of fighting tooth decay, gum disease, and bad breath, regular dental visits can help:

- Detect early symptoms of osteoporosis, diabetes, cancer, and other conditions.
- Manage oral health problems related to existing conditions like diabetes.
- Keep you heart healthy. Studies suggest that gum disease is linked to some heart conditions.

A great combination of choice and convenience

With the KPIC Adult Dental Insurance Plan, you get access to over 25,000 Delta Dental providers in California, as well as any Delta Dental-associated dentist nationwide. You also have the freedom to see any other licensed dentist in the state. Plus, there's no deductible for preventive or diagnostic services like cleanings and X-rays – and no claims to file when you see a Delta Dental provider.

How to enroll

To enroll in the dental plan, simply select it during the current open enrollment period. If you choose not to enroll now, you'll have to wait until next year's open enrollment period to do so.



How the dental plan works

Your provider options

As a member, you can see any licensed dentist, but your benefits are better when you see a Delta Dental provider such as the Delta Dental PPO network providers.

- With Delta Dental providers, you won't have to file a claim and you may pay less for services.
- With any other provider, you may have to pay the entire bill up front and then have to file a claim for reimbursement. You also may pay more for services.

Deductible payments

You'll get preventive and diagnostic services like cleanings and X-rays that are not subject to deductible. For other services, there's just a \$25 annual deductible per person, up to a maximum of \$75 for the whole family.

Service charges

The plan covers a set amount, called an allowance, for each type of dental service. You'll pay the difference between that amount and what the dentist charges.

- For example, if the dentist charges \$75¹ for a cleaning and the plan covers \$43.20, you'll pay \$31.80.
- See the chart on the next page for a SAMPLE list of allowances. After you enroll, you'll get a Certificate of Insurance that includes the complete Table of Allowances.²

Annual maximum

The plan covers up to \$1,000 of dental services for each covered member per year.

Requirements to keep in mind

- You can only purchase the dental plan if you're enrolled in a Kaiser Permanente health plan.
- The dental plan is only available to members 19 and older. Those under 19 have dental benefits built into their medical plans.
- If you enroll in the dental plan, every family member who's covered by your regular health plan (including anyone who recently turned 19) must also be enrolled. In other words, you can't enroll some members of your family in the dental plan and not others.
- Once enrolled in dental coverage, you can't cancel it without canceling your regular health coverage, except during open enrollment or a special enrollment period.

Questions?

If you have questions before enrolling, call Delta Dental at **1-800-933-9312**, 8 a.m. to 4 p.m., Monday through Friday, or visit deltadentalins.com for a list of PPO and Premier Providers in your area. Please reference the group number when calling: #50146 for NCAL, 50147 for SCAL.



Sample list³

Procedure	What the plan pays
Diagnostic procedures	
Oral exam – new or existing patient	\$25.20
X-rays – complete series including bitewings	\$54.00
Preventive procedures	
Cleaning	\$43.20
Restorative procedures (Note: Restorative procedures are subject to a 6-mont	h waiting period.4)
Fillings (Note: Fillings are subject to a 6-month waiting period.4)	
Amalgam – one surface, primary or permanent	\$35.00
Resin-based composite – one surface, anterior	\$46.00
Crowns (Note: Crowns are subject to a 6-month waiting period. ⁴)	
Resin with high noble metal	\$182.00
Endodontic procedures (Note: Endodontic procedures are subject to a 6-mont	th waiting period.4)
Root canal (Note: Root canals are subject to a 6-month waiting period.4)	
Anterior (excluding final restoration)	\$193.00
Bicuspid (excluding final restoration)	\$227.00
Molar (excluding final restoration)	\$306.00
Oral and maxillofacial surgical procedures (Note: Oral and maxillofacial surgical	procedures are subject to a 6-month waiting peric
Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	\$39.00
Surgical removal of erupted tooth requiring removal of bone and/or section of tooth	\$74.00

A DELTA DENTAL

KAISER PERMANENTE®

A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION

¹Service charges vary.

²The Table of Allowances lists the maximum amount, or allowance, that the plan will pay for each covered dental service. The plan will pay the lowest dollar amount among the following three: the dentist's usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist's fee will be the responsibility of the patient.

³Plan payment amounts are only a sample and are to be used for illustrative purposes only. Please refer to the Table of Allowances in the *Certificate of Insurance* for an accurate and complete list of benefits and allowances, as well as treatments and services not covered. To receive a *Certificate of Insurance*, call Delta Dental of California.

