



Dental program

For Kaiser Permanente FEHBP members

You must be a Kaiser Permanente FEHBP enrollee to participate in the dental plan.



Kaiser Permanente and Delta Dental

Kaiser Permanente and Delta Dental Insurance Company recognize that good oral care is an important part of your general health. Your enrollment in a Kaiser Permanente FEHB plan option gives you and your family two ways to maintain good oral health — a preventive dental benefit administered by Delta Dental (Delta Dental PPO™), which is included as part of your High Option or Standard Option benefits, and a separate optional plan (DeltaCare® USA), which you may be eligible to purchase for an additional premium.*

Delta Dental PPO preventive dental coverage

With your FEHBP medical coverage through Kaiser Permanente, you receive dental coverage for preventive services. Your only costs will be the patient's share of the procedure at the time of treatment. With Delta Dental PPO, you may visit the dentist of your choice, but your out-of-pocket costs are usually less when you choose to visit a Delta Dental dentist.

Your FEHBP preventive dental coverage covers the following procedures:

- Periodic oral evaluation
- Comprehensive oral evaluation
- Intraoral films, complete series
- Bitewings, 2 films per six months or 4 films per year
- Prophylaxis, adult
- Prophylaxis, child
- Topical application of fluoride, adult
- Topical application of fluoride, child

DeltaCare USA (optional plan*)

If you would like more inclusive coverage for you and your family, you may obtain separate coverage through Delta Dental's prepaid program, for an additional monthly premium. The DeltaCare USA program has set copayments and no annual deductibles or maximums for covered benefits. You must select a dentist in the DeltaCare USA network from whom you receive treatment. Coverage includes the following types of services (refer to your copayment schedule for a complete list of covered services):

- X-rays
- Dentures
- Orthodontics
- Extractions
- Fillings
- Periodontal scaling and root planing
- Root canals
- Crowns

The cost of coverage for DeltaCare USA (GAA11)

Type	Monthly	Twice a year
Employee	\$10.96	\$65.76
Employee and spouse	\$18.81	\$112.86
Employee and child(ren)	\$18.93	\$113.58
Employee and family	\$27.29	\$163.74

Premiums are effective January 1, 2020 through December 31, 2020.

Before choosing your plan

This is a brief description of the features of Kaiser Foundation Health Plan of Georgia, Inc.'s High Option and Standard Option. Before making a final decision, please read the Plan's Federal brochure (RI 73-321). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochure. Your medical plan also provides coverage for a select number of other procedures such as accidental injuries and treatment of TMJ.

How to enroll

No enrollment form is necessary for Delta Dental PPO. If you wish to purchase the optional DeltaCare USA coverage, please see the enclosed DeltaCare USA booklet for enrollment and payment authorization forms. Delta Dental PPO and DeltaCare USA are offered and administered by Delta Dental Insurance Company (Delta Dental) in Georgia.

* These benefits are neither offered nor guaranteed under contract with the FEHB program, but are made available to all enrollees and family members who become members of the Kaiser Foundation Health Plan of Georgia, Inc.'s High Option and Standard Option.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in GA.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

How coverage works

Your preventive dental coverage and the DeltaCare USA optional plan work differently. To help you choose the right coverage for your needs, this chart provides helpful information on how your benefits work. You must be a Kaiser Permanente FEHBP enrollee to participate in the dental plan.

Type	Delta Dental PPO* preventive care benefit	DeltaCare USA* optional plan
Premium cost to patient	Coverage already included with your medical plan.	Monthly premium applies
Covered services	Limited to eight procedures; each procedure limited to two times per year for each covered enrollee. Bitewings are 2 films per six months or 4 films per year.	Covers broad range of procedures listed on copayment schedule, including orthodontics, crowns and fillings.
Employee and child(ren)	Delta Dental pays 70% of the allowed amount or 70% of the fee actually charged, whichever is less. The patient pays the remaining 30%.	Most diagnostic and preventive services have minimal, if any, copayments. Minimal copayments on most restorative services. All covered procedures have predetermined copayments. The patient can reference the copayment schedule to know the copayment amount before a dental visit. (Employees receive the copayment schedule as part of their DeltaCare USA enrollment welcome kit, or they may refer to the enclosed DeltaCare USA brochure.)
Dentist network advantages	Freedom to visit any licensed dentist each time treatment is needed: <ul style="list-style-type: none">• No need to select a dental office• Ability to change dentists at any time without contacting Delta Dental	Visit your assigned DeltaCare USA dentist to receive benefits: <ul style="list-style-type: none">• Ability to change primary care network dentist monthly via phone or online• Easy referrals to a large pre-screened specialty care network (referred by assigned primary care dentist)
Deductibles/maximums	Service area not restricted — visit any licensed dentist: <ul style="list-style-type: none">• Patients may have lower out-of-pocket costs when visiting a Delta Dental PPO dentist	Service area applies, but out-of-area emergency care allowance covers up to \$100 per incident.
Deductibles/maximums	No deductible or maximums on covered procedures.	No annual deductible and no annual dollar maximum except for accidental injury.
Additional advantages	Claims convenience — Delta Dental dentists file all claim forms for you if you visit a Delta Dental dentist.	No claim forms required. Patient pays fixed copayment amount at time of treatment. Orthodontic takeover provision — new enrollees who were previously covered by another dental plan may continue treatment with the same dentist, even if he or she is not a DeltaCare USA dentist.

