



Your guide to purchasing extended dental coverage

2009–2010

Your Delta Dental plan highlights:

- Freedom of choice of dentist
- Largest nationwide network of dentists
- Comprehensive, affordable coverage
- No waiting periods for most benefits

 **DELTA DENTAL**

 **KAISER PERMANENTE®**

Delta Dental and Kaiser Permanente — our partnership

A discounted dental benefit is included with your Kaiser Permanente High Option or Standard Option plan. Be sure to review your FEHBP contract brochure, R173-047, for details.

You can enhance your dental benefits and access a wider range of services by purchasing an optional Delta Dental program, which is available only if you are enrolled in the Kaiser Permanente High Option or Standard Option plan.

The Delta Dental program is a comprehensive, fee-for-service program based on the maximum amount Delta Dental will pay for specific, covered procedures. See the example on page 2 for details.

What's new

- The three-year incremental benefits program has been eliminated. Upon enrollment in the Delta Dental plan, you are eligible for all covered benefits except for crown, jacket, and cast restorations, and prosthodontic services (including implants). You are eligible for those benefits after you have been enrolled in the dental program for one continuous year.
- Annual benefits maximum has increased for each enrolled member from \$1,000 to \$1,500.

Featured Benefits

- Pregnant women are eligible for an additional oral evaluation, an additional cleaning, or an additional periodontal scaling/root planning (up to four quadrants). Preventive dental care during pregnancy may improve a woman's oral health as well as her overall health, and is safe for both mother and child.
- Dental implants can be an alternative to treatments such as bridges and partial dentures, according to recent studies. This benefit gives you and your dentist another option for prosthodontic treatment.

About Delta Dental dentists

The Delta Dental system has the largest network of dentists in the U.S. with participating dentists at nearly 200,000 locations. You can limit your out-of-pocket expenses for covered services when you choose a Delta Dental participating dentist. With Delta Dental:

- You have freedom of choice in selecting a dentist. You can visit any dentist and receive applicable benefits.
- You likely will save most by visiting Delta Dental dentists because they agree to charge no more than the fee established by Delta Dental. There is no limit to the amount that non-Delta Dental dentists can charge you.

- You have access to two Delta Dental networks of different sizes and with different levels of benefits.
 - Delta Dental Premier network is the largest in the U.S. You'll likely save more with a Premier dentist than with a non-Delta Dental dentist.
 - Delta Dental PPO network is not as large as the Premier network, but you'll likely save more with a PPO dentist than with a Premier dentist.
- Delta Dental dentists will file claims for you and receive payment directly from Delta Dental.

To find Delta Dental participating dentists, visit Delta Dental's Web site at deltadentalins.com/kaiser or call toll free 1-800-932-0783 (or 1-888-373-3582 TTY, for hearing-impaired only).

Benefit amounts and your costs

If you receive treatment from:

- A dentist who participates in the Delta Dental PPO network, your cost is the difference between the allowance Delta Dental has established for PPO dentists and Delta Dental's maximum payment for a specific procedure. The PPO allowance is normally lower than the Premier allowance, which means greater savings for you.
- A dentist who participates in the Delta Dental Premier network, your cost is the difference between the allowance Delta Dental has established for Premier dentists and Delta Dental's maximum payment for a specific procedure.
- A non-participating Delta Dental dentist, your cost is the difference between the dentist's fee and Delta Dental's maximum payment for a specific procedure.
- See page 4 for a sample list of procedural maximum reimbursements.

Note: Delta Dental benefits and the dental benefit included in your Kaiser Permanente High or Standard Option plan, administered by Dominion Dental Services USA, Inc., cannot be combined to lessen coinsurance.

Payment example

Subscriber gets a periodic oral reevaluation

	Delta Dental PPO dentist	Delta Dental Premier dentist	Nonparticipating dentist
Dentist's submitted charge	\$45	\$45	\$45
Patient savings off of charged fee	\$18	\$15	\$0
Dentist's discounted fee	\$27	\$30	Not applicable
Delta Dental pays	\$13	\$13	\$13
Subscriber pays	\$14 (\$27 - \$13=\$14)	\$17 (\$30 - \$13=\$17)	\$32 (\$45 - \$13=\$32)

Assume no maximums or deductibles apply for this example.
Note: These are hypothetical numbers for illustrative purposes only.

Pre-treatment estimates

If you are thinking about having extensive dental work, Delta Dental offers a free service that can help you determine your costs in advance.