⁴The waiting period is the period of time you and your covered dependents are required to be continuously covered under the Dental Insurance Plan before a specific dental service becomes a covered benefit. Some covered dental services are subject to a waiting period. See the Table of Allowances in your *Certificate of Insurance* for the specific dental services subject to waiting periods.

The KPIC Adult Dental Insurance Plan is administered by Delta Dental of California, one of the nation's largest and most experienced dental benefits providers. The plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc.



Nondiscrimination Notice

Kaiser Permanente Insurance Company (KPIC) does not discriminate based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). We can provide no cost aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats; large print, audio, and accessible electronic formats. We also provide no cost language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. To request these services, please call **1-800-464-4000** (TTY users call **711**).

If you believe that KPIC failed to provide these services or there is a concern of discrimination based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability you can file a complaint by phone or mail with the KPIC Civil Rights Coordinator. If you need help filing a grievance, the KPIC Civil Rights Coordinator is able to help you.

KPIC Civil Rights Coordinator Grievance 1557 5855 Copley Drive, Suite 250 San Diego, CA 92111 1-888-251-7052

You may also contact the California Department of Insurance regarding your complaint.

By Phone: California Department of Insurance 1-800-927-HELP (1-800-927-4357) TDD: 1-800-482-4TDD (1-800-482-4833)

By Mail: California Department of Insurance Consumer Communications Bureau 300 S. Spring Street Los Angeles, CA 90013

Electronically: www.insurance.ca.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file the complaint 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.

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KAISER PERMANENTE. Kaiser Permanente Insurance Company Notice of Language Assistance

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Servicios en otros idiomas sin ningún costo. Puede conseguir un intérprete. Puede conseguir que le lean los documentos y que algunos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-464-4000. Para obtener más ayuda, llame al Departamento de Seguro de CA al 1-800-927-4357. Los usuarios de la línea TTY deben llamar al 711. Spanish

免費語言服務。您可使用口譯員。您可請人將文件唸給您聽,且您可請我們將您語言版本的部分文件寄給您。如需協助,請致電列於會員卡上的電話號碼或致電1-800-464-4000與我們聯絡。如需進一步協助,請致電1-800-927-4357與加州保險局聯絡。聽障及語障電話專線使用者請致電711。Chinese

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Doo bááhílínigóó há ata' hane. Ata' halne'í há shónáot'eeh dóó naaltsoos t'áá hazaad bee bik'i' ashchíigo hach'i' yídóoltah biniiyé hach'i ánál'iih łeh. Shíká i'doolwoł nínízingo nihich'i hodíílnih koji' 1-800-464-4000 éí bee nééhózin biniiyé neiyítánígíí bikáá'. Áká e'élyeed jinízingo CA Dept. of Insurance bich'i' hojilnih kwe'é 1-800-927-4357. TTY chojooł'íigo éí íáá bił azhdilchi'. Navajo

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên và được người đọc giấy tờ, tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi ở số điện thoại ghi trên thẻ ID hội viên hoặc số 1-800-464-4000. Để được giúp đỡ thêm, xin gọi Bộ Bảo hiểm CA ở số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

무료 언어 서비스. 한국어 통역 서비스 및 한국어로 서류를 낭독해 드리는 서비스를 제공하고 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는1-800-464-4000번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357번으로 문의하십시오. TTY 사용자 번호 711. Korean

Mga Libreng Serbisyo kaugnay sa Wika. Maaari kayong kumuha ng tagasalin-wika at hingin na basahin sa inyo ang mga dokumento sa sarili ninyong wika. Para humingi ng tulong, tawagan kami sa numerong nakasulat sa inyong ID card o sa 1-800-464-4000. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Dapat tumawag ang mga gumagamit ng TTY sa 711. Tagalog

ԱնվՃար լեզվական ծառայություններ։ Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից և խնդրել, որ փաստաթղթերը Ձեր լեզվով կարդան Ձեզ համար։ Օգնության համար զանգահարեք մեզ՝ Ձեր ID քարտի վրա նշված կամ 1-800-464-4000 հեռախոսահամարով։ Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով։ TTY-ից օգտվողները պետք է զանգահարեն 711։ Armenian

Бесплатные переводческие услуги. Вы можете воспользоваться услугами переводчика, который переведет вам документы на ваш язык. Если вам нужна помощь, позвоните нам по номеру телефону, указанному в вашей идентификационной карточке или 1-800-464-4000. За дополнительной помощью обращайтесь в Департамент страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357. Пользователи ТТҮ, звоните по номеру 711. Russian