

# SMILE FOR TOTAL HEALTH

A guide to your dental benefits:  
\$30 Preventive Dental Plan for Federal Employees



## For High and Standard Options Only

Your dental plan emphasizes healthy smiles through the prevention and early detection of dental problems to avoid costly procedures in the future. The combination of predictable costs, no deductibles, and no annual maximums helps you reach a state of good oral health without facing the high treatment cost that's typical of many dental plans. The \$30 Preventive Dental Plan for Federal Employees provides coverage for more than 250 dental procedures through one of the largest networks in the Mid-Atlantic area.<sup>1</sup> You have your choice of convenient dental offices where you can receive care.

You and your covered family members pay a \$30 copay for each covered preventive care office visit, which includes procedures such as:

- Oral evaluations
- Routine cleaning
- Certain X-rays

## Save on restorative care

More extensive care (fillings, crowns, dentures, root canals, periodontal treatment, oral surgery, etc.) is provided at fees lower than the usual and customary charges for these services. When covered, specialty care services are performed by plan specialists and a different fee will apply.

For a complete list of covered dental services, a schedule of discounted dental fees, limitations, exclusions, and a directory of participating dental providers, you can find your plan details on [dominionnational.com/kaiserdentists](https://www.dominionnational.com/kaiserdentists).

<sup>1</sup>Mid-Atlantic area includes Washington, DC, and parts of Maryland and Virginia.

## Choose a dentist

You may select any general dentist from among our participating dental providers for yourself. Each eligible family member may use a different participating dentist. Services received from non-participating dentists are not covered.

Your dental plan administrators and health plan carrier—Dominion National (Dominion) and Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Permanente)—are working together to help you stay healthy.

## Make appointments

After your effective date of coverage, you can make an appointment with a participating general dentist. Make sure you bring your Kaiser Permanente medical ID card to your appointment. There is no separate dental ID card. And you'll have virtually no paperwork or pre-existing condition exclusions to worry about.

## Quality dental care

You can be confident that your dentist was carefully selected to offer quality care. All participating dentists go through a strict quality assurance program developed in accordance with the National Association of Dental Plans' recommendations. This process confirms that each dentist has the required credentials and has passed a thorough on-site office evaluation.

To learn more, call Dominion Member Services specialists at **855-733-7524** (TTY **711**), Monday through Friday, 7:30 a.m. to 6 p.m. Or visit [dominionnational.com/kaiserdentists](https://www.dominionnational.com/kaiserdentists).

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This is a summary of the features of the Kaiser Permanente health plan. Before making a final decision, please read the plan's Federal brochure (*RI 73-047*). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure.

In the event of ambiguity, or a conflict between this summary and the FEHB brochure *RI 73-047*, the *RI 73-047* shall control. Dental benefits are underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and administered by Dominion National.



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

### \$30 Preventive Dental Plan

#### Schedule of Dental Fees – 2022

Procedures not shown in this list are not covered. Refer to the description of your dental benefit for a complete description of the terms and conditions of your covered benefit.

Fees quoted in the “You pay to Dentist” column apply only when performed by a participating general dentist. If specialty care is required, your general dentist must refer you to a participating specialist. Services received from non-participating dentists are not covered under this plan, except for emergency services, out-of-area urgent care, and referrals to non-participating specialists.

**FC \$30:** You pay a combined fixed copayment (FC) of \$30 for any visit during which one or more of the following procedures are performed: (a) an oral exam (D0120, D0140, D0145, D0150, D0170 or D0180); (b) x-rays (D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274, D0277, D0340, D0350 or D0351); (c) a pulp vitality test (D0460); (d) a diagnostic cast (D0470); (e) image capture procedures (D0701, D0702, D0703, D0704, D0705, D0706, D0707, D0708, D0709); (f) a routine cleaning (D1110 or D1120); (g) fluoride application (D1206 or D1208); or (h) you are given oral hygiene instructions (D1310, D1320, D1321 or D1330). You pay a separate fee for any other procedure performed.

**Note:** The schedule of dental fees is reviewed annually and is subject to change effective January 1 of each year.

ADA Code	Description of Services	You Pay to Dentist	You Pay to Specialist
<b>Diagnostic Services</b>			
D0120	Periodic oral evaluation	FC \$30	No Benefit
D0140	Limited oral evaluation - problem focused	FC \$30	No Benefit
D0145	Oral evaluation – patient under three years of age	FC \$30	No Benefit
D0150	Comprehensive oral evaluation - new or established patient	FC \$30	No Benefit
D0170	Re-evaluation - limited, problem focused	FC \$30	No Benefit
D0180	Comprehensive periodontal evaluation - new or established patient - not in conjunction with D0150 and limited to once per 18 months	FC \$30	No Benefit
D0210	Intraoral - complete series of radiographic images	\$58	\$75
D0220	Intraoral - periapical first radiographic image	FC \$30	\$15
D0230	Intraoral - periapical each additional radiographic image	FC \$30	\$12
D0240	Intraoral - occlusal radiographic image	FC \$30	\$23
D0250	Extra-oral - 2D projection radiographic image	FC \$30	\$28
D0270	Bitewing - single radiographic image	FC \$30	\$15
D0272	Bitewings - two radiographic images	FC \$30	\$23
D0273	Bitewings - three radiographic images	FC \$30	\$30
D0274	Bitewings - four radiographic images	FC \$30	\$33
D0277	Vertical bitewings - 7 to 8 radiographic images	FC \$30	\$51
D0330	Panoramic radiographic image	\$46	\$59
D0340	2D cephalometric radiographic image	FC \$30	\$59
D0350	2D oral/facial photographic image	FC \$30	\$31
D0351	3D photographic image	FC \$30	\$35
D0460	Pulp vitality tests	FC \$30	\$38
D0470	Diagnostic casts (not in conjunction with Orthodontics)	FC \$30	No Benefit