A pre-treatment estimate (also known as predetermination of benefits):

- Can help you make informed decisions for more costly procedures such as crowns, wisdom tooth extractions, bridges, dentures, or periodontal surgery.
- Is recommended for dental treatment plans expected to exceed \$300 but can be used for any procedure.
- Gives you an estimate of your share of the cost of the dental work and how much Delta Dental will pay—before treatment begins.

If you are eligible for coverage from other sources, the amount Delta Dental pays may be reduced due to coordination between the two sets of benefits.

Note: There is no coordination of benefits between your Kaiser Permanente FEHBP dental plan, which is included in your High Option or Standard Option plan and is administered by Dominion Dental Services USA, Inc., and the Delta Dental plan.

Questions?

If you are not enrolled and have questions, call Delta Dental toll free at 1-866-723-3582, Monday through Friday, from 8 a.m. to 8 p.m. (EST) during FEHB open season.

If you are already enrolled in the Kaiser Permanente/Delta Dental plan and have questions about your dental benefits, call Delta Dental toll free at 1-800-932-0783 (or 1-888-373-3582 TTY, for hearing impaired only) from 8 a.m. to 8 p.m. (EST) Monday through Friday.

You may also visit Delta Dental's Web site at deltadentalins.com/kaiser for a directory of participating dentists. For more information on Kaiser Permanente please visit kp.org/feds.

Sample list of procedural maximum reimbursements

(See page 2 for an explanation of your expenses)

How the program works: Upon enrollment, you are eligible for all covered procedures except for crowns; jacket and cast restorations; and prosthodontic services (including implants). You are eligible for those benefits after you have been enrolled in the Delta Dental plan for one continuous year and remain a member of a Kaiser Permanente High Option or Standard Option plan.

DIAGNOSTIC

- 0120 Periodic oral evaluation established patient \$13.00
- 0150 Comprehensive oral evaluation new or established patient \$16.00
- 0210 Intra oral radiographs complete series (including bitewings) \$39.00
- 0220 Intra oral periapical first film \$10.00
- 0230 Intra oral periapical each additional film \$4.00
- 0272 Bitewings radiographs two films \$15.00
- 0274 Bitewings radiographs four films \$21.00
- 0330 Panoramic film \$30.00

PREVENTIVE

- 1110 Prophylaxis cleaning adult \$30.00
- 1120 Prophylaxis cleaning child \$24.00
- 1203 Topical application of fluoride (Prophylaxis not included) child \$14.00
- 1351 Sealant (per tooth) \$17.00
- 1510 Space maintainer fixed unilateral 113.00

SIMPLE RESTORATIONS

- 2140 Amalgam one surface, primary or permanent \$29.00
- 2150 Amalgam two surfaces, primary or permanent \$36.00
- 2160 Amalgam three surfaces, primary or permanent \$45.00
- 2161 Amalgam four or more surfaces, primary or permanent \$50.00
- 2330 Resin based composite one surface, anterior \$39.00
- 2335 Resin based composite four or more surfaces or involving incisal angle (anterior) \$58.00

UNCOMPLICATED EXTRACTIONS

- 7111 Extraction, coronal remnants deciduous tooth \$16.00
- 7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) \$32.00

MISCELLANEOUS RESTORATIONS

- 2910 Re-cement inlay, onlay or partial coverage restoration \$23.00
- 2920 Re-cement crown \$24.00
- 2930 Prefabricated stainless steel crown primary tooth \$55.00
- 2931 Prefabricated stainless steel crown permanent tooth \$58.00
- 2932 Prefabricated resin crown anterior primary tooth \$66.00
- 2950 Core buildup, including any pins \$43.00
- 2951 Pin retention per tooth in addition to restoration \$16.00
- 2954 Prefabricated post and core in addition to crown base metal post; includes canal preparation \$63.00

ORAL SURGERY

- 7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth \$59.00
- 7220 Removal of impacted tooth soft tissue \$73.00
- 7230 Removal of impacted tooth partially bony \$96.00

ENDODONTICS

- 3110 Pulp cap direct (excluding final restoration) \$16.00
- 3120 Pulp cap indirect (excluding final restoration) \$28.00
- 3320 Root canal bicuspid (excluding final restoration) \$180.00
- 3330 Root canal molar (excluding final restoration) \$244.00

PERIODONTICS

- 4210 Gingivectomy or gingivoplasty four or more contiguous teeth or bounded teeth spaces per quadrant \$113.00
- 4260 Osseous surgery (including flapentry and closure) four or more contiguous teeth or bounded teeth spaces per quadrant \$258.00
- 4341 Periodontal scaling and root planing four or more teeth per quadrant \$49.00
- 4910 Periodontal maintenance \$34.00

Additional benefits

After one continuous year of enrollment in the Delta Dental plan, Delta Dental makes payments for crowns, jacket and cast restorations, and prosthodontic services (tooth replacement) including implants.

