





Kaiser Permanente and Delta Dental of Colorado recognize that good oral health is an important part of your overall health. Your enrollment in a Kaiser Permanente FEHBP medical option gives you and your family several ways to maintain good oral health.

All FEHBP medical enrollees are invited to select a stand-alone dental plan to help support their overall health. You can select from one of the following plans, administered by Delta Dental, for an additional premium. You may enroll during open enrollment or any time throughout the year, prior to any dates of service.

#### **Delta Dental Preventive Plan**

With your FEHBP medical plan (High, Standard, or Basic) through Kaiser Permanente, you may purchase dental coverage for preventive services. With Delta Dental PPO™ plus Premier, you may visit the dentist of your choice, but you will pay nothing for covered procedures (after you've met your deductible) when you visit a participating Delta Dental dentist. Your Preventive Plan covers 100% of charges for oral exams, full-mouth and bitewing X-rays, cleanings, and fluoride (child and adult).

ALL FEHBP enrollees are eligible to purchase this additional dental plan.

#### **Delta Dental Comprehensive Plan**

With your FEHBP medical plan (High, Standard, or Basic) through Kaiser Permanente, you may purchase dental coverage through the Delta Dental Comprehensive Plan, which includes preventive & diagnostic, basic, major, and orthodontic services.

ALL FEHBP enrollees are eligible to purchase this additional dental plan.

#### **HOW TO ENROLL**

If you wish to buy the Preventive Plan or the Comprehensive Plan, complete and return the enclosed Delta Dental enrollment and payment authorization form. Be sure to indicate which plan you are choosing and for how many family members.

#### FOR MORE INFORMATION:

If you would like more information about either the Preventive Plan or the Comprehensive Plan, call our individual administration team toll-free at 1-877-516-6512 or email <a href="mailto:individual@ddpco.com">individual@ddpco.com</a>.



#### **HOW COVERAGE WORKS**

These two dental plans 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 High Option, Standard Option, or Basic Option medical plan member to purchase either of the dental plans.

|   | PREVENTIVE PLAN                               | COMPREHENSIVE PLAN   |
|---|---|--|
| Eligible Participants   | FEHBP Medical Option Enrollees (at any level) |  |
| Premium Cost to Patient   | Monthly premium applies                       | Monthly premium applies  |
| Calendar-year Maximum   | None  | \$1,000  |
| Calendar-year Deductible (applies to all services except ortho *) | \$50 for individual<br>\$150 for family       | \$50 for individual<br>\$150 for family  |
|   | COVERED SERVICES                              |  |
|   | Preventive Services                           |  |
| Oral Exams  |   |  |
| Cleanings   | 100% covered                                  | 100% covered *   |
| X-rays  |   |  |
|   | Basic Services                                |  |
| Fillings  | Not covered under Preventive Plan             |  |
| Simple Extractions  |   | 80% covered when treated by  |
| Oral Surgery  |   | Delta Dental PPO dentist   |
| Endodontics<br>(Root Canals)                                      |   | 50% covered when treated by Delta Dental Premier or  |
| Periodontics<br>(Gum Disease Treatment)                           |   | out-of-network dentist   |
|   | Major Services                                |  |
| Implants  |   |  |
| Crowns  | Not covered under Preventive Plan             | 50% covered  |
| Dentures  |   |  |
|   | Orthodontic Services                          |  |
|   | Not covered under Preventive Plan             | 50% covered, no deductible Up to \$1,000 lifetime maximum* per person, including adults, after a 12-month waiting period |
|   | MONTHLY RATES                                 |  |
| Employee  | \$14.61                                       | \$45.84  |
| Employee + 1  | \$29.21                                       | \$91.68  |
| Employee + Family   | \$58.41                                       | \$183.37   |

<sup>\*</sup>The \$1,000 maximum only applies to orthodontia treatment, and is a separate benefit from the \$1,000 calendar year maximum. Deductible does not apply to Preventive Services on the Comprehensive plan.

Please refer to the benefit booklet for full plan details. If differences exist between this summary and the benefit booklet, the benefit booklet will govern.

## Visit us at www.deltadentalco.com to:

- Find a provider
- View benefits
- Print ID cards

- Check claim status
- Assess your oral health risk
- View wellness resources
- And much more
- Or download our mobile app for iPhone and Android.



## **CONTACT US**

# **Delta Dental of Colorado**

6465 Greenwood Plaza Blvd., Suite 900 | Centennial, Colorado 80111 | www.deltadentalco.com

## **Pre-sales Information**

Toll-free: 1-877-516-6512 | Monday-Friday 8 a.m. to 4:30 p.m. Mountain Time Email: individual@ddpco.com

## **Customer Relations**

Toll-free: 1-800-610-0201 | Monday-Friday 7:30 a.m. to 5 p.m. Mountain Time Email: customer\_service@ddpco.com