<b>ADA Code</b>	<b>Description of Services</b>	<b>You Pay to Dentist</b>	<b>You Pay to Specialist</b>
D0701	Panoramic radiographic image – image capture only	FC \$30	No Benefit
D0702	2-D cephalometric radiographic image – image capture only	FC \$30	No Benefit
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	FC \$30	No Benefit
D0704	3-D photographic image – image capture only	FC \$30	No Benefit
D0705	Extra-oral posterior dental radiographic image – image capture only	FC \$30	No Benefit
D0706	Intraoral – occlusal radiographic image – image capture only	FC \$30	No Benefit
D0707	Intraoral – periapical radiographic image – image capture only	FC \$30	No Benefit
D0708	Intraoral – bitewing radiographic image – image capture only	FC \$30	No Benefit
D0709	Intraoral – complete series of radiographic images – image capture only	FC \$30	No Benefit
D0999	Office Visit Copayment when FC \$30 services are not performed	\$11	\$12
<b>Preventive Services</b>			
D1110	Prophylaxis - adult	FC \$30	No Benefit
D1110*	Additional cleaning (expecting mothers and Diabetics)	\$40	\$40
D1120	Prophylaxis - child	FC \$30	No Benefit
D1206	Topical application of fluoride varnish	FC \$30	No Benefit
D1208	Topical application of fluoride – excluding varnish	FC \$30	No Benefit
D1310	Nutritional counseling for control of disease	FC \$30	No Benefit
D1320	Tobacco counseling	FC \$30	No Benefit
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	FC \$30	No Benefit
D1330	Oral hygiene instructions	FC \$30	No Benefit
D1351	Sealant - per tooth (under 16 years of age)	\$32	No Benefit
D1352	Preventive resin restoration- caries risk	\$32	No Benefit
D1354	Interim caries arresting medicament application - per tooth	\$16	No Benefit
D1510	Space maintainer – fixed, unilateral – per quadrant	\$216	No Benefit
D1516	Space maintainer - fixed - bilateral, maxillary	\$300	No Benefit
D1517	Space maintainer - fixed - bilateral, mandibular	\$300	No Benefit
D1520	Space maintainer – removable, unilateral – per quadrant	\$266	No Benefit
D1526	Space maintainer - removable - bilateral, maxillary	\$300	No Benefit
D1527	Space maintainer - removable - bilateral, mandibular	\$300	No Benefit
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$25	No Benefit
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$25	No Benefit
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$25	No Benefit
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant	\$216	No Benefit
<b>Restorative Services</b>			
D2140	Amalgam - one surface, primary or permanent	\$73	No Benefit
D2150	Amalgam - two surfaces, primary or permanent	\$95	No Benefit
D2160	Amalgam - three surfaces, primary or permanent	\$113	No Benefit
D2161	Amalgam - four or more surfaces, primary or permanent	\$136	No Benefit
D2330	Resin-based composite - one surface, anterior	\$90	No Benefit
D2331	Resin-based composite - two surfaces, anterior	\$113	No Benefit
D2332	Resin-based composite - three surfaces, anterior	\$139	No Benefit

<b>ADA Code</b>	<b>Description of Services</b>	<b>You Pay to Dentist</b>	<b>You Pay to Specialist</b>
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$176	No Benefit
D2390	Resin-based composite crown, anterior	\$233	No Benefit
D2391	Resin-based composite - one surface, posterior	\$117	No Benefit
D2392	Resin-based composite - two surfaces, posterior	\$154	No Benefit
D2393	Resin-based composite - three surfaces, posterior	\$193	No Benefit
D2394	Resin-based composite - four or more surfaces, posterior	\$220	No Benefit
D2510	Inlay - metallic - one surface	\$532	No Benefit
D2520	Inlay - metallic - two surfaces	\$600	No Benefit
D2530	Inlay - metallic - three or more surfaces	\$652	No Benefit
D2542	Onlay - metallic - two surfaces	\$692	No Benefit
D2543	Onlay - metallic - three surfaces	\$705	No Benefit
D2544	Onlay - metallic - 4 or more surfaces	\$710	No Benefit
D2610	Inlay - porcelain/ceramic - one surface	\$584	No Benefit
D2620	Inlay - porcelain/ceramic - two surfaces	\$622	No Benefit
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$718	No Benefit
D2642	Onlay - porcelain/ceramic - two surfaces	\$665	No Benefit
D2643	Onlay - porcelain/ceramic - three surfaces	\$719	No Benefit
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	\$767	No Benefit
D2650	Inlay - resin-based composite - one surface	\$538	No Benefit
D2651	Inlay - resin-based composite - two surfaces	\$581	No Benefit
D2652	Inlay - resin-based composite - three or more surfaces	\$755	No Benefit
D2662	Onlay - resin-based composite - two surfaces	\$613	No Benefit
D2663	Onlay - resin-based composite- three surfaces	\$755	No Benefit
D2664	Onlay - resin-based composite - four or more surfaces	\$715	No Benefit
D2710	Crown - resin (indirect)	\$299	No Benefit
D2712	Crown 3/4 resin-based composite (exclusive of veneers)	\$275	No Benefit
D2720	Crown - resin with high noble metal	\$729	No Benefit
D2721	Crown - resin with predominantly base metal	\$649	No Benefit
D2722	Crown - resin with noble metal	\$678	No Benefit
D2740	Crown - porcelain/ceramic	\$800	No Benefit
D2750	Crown - porcelain fused to high noble metal	\$815	No Benefit
D2751	Crown - porcelain fused to predominantly base metal	\$705	No Benefit
D2752	Crown - porcelain fused to noble metal	\$733	No Benefit
D2753	Crown - porcelain fused to titanium and titanium alloys	\$815	No Benefit
D2780	Crown - 3/4 cast high noble metal	\$782	No Benefit
D2781	Crown - 3/4 cast predominantly base metal	\$611	No Benefit
D2782	Crown - 3/4 cast noble metal	\$660	No Benefit
D2783	Crown - 3/4 porcelain/ceramic	\$678	No Benefit
D2790	Crown - full cast high noble metal	\$729	No Benefit
D2791	Crown - full cast predominantly base metal	\$649	No Benefit
D2792	Crown - full cast noble metal	\$678	No Benefit
D2794	Crown - titanium and titanium alloys	\$733	No Benefit
D2910	Recent inlay	\$73	No Benefit
D2915	Recent cast or prefabricated post and core	\$40	No Benefit
D2920	Recent crown	\$73	No Benefit
D2930	Prefabricated stainless steel crown - primary tooth	\$152	No Benefit
D2931	Prefabricated stainless steel crown - permanent tooth	\$201	No Benefit
D2932	Prefabricated resin crown	\$274	No Benefit