CROWN, JACKET, AND CAST RESTORATIONS

- 2520 Inlay metallic, two surfaces \$115.00
- 2650 Inlay resin-based composite, one surface \$34.00
- 2750 Crown porcelain fused to high noble metal \$158.00

PROSTHODONTICS

- 5110 Complete denture maxillary \$202.00
- 5120 Complete denture mandibular \$201.00
- 5213 Maxillary partial denture cast-metal framework with resin-denture bases (including any conventional clasps, rests, and teeth) \$254.00
- 5214 Mandibular partial denture cast metal framework with resin-denture bases (including any conventional clasps, rests, and teeth) \$254.00
- 5610 Repair resin-denture base \$24.00
- 5650 Add tooth to existing partial denture \$25.00
- 6010 Surgical placement of implant body: endosteal implant \$275.00
- 6056 Prefabricated abutment (includes placement) \$87.00
- 6057 Custom abutment (includes placement) \$113.00
- 6069 Abutment supported retainer for porcelain fused to metal fpd (high noble metal) \$188.00
- 6240 Pontic porcelain fused to high noble metal \$153.00
- 6242 Pontic porcelain fused to noble metal \$147.00
- 6750 Crown porcelain fused to high noble metal \$157.00
- 6752 Crown porcelain fused to noble metal \$151.00

Note: Delta Dental will pay the lesser of the dentist's fee or the fee listed above.

Information you can use

Benefits and coverage	
ID cards	You will receive a tear-off ID card as part of your benefit brochure.
What the dental plan pays for services	Page 4 of this brochure shows the maximum amount the dental plan will pay for a representative sample of procedures for each category of benefits. This table does not list all services covered. If you cannot find a particular procedure listed here, you can call Delta Dental customer service at 1-800-932-0783 (or 1-888-373-3582 TTY, for hearing impaired only) to find out how much the plan covers for the procedure. Or you can submit a pre-treatment estimate in advance of receiving services.
Deductible	There is an annual deductible of \$50 per person or up to \$150 per family. However, deductibles are not applied to diagnostic and preventive services.
Annual maximum	The annual maximum has been increased to \$1,500 per person per calendar year.
Pre-treatment estimate or predetermination of benefits	It is highly recommended that you or your dentist request a pre-treatment estimate for treatment plans expected to cost \$300 or more. There is no penalty if you do not obtain a pre-treatment estimate, but it will provide you with information about your financial responsibility before services are rendered.
Customer service	
Customer service	Delta Dental will handle all customer service questions for enrolled members. You can call 1-800-932-0783 (or 1-888-373-3582 TTY for hearing impaired only) between 8 a.m. and 8 p.m. (EST), Monday through Friday.
Enrollment and eligibility	
How to sign up for the Delta Dental Plan	Complete the application on page 8 of this brochure.
When to sign up for the Delta Dental plan	Dental plan enrollment is available at the same time your medical plan is available—during FEHB Open Season; when there is a “change of life event”; or as a new employee.
When benefits are effective	You can enroll for dental benefits at the same time you enroll for medical plan benefits. Your dental benefits will become effective on the first day of the month following Delta Dental's receipt of your enrollment form.
Dependent eligibility criteria	Dependent eligibility criteria are different for this dental plan from the eligibility criteria for the FEHB medical plan. The eligibility for dependent children for the dental plan is only to age 19, unless they have proof of student status in an “institution of higher learning,” in which case eligibility is extended to age 23.
Former FEHB members and Temporary Continuation Coverage	If a former FEHB member elects Temporary Continuation Coverage (TCC), he or she is still eligible for the Delta Dental plan. The same provisions that apply to the medical plan will apply to the dental plan.
How the Delta Dental plan affects your Kaiser Permanente benefits	The Delta Dental plan does not change your benefits, which are described in your FEHB brochure. Delta Dental and Dominion Dental, which provides your basic dental benefits, are two separate plans with different benefits.
Cost and payment	
Cost of the plan	The monthly rates are: Employee only: \$19.55 Employee + 1 dependent: \$35.45 Employee + family: \$55.59
How you are billed	Delta Dental is responsible for billing and collections. Delta Dental uses a company called Wolfpack Insurance Services, Inc., to handle these functions. You will be billed monthly by Wolfpack for membership with Delta Dental.
Payroll deduction	Payroll deduction is not a payment option. You must pay (with post-tax money) directly to Wolfpack.
Finding a dentist	
Find a Delta Dental dentist	To find a Delta Dental participating dentist near you or to find out if a dentist participates with Delta Dental, visit Delta Dental's Web site at deltadentalins.com/kaiser , locate the “Find A Dentist” link in the list of links in the lower left, and then select the Delta Dental PPO or Delta Dental Premier network. You can also call Delta Dental's toll-free number at 1-800-932-0783 (or 1-888-373-3582 TTY for hearing impaired only) to find out if a dentist participates with Delta Dental or to request a list of Delta Dental dentists near you.
Receiving services from any dentist	With the Delta Dental program, you can receive services from any licensed dentist and receive benefits. Since the Delta Dental program is on a fee-for-service basis, you can use any licensed dentist in the country. However, you likely will pay less out of pocket if you use a dentist who participates with Delta Dental.

