



# Commercial Dental Plans

For Individuals and Families



## Kaiser Permanente Individual and Family (KPIF) dental plan overview

**Kaiser Permanente Smile** is an exciting new suite of dental plans designed to increase oral health and whole-body wellness. As the region's leading health system,<sup>†</sup> we are committed to providing convenient, affordable and quality care to our members and the communities we serve. Our enhanced offerings are designed to meet the needs of our members so they can avoid costly procedures in the future. Cultivate whole-body wellness with comprehensive oral care from Kaiser Permanente.

### Benefits of Kaiser Permanente Smile plans

- Offers flexible dental options for everyone, at any budget, with multiple options for in-network dental services and out-of-network benefits, as well as different levels of co-pays and annual maximums.
- Allows members to choose any dental provider in the network, with no provider assignment required.
- Provides custom features, such as adult only plans that are well-coordinated with the pediatric dental benefits included in medical plans, in addition to separate child only plan options.
- Offers additional enhancements, such as OrthoPlus options to an already comprehensive plan.
- Provides an improved member experience, with access to a 24-hour, self-service portal that has benefit and utilization information.

Learn more about Kaiser Permanente Smile dental plan options by visiting [kp.org/dental/mas](https://kp.org/dental/mas).

<sup>†</sup> In the survey Best Health Insurance Companies for 2021 by Insure.com, Kaiser Permanente as a national enterprise is rated #1 overall among 15 companies. In the NCQA Commercial Health Plan Ratings 2021, our commercial plan is rated 5 out of 5, the highest rating in MD, VA, and DC. The 2019 Commission on Cancer, a program of the American College of Surgeons, granted Three-Year Accreditation with Commendation to the Kaiser Permanente cancer care program (extended through 2022). The Mid-Atlantic Permanente Medical Group is the largest multispecialty medical group in the Washington, DC, and Baltimore areas and exclusively treats Kaiser Permanente members. Permanente doctors are recognized as Top Doctors in Northern Virginia Magazine (2022), Washingtonian magazine (2021), and Baltimore magazine (2021). According to NCQA's Quality Compass® 2021, we're rated 5 out of 5 in 29 measures, including: controlling blood pressure (heart disease), blood pressure control (140/90) (diabetes), glucose control, colorectal cancer screening, breast cancer screening, cervical cancer screening, childhood immunizations, prenatal check-ups, and postpartum care. Quality Compass is a registered trademark of the NCQA.



## KPIF adult plan options

The **Kaiser Permanente Smile** KPIF dental plans are highly complementary to our ACA-compliant embedded child dental benefits, and work seamlessly with them to provide coverage to the whole family. These plans are only available off-exchange in Maryland and Virginia, to adults aged 19 and older.

	KPIF EPO/Copay*	KPIF PPO/C-POS* Basic		KPIF PPO/C-POS* High	
<b>Network access</b>	INN Only	INN	OON	INN	OON
<b>Deductible</b>	None	\$50		\$0	
<b>Annual maximum benefit</b>	Not applicable	\$1,000		\$1,500	
<b>Waiting periods</b>	None	None		None	

Plan structure	Member copay	Plan pays		Plan pays	
<b>Diagnostic and preventive</b> Covers oral exams, x-rays, cleanings and more	\$0 - \$73	80% no ded	60% no ded	100% no ded	80% no ded
<b>Basic restorative</b> Covers fillings, root canals, tooth extractions and more	\$0 - \$188	60% after ded	40% after ded	80% after ded	60% after ded
<b>Major restorative</b> Covers crowns, bridges, dentures, major extractions and more	\$0 - \$1,829	40% after ded	40% after ded	50% after ded	40% after ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

\* Naming convention for plans marketed in Virginia.

## KPIF OrthoPlus enhancements

Enhanced coverage for cosmetic dental procedures including implants, veneers, and orthodontic treatments like braces, is available for purchase through the **Kaiser Permanente OrthoPlus** option. When purchased with an adult dental plan, this rider covers all family members including children under age 19.

	KPIF EPO/Copay*	KPIF PPO/C-POS* Basic		KPIF PPO/C-POS* High	
Network access	INN Only	INN	OON	INN	OON
OrthoPlus options	Family buy-up available	Family buy-up available		Family buy-up available	
OrthoPlus rider type	Copay	In-network coinsurance		EPO/ In-network coinsurance	
Orthodontic lifetime max (not applicable to Copay plans)	None	\$1,000	Not applicable	\$1,000	Not applicable

\* Naming convention for plans marketed in Virginia.



## KPIF pediatric plan options

The **Kaiser Permanente Smile Kids** plans provide dental benefits for children aged 18 and younger as part of the member's medical plan.