<b>ADA Code</b>	<b>Description of Services</b>	<b>You Pay to Dentist</b>	<b>You Pay to Specialist</b>
D2934	Prefabricated steel crown – primary tooth	\$118	No Benefit
D2940	Protective restoration	\$83	No Benefit
D2941	Interim therapeutic restoration	\$53	No Benefit
D2950	Core buildup, including any pins	\$186	No Benefit
D2951	Pin retention - per tooth, in addition to restoration	\$43	No Benefit
D2952	Post and core in addition to crown	\$272	No Benefit
D2954	Prefabricated post and core in addition to crown	\$242	No Benefit
D2955	Post removal	\$210	No Benefit
D2980	Crown repair necessitated by restorative material failure	\$149	No Benefit
D2981	Inlay repair necessitated by restorative material failure	\$149	No Benefit
D2982	Onlay repair necessitated by restorative material failure	\$149	No Benefit
<b>Endodontic Services</b>			
D3110	Pulp cap - direct (excluding final restoration)	\$51	No Benefit
D3120	Pulp cap - indirect (excluding final restoration)	\$51	No Benefit
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$112	\$132
D3221	Pulpal debridement, primary and permanent teeth	\$136	No Benefit
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	\$123	No Benefit
D3240	Pulpal therapy - resorbable filling, posterior, primary tooth	\$211	No Benefit
D3310	Endodontic therapy, anterior (excluding final restoration)	\$521	\$598
D3320	Endodontic therapy, premolar (excluding final restoration)	\$622	\$716
D3330	Endodontic therapy, molar (excluding final restoration)	\$815	\$936
D3333	Internal root repair of perforation defects	No Benefit	\$243
D3346	Retreatment of previous root canal therapy - anterior	No Benefit	\$658
D3347	Retreatment of previous root canal therapy - premolar	No Benefit	\$877
D3348	Retreatment of previous root canal therapy - molar	No Benefit	\$1131
D3351	Apexification/recalcification - initial visit	\$413	\$486
D3352	Apex./recalc.- interim medication replacement	\$323	\$382
D3353	Apexification/recalcification - final visit	\$354	\$418
D3410	Apicoectomy - anterior	\$456	\$566
D3421	Apicoectomy - premolar (first root)	\$509	\$707
D3425	Apicoectomy - molar (first root)	\$559	\$742
D3426	Apicoectomy (each additional root)	\$339	\$401
D3427	Periradicular surgery without apicoectomy	\$434	\$544
D3430	Retrograde filling - per root	\$127	\$319
D3450	Root amputation - per root	\$221	\$356
D3471	Surgical repair of root resorption - anterior	\$456	\$566
D3472	Surgical repair of root resorption – premolar	\$509	\$707
D3473	Surgical repair of root resorption – molar	\$559	\$742
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$456	\$566
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$509	\$707
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$559	\$742
D3920	Hemisection (including any root removal), not including root canal therapy	\$279	\$329
D3950	Canal prep/fitting of preformed dowel or post	\$166	\$233

<b>ADA Code</b>	<b>Description of Services</b>	<b>You Pay to Dentist</b>	<b>You Pay to Specialist</b>
<b>Periodontic Services</b>			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant	\$402	\$474
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	\$174	\$205
D4230	Anatomical crown exposure – four or more contiguous teeth	\$497	No Benefit
D4231	Anatomical crown exposure – one to three teeth per quadrant	\$66	No Benefit
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth	\$517	\$611
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	\$131	\$258
D4249	Clinical crown lengthening--hard tissue	\$543	\$642
D4260	Osseous surgery (including flap entry and closure) - four or more teeth per quadrant	\$766	\$903
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	\$488	\$577
D4263	Bone replacement graft - first site in quadrant	\$217	\$445
D4265	Biologic material to aid in soft/osseous tissue	\$183	\$222
D4268	Surgical revision procedure, per tooth	\$420	\$607
D4270	Pedicle soft tissue graft procedure	\$577	\$680
D4274	Mesial/distal wedge procedure, single tooth	\$355	\$503
D4275	Soft tissue allograft	\$306	\$689
D4276	Combined connective tissue and double pedicle	\$368	\$567
D4320	Provisional splinting - intracoronal	\$285	\$337
D4321	Provisional splinting - extracoronal	\$216	\$254
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$148	\$210
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	\$107	\$126
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$82	\$111
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	\$131	\$189
D4381	Localized delivery of antimicrobial agents	\$36	\$48
D4910	Periodontal maintenance	\$90	\$119
<b>Prosthetics - Removable</b>			
D5110	Complete denture - maxillary	\$913	No Benefit
D5120	Complete denture - mandibular	\$913	No Benefit
D5130	Immediate denture - maxillary	\$983	No Benefit
D5140	Immediate denture - mandibular	\$983	No Benefit
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$705	No Benefit
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$705	No Benefit
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$978	No Benefit