Exclusions and limitations

Excluded Benefits

The plan covers a wide variety of dental care expenses, but there are some services for which we do not provide benefits. It is important for you to know what these services are before you visit your dentist.

The plan does not provide benefits for:

1. Treatment or materials that are benefits to an enrollee under Medicare or Medicaid unless this exclusion is prohibited by law.
2. Treatment or materials to correct congenital or developmental malformations (including treatment of enamel hypoplasia) except for newborn children eligible at birth, so long as such eligible children continue to be enrolled. When services are not excluded under this provision, congenital defects or anomalies specifically includes individuals born with cleft lip or cleft palate, and other limitations and exclusions of this section shall specifically apply.
3. Treatment that increases the vertical dimension of an occlusion, replaces tooth structure lost by attrition or erosion, or otherwise unless it is part of a treatment dentally necessary due to accident or injury.
4. Treatment or materials primarily for cosmetic purposes including but not limited to treatment of fluorosis (a type of discoloration of the teeth) and porcelain or other veneers not for restorative purposes, except as part of a treatment dentally necessary due to accident or injury. If services are not excluded as to particular teeth under this provision, cosmetic treatment of teeth adjacent or near the affected teeth are excluded.
5. Treatment or materials for which the enrollee would have no legal obligation to pay.
6. Services provided or materials furnished prior to the effective eligibility date of an enrollee under this plan, unless the treatment was a year in duration and completed after the enrollee became eligible if no other limitations shall apply.
7. Periodontal splinting, equilibration, gnathological recordings and associated treatment, and extra-oral grafts.
8. Preventive plaque control programs, including oral hygiene instruction programs.
9. Myofunctional therapy, unless covered by the exception in Item 2, above.
10. Temporomandibular joint dysfunction, unless covered by the exception in Item 2, above.
11. Prescription drugs including topically applied medication for treatment of periodontal disease, pre-medication, analgesias, separate charges for local anesthetics, general anesthesia except as a covered benefit in conjunction with a covered oral surgery procedure.
12. Experimental procedures that have not been accepted by the American Dental Association.
13. Services provided or material furnished after the termination date of coverage for which premium has been paid, as applicable to individual enrollees, except this shall not apply to services commenced while the plan was in effect or the enrollee was eligible.
14. Charges for hospitalization or any other surgical treatment facility, including hospital visits.
15. Dental practice administrative services including but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks, or relaxation techniques such as music.
16. Replacement of existing restorations for any purpose other than restoring active carious lesions or demonstrable breakdown of the restoration.
17. Payment of any claim, bill or other demand or request for payment for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral.
18. Services not included on the Table of Allowances.
19. Orthodontic services, including tooth guidance appliances.

Limitations

Benefits to enrollees are limited as follows:

Limitation on optional treatment plan. In all cases in which there are optional plans of treatment carrying different treatment costs, payment will be made only for the least costly course of treatment, so long as such treatment will restore the oral condition in a professionally accepted manner, with the balance of the treatment cost remaining the responsibility of the enrollee. Such optional treatment includes, but is not limited to, specialized techniques involving gold, precision partial attachments, overlays, implants, bridge attachments, precision dentures, personalization or characterization such as jewels or lettering, shoulders on crowns or other means of unbundling procedures into individual components not customarily performed alone in generally accepted dental practice.