	KPIF EPO/ Copay*	KPIF EPO/ Copay* Catastrophic**	KPIF EPO DC Standard***	KPIF EPO MD Value†
<b>Network access</b>	INN Only	INN Only	INN Only	INN Only
<b>Deductible††</b>	None	None	None	None
<b>Annual maximum benefit</b>	Not applicable	Not applicable	Not applicable	Not applicable
<b>Office copay</b>	Not applicable	None	None	None

Plan structure	Member copay	Member copay	Member copay	Plan pays
<b>Diagnostic and preventive</b> Covers oral exams, x-rays, fluoride/sealants and more	\$0 - \$45	\$0 after ded	\$0 - \$45	100% no ded
<b>Basic restorative</b> Covers fillings, root canals, tooth extractions and more	\$0 - \$282	\$0 after ded	\$0 - \$282	80% no ded
<b>Major restorative</b> Covers crowns, bridges, dentures, major extractions and more	\$0 - \$2,819	\$0 after ded	\$0 - \$2,819	40% no ded
<b>Medically necessary orthodontia</b> Covers necessary tooth removals, pediatric braces and more	\$0 - \$2,169	\$0 after ded	\$0 - \$965	50% no ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

\* Naming convention for plans marketed in Virginia. \*\* Only available with Catastrophic tier health plans. \*\*\* Only available with DC Standard health plans.

† Only available with Maryland Value health plans. †† Depending on the provisions of the health plan, medical deductibles may apply.

## KPIF pediatric OrthoPlus enhancements

Enhanced coverage for cosmetic dental procedures including braces is available through the **Kaiser Permanente OrthoPlus** option. (Only medically necessary coverage is included with the medical plan.) Purchased with an adult dental plan, this rider covers all family members, both adults and children under age 19.

	KPIF EPO/ Copay*	KPIF EPO/ Copay* Catastrophic**	KPIF EPO DC Standard***	KPIF EPO MD Value†
<b>Network access</b>	INN Only	INN Only	INN Only	INN Only
<b>OrthoPlus options</b>	Family buy-up available	Not available	Not available	Family buy-up available
<b>OrthoPlus rider type</b>	Copay	Not available	Not available	EPO
<b>Orthodontic lifetime max (not applicable to Copay plans)</b>	None	Not available	Not available	\$1,000

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

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† Only available with Maryland Value health plans.





## KPIF plan options detailed overview

	KPIF EPO/Copay*	KPIF PPO/C-POS* Basic		KPIF PPO/C-POS* High	
<b>Network access</b>	INN Only	INN	OON	INN	OON
<b>Annual dental deductible</b> (Per Member / 3x per Family)	None	\$50		\$0	\$0
<b>Deductible waived for</b>	Not applicable	Preventive & diagnostic services		Preventive & diagnostic services	
<b>Annual maximum benefit</b> (Per Member)	Not applicable	\$1,000		\$1,500	
<b>Waiting periods</b>	None	None		None	
<b>Office copay</b>	None	None		None	

Service	Member copay	Plan pays		Plan pays	
Diagnostic and preventive services					
Periodic oral evaluation	\$0	80%	60%	100%	80%
Limited oral evaluation	\$0	80%	60%	100%	80%
Comprehensive oral evaluation	\$0	80%	60%	100%	80%
Intraoral, complete series of radiographic images	\$0	80%	60%	100%	80%
Intraoral, periapical, first radiographic image	\$0	80%	60%	100%	80%
Intraoral, periapical, each add'l. radiographic image	\$0	80%	60%	100%	80%
Bitewings, 2 radiographic images	\$0	80%	60%	100%	80%
Bitewings, 4 radiographic images	\$0	80%	60%	100%	80%
Panoramic radiographic image	\$0	80%	60%	100%	80%
Prophylaxis, adult	\$0	80%	60%	100%	80%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

\* Naming convention for plans marketed in Virginia.