<b>ADA Code</b>	<b>Description of Services</b>	<b>You Pay to Dentist</b>	<b>You Pay to Specialist</b>
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$978	No Benefit
D5221	Immediate maxillary partial denture - resin base	\$705	No Benefit
D5222	Immediate mandibular partial denture - resin base	\$705	No Benefit
D5223	Immediate maxillary partial denture - cast metal	\$978	No Benefit
D5224	Immediate mandibular partial denture - cast metal	\$978	No Benefit
D5225	Maxillary partial denture	\$976	No Benefit
D5226	Mandibular partial denture	\$1084	No Benefit
D5282	Removable unilateral partial denture - one piece cast metal, maxillary (including clasps and teeth)	\$551	No Benefit
D5283	Removable unilateral partial denture - one piece cast metal, mandibular (including clasps and teeth)	\$551	No Benefit
D5284	Removable unilateral partial denture – one piece flexible base – per quadrant	\$551	No Benefit
D5286	Removable unilateral partial denture – one piece resin – per quadrant	\$551	No Benefit
D5410	Adjust complete denture - maxillary	\$85	No Benefit
D5411	Adjust complete denture - mandibular	\$85	No Benefit
D5421	Adjust partial denture - maxillary	\$85	No Benefit
D5422	Adjust partial denture - mandibular	\$85	No Benefit
D5511	Repair broken complete denture base, mandibular	\$109	No Benefit
D5512	Repair broken complete denture base, maxillary	\$109	No Benefit
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$83	No Benefit
D5611	Repair resin partial denture base, mandibular	\$110	No Benefit
D5612	Repair resin partial denture base, maxillary	\$110	No Benefit
D5621	Repair cast partial framework, mandibular	\$159	No Benefit
D5622	Repair cast partial framework, maxillary	\$159	No Benefit
D5630	Repair or replace broken retentive/clasping material – per tooth	\$150	No Benefit
D5640	Replace broken teeth - per tooth	\$95	No Benefit
D5650	Add tooth to existing partial denture	\$141	No Benefit
D5660	Add clasp to existing partial denture – per tooth	\$173	No Benefit
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$604	No Benefit
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$604	No Benefit
D5710	Rebase complete maxillary denture	\$372	No Benefit
D5711	Rebase complete mandibular denture	\$357	No Benefit
D5720	Rebase maxillary partial denture	\$286	No Benefit
D5721	Rebase mandibular partial denture	\$286	No Benefit
D5730	Reline complete maxillary denture (direct)	\$231	No Benefit
D5731	Reline complete mandibular denture (direct)	\$232	No Benefit
D5740	Reline maxillary partial denture (direct)	\$229	No Benefit
D5741	Reline mandibular partial denture (direct)	\$229	No Benefit
D5750	Reline complete maxillary denture (indirect)	\$281	No Benefit
D5751	Reline complete mandibular denture (indirect)	\$279	No Benefit
D5760	Reline maxillary partial denture (indirect)	\$270	No Benefit
D5761	Reline mandibular partial denture (indirect)	\$269	No Benefit
D5810	Interim complete denture - maxillary	\$593	No Benefit



<b>ADA Code</b>	<b>Description of Services</b>	<b>You Pay to Dentist</b>	<b>You Pay to Specialist</b>
D5811	Interim complete denture - mandibular	\$432	No Benefit
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	\$458	No Benefit
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	\$463	No Benefit
D5850	Tissue conditioning, maxillary	\$130	No Benefit
D5851	Tissue conditioning, mandibular	\$131	No Benefit
<b>Prosthetics - Fixed</b>			
D6092	Recement supp crown	\$75	No Benefit
D6093	Recement supp partial denture	\$112	No Benefit
D6205	Pontic - indirect resin based composite	\$276	No Benefit
D6210	Pontic - cast high noble metal	\$659	No Benefit
D6211	Pontic - cast predominantly base metal	\$674	No Benefit
D6212	Pontic - cast noble metal	\$633	No Benefit
D6214	Pontic - titanium and titanium alloys	\$617	No Benefit
D6240	Pontic - porcelain fused to high noble metal	\$815	No Benefit
D6241	Pontic - porcelain fused to predominantly base metal	\$705	No Benefit
D6242	Pontic - porcelain fused to noble metal	\$733	No Benefit
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$617	No Benefit
D6245	Pontic - porcelain/ceramic	\$800	No Benefit
D6250	Pontic - resin with high noble metal	\$805	No Benefit
D6251	Pontic - resin with predominantly base metal	\$764	No Benefit
D6252	Pontic - resin with noble metal	\$774	No Benefit
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$292	No Benefit
D6548	Retainer - porcelain/ceramic for resin bonded	\$519	No Benefit
D6549	Resin retainer - for resin bonded fixed prost	\$292	No Benefit
D6600	Retainer inlay - porc/ceramic, 2 surfaces	\$432	No Benefit
D6601	Retainer inlay - porc/ceramic, 3 or more surfaces	\$460	No Benefit
D6602	Retainer inlay - cast high noble metal, two surfaces	\$456	No Benefit
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$505	No Benefit
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$456	No Benefit
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$436	No Benefit
D6606	Retainer inlay - cast noble metal, two surfaces	\$415	No Benefit
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$460	No Benefit
D6608	Retainer onlay -porc/ceramic, 2 surfaces	\$472	No Benefit
D6609	Retainer onlay - porc/ceramic, 3 or more surfaces	\$495	No Benefit
D6610	Retainer onlay - cast high noble metal, two surfaces	\$541	No Benefit
D6611	Retainer onlay cast high noble metal >=3 surfaces	\$592	No Benefit
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$465	No Benefit
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$516	No Benefit
D6614	Retainer onlay - cast noble metal, two surfaces	\$490	No Benefit
D6615	Retainer onlay cast noble metal >=3 surfaces	\$541	No Benefit
D6624	Retainer inlay - titanium	\$505	No Benefit
D6634	Retainer onlay - titanium	\$592	No Benefit
D6710	Retainer crown - indirect resin based composite	\$276	No Benefit
D6720	Retainer crown - resin w/ high noble metal	\$807	No Benefit
D6721	Retainer crown - resin w/ predom base metal	\$719	No Benefit