* This is a summary or brief description of the features of the Kaiser Foundation Health Plan of Georgia, Inc. Before making a final decision, please read the Plan's Federal brochure (RI 73-321). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure.

Contact us

Delta Dental PPO

Customer Service

(includes automated voice attendant & fax-on-demand)

Call toll-free: 800-521-2651

Dentist Search, Online Eligibility, Benefits & Claims Status

deltadentalins.com

Claims Submission

Delta Dental Insurance Company

P.O. Box 1809, Alpharetta, GA 30023-1809

DeltaCare USA

Customer Service

(includes automated voice attendant & fax-on-demand)

Call toll-free: 800-422-4234

Dentist Search, Online Eligibility & Benefits

deltadentalins.com/deltacareusa

Claims and Preauthorization Submission

DeltaCare USA

P.O. Box 1810, Alpharetta, GA 30023-1810

Sample using a Delta Dental PPO dentist or a non-Delta Dental dentist (preventive care coverage)

Code and description	Dentist bills	Allowed PPO amount	Delta Dental pays dentist 70% of allowed PPO amount	Patient pays PPO dentist 30% of allowed amount	Patient pays non-Delta Dental dentist 30% of allowed PPO amount + difference between billed & allowed amounts
D0120 Periodic oral evaluation	\$38.00	\$28.00	\$19.60	\$8.40	\$18.40
D0150 Comprehensive oral evaluation	\$69.00	\$48.00	\$33.60	\$14.40	\$35.40
D0210 Intraoral, complete series	\$110.00	\$81.00	\$56.70	\$24.30	\$53.30
D0272/ D0274 Bitewings, 2 films per 6 months or 4 films per year	\$39.00	\$38.00	\$26.60	\$11.40	\$12.40
D1110 Prophylaxis, adult	\$70.00	\$50.00	\$35.00	\$15.00	\$35.00
D1120 Prophylaxis, child	\$60.00	\$40.00	\$28.00	\$12.00	\$32.00
D1208 Topical application of fluoride, child or adult	\$33.00	\$23.00	\$16.10	\$6.90	\$16.90
Total patient payment				\$92.40	\$203.40

Sample using a Delta Dental Premier dentist (preventive care coverage)

Code and description	Dentist bills	Allowed Premier amount	Delta Dental pays dentist 70% of allowed Premier amount	Patient pays Delta Dental dentist 30% of allowed Premier amount
D0120 Periodic oral evaluation	\$38.00	\$38.00	\$26.60	\$11.40
D0150 Comprehensive oral evaluation	\$69.00	\$58.00	\$40.60	\$17.40
D0210 Intraoral, complete series	\$110.00	\$91.00	\$63.70	\$27.30
D0272/ D0274 Bitewings, 2 films per 6 months or 4 films per year	\$39.00	\$39.00	\$27.30	\$11.70
D1110 Prophylaxis, adult	\$70.00	\$60.00	\$42.00	\$18.00
D1120 Prophylaxis, child	\$60.00	\$50.00	\$35.00	\$15.00
D1208 Topical application of fluoride, child or adult	\$33.00	\$33.00	\$23.10	\$9.90
Total patient payment				\$110.70

The claims examples above are based on average PPO fees for zip codes 30001-30099 and are intended for illustrative purposes only. Actual charges may vary by provider or geographic area.

Sample DeltaCare USA patient copayment amounts (optional plan)

Code and description	Patient pays dentist
D0150 Comprehensive oral evaluation	No cost
D0210 Intraoral, complete series	No cost
D0272 Bitewings, 2 films or 4 films per year	No cost
D1110 Prophylaxis, adult	\$10.00
D1120 Prophylaxis, child	\$10.00
D1208 Topical application of fluoride, child	No cost
D1208 Topical application of fluoride, adult	Not covered

You will receive a complete schedule of copayments with your enrollment materials.