Limitation on crowns, jackets, and cast restorations. If a tooth can be restored with amalgam, synthetic porcelain or plastic, but the enrollee and the dentist select another type of restoration, the obligation of Delta Dental shall be only to pay the fee appropriate to the least costly restorative procedure. The balance of the treatment shall be considered a dental treatment excluded from coverage under this plan.

- New members will be subject to a twelve (12) month period of continuous enrollment before receiving benefits for crowns, jackets and cast restorations.
- Replacement of crowns, jackets, inlays, and onlays shall be provided no more often than once in any five-year period and then only in the event that the existing crown, jacket, inlay, or onlay is not satisfactory and cannot be made satisfactory. The five-year period shall be measured from the date on which the restoration was last supplied, whether paid for under the provisions of this plan, under any prior dental care contract, or by the enrollee.

Limitation on prosthodontic benefits. Replacement of an existing denture will be made only if it is unsatisfactory and cannot be made satisfactory. Services, including denture repair and relining, which are necessary to make such appliances fit will be provided as outlined in the section "Covered Benefits." Prosthodontic appliances and abutment crowns will be replaced only after five years has

elapsed following any prior provision of such appliances and abutment crowns under any plan procedure. New members will be subject to a twelve (12) month period of continuous enrollment before receiving benefits for prosthodontic, including implants, services.

Implants will be replaced only after five (5) years have passed. Replacement of an implant supported prosthesis not provided under a Delta Dental program will be covered if it is unsatisfactory and cannot be made satisfactory. Implant removal is limited to once for each tooth during the enrollee's lifetime.

Limitation on oral surgery benefits. Benefits for specific oral surgery procedures, including but not limited to reduction of fractures, removal of tumors, and removal of impacted teeth payable under a medical insurance contract or a medical or hospital service contract by which the enrollee is covered shall be determined first under this plan. Delta Dental's obligation for these oral surgery services shall be limited to the difference between benefits paid under such other contracts up to the PPO allowed amount for the procedure less the applicable deductible and enrollee copayment. When there is no medical or hospital coverage, Delta Dental's obligation for oral surgery services shall be limited to the PPO allowed amount for those services provided under the contract less the applicable deductible and enrollee copayment.

Limitation on periodontal surgery. Benefits for periodontal surgery in the same quadrant are limited to once in any five-year period. The five-year period shall be measured from the date on which the last periodontal surgery was performed in that quadrant, whether paid for under the provisions of this plan, under any prior dental contract, or by the enrollee.

How to enroll

Kaiser Permanente Federal Member dental program

1. Complete the enrollment form below. Be sure to complete all the information requested on the form, including the type of enrollment you would like to choose (i.e., employee only, employee + one dependent, employee + family).
2. Make your check out for your first month's payment to Wolfpack Insurance Services, Inc. The amount of the check will depend on the type of enrollment you choose. The chart on the enrollment form lists the monthly rates for each type of enrollment.
3. Send your completed form and your payment to:
Wolfpack Insurance Services, Inc.
P.O. Box 720
Belmont, CA 94002-0720
4. During open season in order to be eligible for benefits in the 2010 contract year beginning January 1, 2010, your enrollment form and payment must be postmarked by December 8, 2009. (During the rest of the year, enrollment is available only for new employees or if you have a "change of life event.")
5. If you have any questions about enrolling in the dental program, please call 1-866-723-3582.

Delta Dental enrollment form

Kaiser Permanente Federal Member dental program

Enrollment type	Monthly rates
Employee only	\$19.55
Employee + one dependent	\$35.45
Employee + family	\$55.59

Remit your first month's payment and this completed form to:

Wolfpack Insurance Services, Inc.
P.O. Box 720
Belmont, CA 94002-0720

Please make check payable to **Wolfpack Insurance Services, Inc.**

PLEASE PRINT

Last name _____ MI _____ First name _____

Social Security number _____ Kaiser Permanente ID# _____

Street address _____ City _____ State _____ ZIP _____

Phone number _____ Date of birth _____

Type of enrollment: Employee only Employee + one Employee + family

Please list eligible dependents to be covered in addition to yourself:

Spouse _____ Date of birth _____

Child _____ Date of birth _____

Child _____ Date of birth _____

Child _____ Date of birth _____

Child _____ Date of birth _____



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

2101 East Jefferson Street

Rockville, MD 20852

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