<b>ADA Code</b>	<b>Description of Services</b>	<b>You Pay to Dentist</b>	<b>You Pay to Specialist</b>
D6722	Retainer crown - resin with noble metal	\$752	No Benefit
D6740	Retainer crown – Porcelain/ceramic	\$800	No Benefit
D6750	Retainer crown - porcelain fused to high noble metal	\$690	No Benefit
D6751	Retainer crown - porcelain fused to predominantly base metal	\$617	No Benefit
D6752	Retainer crown - porcelain fused to noble metal	\$647	No Benefit
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$733	No Benefit
D6780	Retainer crown - 3/4 cast high noble metal	\$782	No Benefit
D6781	Retainer crown - 3/4 cast predominantly base metal	\$611	No Benefit
D6782	Retainer crown - 3/4 cast noble metal	\$624	No Benefit
D6783	Retainer crown - 3/4 porcelain/ceramic	\$873	No Benefit
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$733	No Benefit
D6790	Retainer crown - full cast high noble metal	\$729	No Benefit
D6791	Retainer crown - full cast predominantly base metal	\$649	No Benefit
D6792	Retainer crown - full cast noble metal	\$678	No Benefit
D6794	Retainer crown - titanium and titanium alloys	\$733	No Benefit
D6930	Recement fixed partial denture	\$95	No Benefit
D6940	Stress breaker	\$221	No Benefit
D6980	Fixed partial denture repair	\$222	No Benefit
<b>Oral Surgery</b>			
D7111	Extraction, coronal remnants - primary tooth	\$78	\$92
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$90	\$105
D7210	Extraction, erupted tooth requiring removal of bone and/or section of tooth	\$161	\$190
D7220	Removal of impacted tooth - soft tissue	\$198	\$233
D7230	Removal of impacted tooth - partially bony	\$270	\$319
D7240	Removal of impacted tooth - completely bony	\$319	\$375
D7241	Removal of impacted tooth – completely bony w/ complic	\$392	\$463
D7250	Removal of residual tooth roots (cutting procedure)	\$180	\$215
D7251	Coronectomy - intentional partial tooth removal	\$392	\$463
D7260	Oroantral fistula closure	\$487	\$575
D7261	Primary closure of a sinus perforation	\$200	\$575
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$301	\$356
D7280	Exposure of an unerupted tooth	\$337	\$399
D7282	Mobiliz. of erupted or malpos. tooth-aid erup	\$104	\$227
D7283	Placement of device	\$73	\$140
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$212	\$249
D7286	Incisional biopsy of oral tissue - soft (all others)	\$199	\$233
D7287	Exfoliative cytology sample collection	\$43	\$76
D7288	Brush biopsy - transepithelial sample collect	\$43	\$76
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	\$153	\$183
D7292	Surgical placement: temp. anchorage device (screw ret. Plate) req. surg. Flap	\$1210	No Benefit
D7293	Surgical placement: temp. anchorage device req. surg. flap	\$967	No Benefit
D7294	Surgical placement: temp. anchorage device w/out surg. flap	\$726	No Benefit
D7310	Alveoloplasty in conjunction with extractions – four or more teeth per quadrant	\$162	\$191
D7311	Alveoloplasty in conjunction with extractions – one to three	\$140	\$166