## KPIF plan options detailed overview (cont.)

	KPIF EPO/Copay*	KPIF PPO/C-POS* Basic		KPIF PPO/C-POS* High	
	Member copay	Plan pays		Plan pays	
<b>Network access</b>	INN Only	INN	OON	INN	OON
<b>Restorative services</b>					
Amalgam, 1 surface, primary or permanent	\$19	60% aft ded	40% aft ded	80% aft ded	60% aft ded
Amalgam, 2 surfaces, primary or permanent	\$24	60% aft ded	40% aft ded	80% aft ded	60% aft ded
Amalgam, 3 surfaces, primary or permanent	\$29	60% aft ded	40% aft ded	80% aft ded	60% aft ded
Resin-based composite, 1 surface, posterior	\$27	60% aft ded	40% aft ded	80% aft ded	60% aft ded
Crown, porcelain fused to predominately base metal	\$403	40% aft ded	40% after ded	50% aft ded	40% aft ded
<b>Endodontic and periodontal services</b>					
Root canal, Molar (excluding final restoration)	\$472	40% aft ded	40% aft ded	50% aft ded	40% aft ded
Periodontal scaling & root planning, 4 or more teeth per quad	\$39	60% aft ded	40% aft ded	80% aft ded	60% aft ded
Periodontal maintenance	\$21	60% aft ded	40% aft ded	80% aft ded	60% aft ded
<b>Removable prosthodontic services</b>					
Complete denture, maxillary	\$593	40% aft ded	40% aft ded	50% aft ded	40% aft ded
<b>Oral and maxillofacial services</b>					
Extraction, erupted tooth	\$23	60% aft ded	40% aft ded	80% aft ded	60% aft ded
Extraction, erupted tooth with removal of bone	\$40	60% aft ded	40% aft ded	80% aft ded	60% aft ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

\* Naming convention for plans marketed in Virginia.



## KPIF OrthoPlus enhancements detailed overview (OrthoPlus Riders)

	ML Copay Basic	ML PPO/C-POS* Basic		ML POS Standard	
Network access	INN Only	INN	OON	INN	OON
Waiting period	None	None		None	
OrthoPlus options	Family buy-up available	Family buy-up available		Family buy-up available	
OrthoPlus rider type	Copay	In-network coinsurance		EPO	
Orthodontic lifetime max (not applicable to Copay plans)	None	\$1,000	Not applicable	\$1,000	Not applicable

Service	Member copay	Plan pays	Plan pays
Comprehensive orthodontic treatment of the transitional dentition	\$2,169	50%	50%
Comprehensive orthodontic treatment of the adolescent dentition	\$2,169	50%	50%
Comprehensive orthodontic treatment of the adult dentition	\$2,169	50%	50%
Periodic orthodontic treatment visit	\$54	50%	50%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

\* Naming convention for plans marketed in Virginia.



## KPIF pediatric plan options detailed overview

	KPIF EPO/ Copay*	KPIF EPO/ Copay* Catastrophic**	KPIF EPO/ Copay DC Standard***	KPIF EPO/ Copay MD Value†
Network access	INN Only	INN Only	INN Only	INN Only
Health plan MOOP	Applies	Applies	Applies	Applies
Health plan deductible	Not applicable	Applies	Not applicable	Not applicable
Annual deductible benefit (Per Member / 3x per Family)	None	None	None	None
Deductible waived for	All services	Not waived	All services	Diagnostic and preventive
Annual dental maximum (Per Member)	Not applicable	Not applicable	Not applicable	Not applicable
Waiting periods	None	None	None	None
Office copay	None	None	None	None

Service	Member copay	Member copay	Member copay	Plan pays
<b>Diagnostic and preventive services</b>				
Periodic oral evaluation	\$5	\$0 aft ded	\$0	100%
Limited oral evaluation	\$5	\$0 aft ded	\$0	100%
Comprehensive oral evaluation	\$5	\$0 aft ded	\$0	100%
Intraoral, complete series of radiographic images	\$10	\$0 aft ded	\$10	100%
Intraoral, periapical, first radiographic image	\$0	\$0 aft ded	\$0	100%
Intraoral, periapical, each add'l. radiographic image	\$0	\$0 aft ded	\$0	100%
Bitewings, 2 radiographic images	\$0	\$0 aft ded	\$0	100%
Bitewings, 4 radiographic images	\$5	\$0 aft ded	\$5	100%
Panoramic radiographic image	\$10	\$0 aft ded	\$10	100%
Prophylaxis, adult	\$10	\$0 aft ded	\$0	100%
Prophylaxis, child	\$5	\$0 aft ded	\$0	100%
Topical application of fluoride varnish	\$0	\$0 aft ded	\$0	100%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

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† Only available with Maryland Value health plans.