<b>ADA Code</b>	<b>Description of Services</b>	<b>You Pay to Dentist</b>	<b>You Pay to Specialist</b>
	teeth per quadrant		
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth per quadrant	\$208	\$245
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth per quadrant	\$43	\$91
D7410	Excision of benign lesion up to 1.25 cm	\$203	\$241
D7411	Excision of benign lesion > 1.25 cm	\$200	\$234
D7412	Excision of benign lesion, complicated	\$278	\$326
D7450	Removal of benign odon cyst/tumor - diam<=1.25cm	\$284	\$334
D7451	Removal of benign odon cyst/tumor - diam>1.25cm	\$357	\$422
D7460	Removal of benign nonodon cyst/tumor-diam<=1.25cm	\$273	\$321
D7461	Removal of benign nonodon cyst/tumor-diam>1.25cm	\$386	\$456
D7471	Removal of lateral exostosis	\$339	\$400
D7472	Removal of torus palatinus	\$284	\$336
D7473	Removal of torus mandibularis	\$293	\$346
D7485	Reduction of osseous tuberosity	\$321	\$379
D7510	Incision and drainage of abscess - intraoral soft tissue	\$117	\$137
D7511	Incision and drainage of abscess - intraoral	\$244	\$281
D7520	Incision and drainage of abscess - extraoral soft tissue	\$244	\$287
D7521	Incision and drainage of abscess – extraoral soft tissue, compl.	\$170	\$195
D7530	Foreign body removal from muc./skin/subcut tissue	\$170	\$201
D7550	Partial ostect/sequestrect non-vital bone removal	\$284	\$337
D7910	Suture of recent small wounds up to 5 cm	\$266	\$313
D7911	Complicated suture - up to 5 cm	\$219	\$259
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$25	\$25
D7961	Buccal/labial frenectomy (frenulectomy)	\$287	\$339
D7962	Lingual frenectomy (frenulectomy)	\$287	\$339
D7963	Frenuloplasty	\$107	\$265
D7970	Excision of hyperplastic tissue - per arch	\$492	\$582
D7971	Excision of pericoronal gingiva	\$243	\$286
D7972	Surgical reduction of fibrous tuberosity	\$84	\$200
D7979	Non-surgical sialolithotomy	\$32	\$81
<b>Orthodontics</b>			
D8070	Comprehensive orthodontic treatment of the transitional dentition	No Benefit	\$3,990
D8080	Comprehensive orthodontic treatment of the adolescent dentition	No Benefit	\$4,132
D8090	Comprehensive orthodontic treatment of the adult dentition	No Benefit	\$4,417
D8660	Pre-orthodontic treatment visit	No Benefit	\$499
D8670	Periodic orthodontic treatment visit (as part of contract)	No Benefit	\$142
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	No Benefit	\$516
<b>Additional Procedures</b>			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$32	\$81
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0	No Benefit
D9211	Regional block anesthesia	\$0	No Benefit

<b>ADA Code</b>	<b>Description of Services</b>	<b>You Pay to Dentist</b>	<b>You Pay to Specialist</b>
D9212	Trigeminal division block anesthesia	\$0	No Benefit
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0	No Benefit
D9219	Evaluation for deep sedation or general anesthesia	\$0	No Benefit
D9222	Deep sedation/general anesthesia - first 15 minutes	\$66	\$147
D9223	Deep sedation/general anes - each subsequent 15 min incr	\$66	\$147
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$39	\$44
D9239	Intravenous moderate sedation/analgesia – first 15 minutes	\$66	\$147
D9243	Intravenous moderate sedation/analgesia-each subsequent 15 min	\$66	\$147
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$64	\$104
D9439	Office Visit/Infectious Disease Cont	\$10	\$10
D9440	Office visit - after regularly scheduled hours	\$29	\$120
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	\$205	\$205
D9910	Application of desensitizing medicament	\$32	\$65
D9930	Post-surgical treat. of unusual circumstances	\$52	\$52
D9942	Repair and/or reline of occlusal guard	\$57	\$109
D9944	Occlusal guard – hard appliance, full arch	\$365	\$561
D9945	Occlusal guard – soft appliance, full arch	\$365	\$561
D9946	Occlusal guard – hard appliance, partial arch	\$365	\$561
D9950	Occlusion analysis - mounted case	\$183	\$183
D9951	Occlusal adjustment - limited	\$95	\$124
D9952	Occlusal adjustment - complete	\$402	\$645
D9986	Missed appointment	\$50	\$50
D9995	Teledentistry – synchronous; real-time encounter	\$22	\$22
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$22	\$22
D9997	Dental case management – patients with special health care needs	\$50	\$50

\* An additional cleaning is available for expecting mothers and Diabetics at the Copayment listed.

**KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.**



By: \_\_\_\_\_

Gracelyn McDermott  
Vice President, Marketing, Sales & Business Development

## **HMO Dental Rider**

This HMO Dental Rider is effective as of the date of your Group Agreement and Group Evidence of Coverage (EOC) and shall terminate as of the date your Group Agreement and Group Evidence of Coverage (EOC) terminates.

The following dental services shall be added to the Group Evidence of Coverage (EOC) to which this HMO Dental Rider (Rider) is attached, in consideration of Group's application and payment of Premium for such Services.

## **Definitions**

The following terms, when capitalized and used in any part of this Rider, mean:

**Covered Dental Services:** A range of diagnostic, preventive, restorative, endodontic, periodontic, prosthetics, orthodontic and oral surgery services that are covered under this Rider.

**Covered Preventive Care Dental Services** includes, but is not limited to oral evaluation, cleaning and certain diagnostic X-rays.

**Dental Administrator** means the entity that has entered into a contract with Health Plan to provide or arrange for the provision of Covered Dental Services. The name and information about the Dental Administrator can be found under General Provisions, see Section II, Paragraph F below.

**Dental Fee** means the discounted fees that a Participating Dental Provider charges you for a Covered Dental Service. Dental Fees are reviewed annually and subject to change effective January 1<sup>st</sup> of each year.

**Dental Specialist** means a Participating Dental Provider that is a dental specialist.

**General Dentist** means a Participating Dental Provider that is a general dentist.

**Participating Dental Provider** means a licensed dentist who has entered into an agreement with Dental Administrator to provide Covered Preventive Care Dental Services and/or other dental services at negotiated contracted rates.

## **General Provisions**

1. Subject to the terms, conditions, limitations, and exclusions specified in the Group Evidence of Coverage and this Rider, you may receive Covered Preventive Care Dental Services from Participating Dental Providers.
2. Health Plan has entered into an agreement with Dental Administrator to provide Covered Preventive Care Dental Services and certain other dental services through its Participating Dental Providers.
3. You will receive a list of Covered Preventive Care Dental Services and other Covered Dental Services and the associated Dental Fees that you will be charged for each Service. You will pay a fixed copayment for each preventive care office visit during which Covered Preventive Care Dental Services are provided. The fixed copayment does not apply to the following preventive services: intraoral complete series (D0210), panoramic film (D0330), additional cleaning beyond benefit limitation (D1110\*), sealants (D1351) preventive resin restorations (D1352), interim caries arresting medicament application per tooth (D1354), space maintainer (D1510, D1516,

D1517, D1520, D1526, D1527, D1575), and re-cementation of space maintainer (D1551, D1552, D1553). You will pay Dental Fees for certain other Covered Dental Services you receive from Participating Dental Providers. You will pay the applicable Dental Fee directly to the Participating Dental Provider at the time services are rendered. The Participating Dental Provider has agreed to accept that Dental Fee as payment in full of the Member's responsibility for that procedure. Neither Health Plan nor Dental Administrator are responsible for payment of these fees or for any fees incurred as the result of receipt of non-Covered Dental Services or any other non-covered dental service.

4. You will receive a list of Participating Dental Providers from the Health Plan or from Dental Administrator. You should select a Participating Dental Provider, who is a "General Dentist", from whom you and your covered family members will receive Covered Preventive Care Dental Services and other Covered Dental Services. Specialty care is also available should such care be required, however, referrals to a Dental Specialist for specialty care services are strongly advised so as to assist with communications from the general dentist to the treating specialist.
5. You may obtain a list of Participating Dental Providers, Covered Dental Services and Dental Fees by contacting Dental Administrator or the Health Plan's Member Services Department Monday through Friday between 7:30 a.m. and 9 p.m. at 1-800-777-7902 or 711 (TTY).

**Dental Administrator (DOMINION Dental Services USA, Inc. d/b/a Dominion National):** Health Plan has entered into an agreement with Dominion National to provide Covered Dental Services as described in this Rider. For assistance concerning dental coverage questions or for help finding a Participating Dental Provider, Dominion National Service Team Associates are available Monday through Friday from 7:30 a.m. to 6:00 p.m. (Eastern Time) at 1-855-733-7524 or 711 TTY.

Dominion National's Integrated Voice Response System is available 24 hours a day for information about Participating Dental Providers in your area, or to help you select a Participating Dental Provider. The most up-to-date list of Participating Dental Providers can be found at the following website:

[www.DominionNational.com/kaiserdentists](http://www.DominionNational.com/kaiserdentists)

Dominion National also provides many other secure features online at

[www.dominionnational.com](http://www.dominionnational.com)

6. **Missed Appointment Fee:** Participating Dental Providers may charge you an administrative fee if you miss a scheduled dental appointment without giving 24 hours advance notice. The fee may vary depending on the Participating Dental Provider, however in no event shall the missed appointment fee exceed \$50 for a single visit.

## **Specialist Referrals**

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### **Participating Specialist Referrals**

If, in the judgment of your General Dentist, you require the Services of a specialist, you may be referred to a Dental Specialist who will provide Covered Dental Services to you at the Dental Fee for each procedure rendered. Referrals to a Dental Specialist for specialty care services are strongly advised so as to assist with communications from the general dentist to the treating specialist.

### **Non-Participating Specialist Referrals**

Benefits may be provided for referrals to non-Participating Dental Provider specialists when:

1. You have been diagnosed by your General Dentist with a condition or disease that requires care from a dental specialist; and
  - a. Health Plan and Dental Administrator do not have a Participating Dental Provider specialist who possesses the professional training and expertise required to treat the condition or disease; or
  - b. Health Plan and Dental Administrator cannot provide reasonable access to a Dental Specialist with the professional training and expertise to treat the condition or disease without unreasonable delay or travel.

The Member's cost share will be calculated as if the provider rendering the Covered Dental Services was a Participating Dental Provider.

### **Standing Referrals to Dental Specialists**

1. If you suffer from a life-threatening, degenerative, chronic or disabling disease or condition that requires specialized care, your General Dentist may determine, in consultation with you and the Dental Specialist that you would be best served through the continued care of a Dental Specialist. In such instances, the General Dentist will issue a standing referral to the Dental Specialist.
2. The standing referral will be made in accordance with a written treatment plan developed by the General Dentist, Dental Specialist, and you. The treatment plan may limit the number of visits to the Dental Specialist or the period of time in which visits to the Dental Specialist are authorized. Health Plan retains the right to require the Dental Specialist to provide the General Dentist with ongoing communication regarding your treatment and dental health status.

### **Extension of Benefits**

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In those instances when your coverage with Health Plan has terminated, we will extend Covered Dental Services, without payment of premium, in the following instances:

1. If you are in the midst of a course of covered dental treatment at the time your coverage ends, we will continue to provide benefits, in accordance with the Group Evidence of Coverage and Dental Rider in effect at the time your coverage ended, for a period of 90 days following the date your coverage ended.
2. If you are in the midst of a course of covered orthodontic treatment at the time your coverage ends, we will continue to provide benefits, in accordance with the Group Evidence of Coverage and Dental Rider in effect at the time your coverage ended, for a period of:
  - a. 60 days following the date your coverage ended, if the orthodontist has agreed to or is receiving monthly payments; or
  - b. Until the later of 60 days following the date your coverage ended, or the end of the quarter in progress, if the orthodontist has agreed to accept or is receiving payments on a quarterly basis.

To assist us, if you believe you qualify under this "Extension of Benefits" provision, please notify us in writing.