## KPIF pediatric plan options detailed overview (cont.)

	KPIF EPO/Copay*	KPIF EPO/ Copay* Catastrophic**	KPIF EPO/ Copay DC Standard***	KPIF EPO/ Copay MD Value†
	Member copay	Member copay	Member copay	Plan pays
<b>Network access</b>	INN Only	INN Only	INN Only	INN Only
<b>Restorative services</b>				
Amalgam, 1 surface, primary or permanent	\$28	\$0 aft ded	\$25	80%
Amalgam, 2 surfaces, primary or permanent	\$36	\$0 aft ded	\$36	80%
Amalgam, 3 surfaces, primary or permanent	\$44	\$0 aft ded	\$44	80%
Resin-based composite, 1 surface, posterior	\$40	\$0 aft ded	\$40	80%
Crown, porcelain fused to predominately base metal	\$403	\$0 aft ded	\$300	40%
<b>Endodontic and periodontal services</b>				
Root canal, Molar (excluding final restoration)	\$472	\$0 aft ded	\$300	80%
Periodontal scaling & root planning, 4 or more teeth per quad	\$58	\$0 aft ded	\$58	80%
Periodontal maintenance	\$32	\$0 aft ded	\$32	80%
<b>Removable prosthodontic services</b>				
Complete denture, maxillary	\$593	\$0 aft ded	\$593	50%
<b>Oral and maxillofacial services</b>				
Extraction, erupted tooth or exposed root	\$34	\$0 aft ded	\$34	80%
Extraction, erupted tooth with removal of bone or sectioning of tooth	\$60	\$0 aft ded	\$60	80%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

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† Only available with Maryland Value health plans.

## KPIF pediatric plan options detailed overview (cont.)

	KPIF EPO/ Copay*	KPIF EPO/ Copay* Catastrophic**	KPIF EPO/ Copay DC Standard***	KPIF EPO/ Copay MD Value†
	Member copay	Member copay	Member copay	Plan pays
<b>Network access</b>	INN Only	INN Only	INN Only	INN Only
<b>Oral and maxillofacial services</b>				
Extraction, erupted tooth or exposed root	\$34	\$0 aft ded	\$34	80%
Extraction, erupted tooth with removal of bone or sectioning of tooth	\$60	\$0 aft ded	\$60	80%
<b>Medically necessary orthodontia</b>				
Comprehensive orthodontic treatment of the transitional dentition	\$2,169	\$0 after ded	\$1,000	50%
Comprehensive orthodontic treatment of the adolescent dentition	\$2,169	\$0 after ded	\$1,000	50%
Comprehensive orthodontic treatment of the adult dentition	\$2,169	\$0 after ded	\$1,000	50%
Periodic orthodontic treatment visit	\$54	\$0 after ded	\$54	50%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

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† Only available with Maryland Value health plans.





## KPIF pediatric OrthoPlus enhancements detailed overview

	ML Copay	ML PPO/C-POS* Basic	ML EPO/Copay*	ML PPO/C-POS*
Network access	INN Only	INN	INN Only	INN
Waiting period	None	None	None	None
Cosmetic OrthoPlus options	Family buy-up available	Not available	Not available	Family buy-up available
OrthoPlus rider type	Copay	Not available	Not available	EPO
Orthodontic lifetime max (not applicable to Copay plans)	None	Not available	Not available	\$1,000

Service	Member copay	Member copay	Member copay	Plan pays
Comprehensive orthodontic treatment of the transitional dentition	\$2,169	Not available	Not available	50%
Comprehensive orthodontic treatment of the adolescent dentition	\$2,169	Not available	Not available	50%
Comprehensive orthodontic treatment of the adult dentition	\$2,169	Not available	Not available	50%
Periodic orthodontic treatment visit	\$54	Not available	Not available	50%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

\* Naming convention for plans marketed in Virginia.



## KPIF underwriting guidelines

Group size	These plan options are available for enrolling Individuals and Families.
Multi plan choice	None
Cosmetic ortho buy-up requirements	Family ortho rider only available and when embedded is paired with an adult rider.
PPO reimbursement	All PPO plans have out-of-network benefits that reimburse at the maximum allowed amount.

### Cosmetic orthodontic benefit options

Add cosmetic orthodontia and more with our OrthoPlus options. OrthoPlus will enhance your dental plan by including coverage for the below:

- Comprehensive orthodontic treatment
- Orthodontic visits
- Orthodontic retention, retainers and adjustments
- Repair and replacement of retainers

#### Additional services available at the participating dental Provider's negotiated fee

- Additional cleanings
- Veneers
- Implant services
- Occlusal guard adjustment
- Athletic mouthguard
- External bleaching

Please check plan comparison for more plan specific options.

This is only a summary of the dental plan benefits. Limitations and exclusions apply. The Dental Plan Rider, complete Dental Benefit Schedule and Health Plan Evidence of Coverage must be consulted to determine the exact terms, limitations and exclusions of coverage. Terms and conditions apply.

Learn more about Kaiser Permanente Smile dental plan options by visiting [kp.org/dental/mas](https://kp.org/dental/mas).