### **Extension of Benefit Limitations:**

The "Extension of Benefits" section listed above does not apply to the following:

1. Coverage ends because of your failure to pay premium;
2. Coverage ends as the result of you committing fraud or material misrepresentation;
3. When coverage is provided by another health plan and that health plan's coverage:

- a. Is provided at a cost to you that is less than or equal to the cost to you of the extended benefit available under this Rider; and
- b. Will not result in an interruption of the Covered Dental Services you are receiving.

## **Dental Emergencies Outside The Service Area**

When a dental emergency occurs outside the Service Area, Dental Administrator will reimburse the non-participating provider directly. If the member has already paid the charges, the Dental Administrator will reimburse the member (upon proof of payment) instead of paying the provider directly for Covered Dental Services that may have been provided. Reimbursement to the member or provider is not to exceed \$100 per incident. Services are limited to those procedures not excluded under Plan Limitations and Exclusions. Proof of payment must be submitted to Dental Administrator by provider within one hundred eighty (180) days of treatment. The Dental Administrator will allow Members to submit claims up to one (1) year after the date of service. However, a Member's legal incapacity shall suspend the time to submit a claim; and the suspension period ends when legal capacity is regained. Failure to submit a claim within one (1) year after the date of services does not invalidate or reduce the amount of the claim if it was not reasonably possible to submit the claim within one (1) year after the date of services; and the claim is submitted within two (2) years after the date of service. Proof of loss should be mailed to: Dominion National, 251 18th Street South, Suite 900, Arlington, Virginia 22202, ATTN: Accounting Dept..

## **Exclusions and Limitations**

### **Exclusions**

The following services are not covered under this Rider:

1. Services provided by dentists or other practitioners of healing arts not associated with Kaiser Permanente and/or Dental Administrator except upon referral arranged by a Participating Dental Provider and authorized by us, or when required in a covered emergency.
2. Services which are covered under worker's compensation or Employer's Liability laws.
3. Services which are provided without cost to Member by any federal, state, municipal, county, or other political subdivision (with the exception of Medicaid).
4. Services which are not necessary for the patient's dental health as determined by the Plan.
5. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
6. Oral surgery requiring the setting of fractures or dislocations, except as may be otherwise covered in your medical plan which is described in the Group Evidence of Coverage.
7. Services with respect to malignancies, cysts or neoplasm, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office, except as may be otherwise covered in your medical plan as described in the Evidence of Coverage.
8. Drugs obtainable with or without a prescription, except as may be otherwise covered in your medical plan this is described in the Group Evidence of Coverage.
9. Hospitalization for any dental procedure.
10. Treatment for conditions resulting from major disaster, epidemic or war, including declared or undeclared war or acts of war, or while on active duty as a member of the armed forces of any nation.
11. Replacement due to loss or theft of prosthetic appliance.
12. Implantation and related restorative procedures.
13. Services not listed as a Covered Dental Service under this Plan.
14. Services provided by a non-Participating Dental Provider or not pre-authorized by Dental Administrator (with the exception of out-of-area emergency dental services, covered dental



services and services obtained pursuant to a referral to a non-Participating Dental Provider Specialist).

15. Services related to the treatment of TMD (Temporomandibular disorder).
16. Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist, unless your Participating General Dentist refers you to a Dental Specialist who will provide covered dental services at the dental fee established by the Plan for each procedure rendered.
17. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
18. Procedures relating to the change and maintenance of vertical dimension or major restoration of occlusion, or to alter the occlusion (bite) through full mouth adjustment/grinding of the teeth. This does not exclude minor occlusal adjustments on individual teeth to remove high spots or smooth out rough or sharp areas.
19. Dental expenses incurred in connection with any dental procedure that was started prior to your effective date of coverage. Examples include orthodontic work in progress, teeth prepared for crowns, and root canal therapy in progress. For members who are transitioning to the Plan as a new Member, the Plan shall accept a preauthorization from a relinquishing carrier, managed care organization, or a third-party administrator for procedures, treatments, medications or services covered by the benefits offered by this Plan for the lesser of the course of treatment or 90 days.
20. Lab Fees for excisions and biopsies, except as may be otherwise covered in your medical plan that is described in the Group Evidence of Coverage.
21. Experimental procedures, implantations, or pharmacological regimens.
22. Initial placement or replacement of fixed bridgework solely for the purpose of achieving periodontal stability.
23. Charges for second opinions, unless pre-authorized.
24. Procedures requiring fixed prosthodontic restoration, which are necessary for complete oral rehabilitation or reconstruction.
25. Occlusal guards, except for the purpose of controlling habitual grinding.
26. The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

### **Limitations**

Covered Dental Services are subject to the following limitations:

1. Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation which is limited to once in 12 months.
2. One (1) problem focused exam is covered per calendar year per patient.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
4. One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
5. Two (2) sets of bitewing x-rays are covered per calendar year per patient.
6. One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
7. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime.
8. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
9. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.

10. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
11. Relining and rebasing of dentures is covered once every 24 months per patient.
12. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
13. Root planing or scaling is covered once every 24 months per quadrant per patient.
14. Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation and in lieu of a covered D1110, limited to once per two years.
15. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, once per two years.
16. Full mouth debridement is covered once per lifetime per patient.
17. Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
18. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
19. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.
20. Coronectomy – intentional partial tooth removal, once per lifetime.
21. Teledentistry, synchronous (D9995) or asynchronous (D9996), limited to two per calendar year.

This Rider is subject to all the terms and conditions of the Group Agreement and Group Evidence of Coverage (EOC) to which this Rider is attached. This Rider does not change any of those terms and conditions, unless specifically stated in this Rider.

**KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.**



By: \_\_\_\_\_

Gracelyn McDermott

Vice President, Marketing, Sales & Business Development