Kaiser Permanente & Delta Dental
2016 Dental Program for Kaiser Permanente
FEHBP Medical Plan Members
FOR HIGH OPTION MEDICAL MEMBERS:
You may opt for just the embedded preventive dental benefit administered by Delta Dental, included as part of your High Option benefits, or choose a separate optional plan, which you are eligible to purchase for an additional premium.

**Delta Dental Preventive Plan**
With your FEHBP High Option medical plan through Kaiser Permanente, you receive 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 the following procedures (refer to your Preventive Plan procedure list at http://www.deltadentalco.com/uploadedFiles/Subscriber/KP_Preventive to view all covered services):

- Oral exams
- Full-mouth and bitewing X-rays
- Cleanings
- Fluoride (child and adult)

**Delta Dental Buy Up Plan**
If you would like more extensive coverage for you and your family, you may purchase separate coverage through Delta Dental’s Buy Up Plan for an additional monthly premium. Coverage includes the following types of services (refer to your Buy Up Plan procedure list at http://www.deltadentalco.com/uploadedFiles/Subscriber/KP_BuyUp.pdf to view all covered services):

- Fillings
- Crowns
- Implants
- Periodontal cleanings
- Extractions
- Root canals
- Dentures

You MUST be enrolled in the High Option medical plan to purchase the dental Buy Up Plan.

FOR-standard OPTION MEDICAL MEMBERS:
You do not have an embedded preventive dental benefit like the High Option enrollees. You may choose to purchase an optional dental benefit administered by Delta Dental.

**Delta Dental Comprehensive Plan**
With your FEHBP Standard Option medical plan through Kaiser Permanente, you may purchase dental coverage through the Delta Dental Comprehensive Plan, which includes preventive & diagnostic, basic, and major services (refer to your preventive procedure list at http://www.deltadentalco.com/uploadedFiles/Subscriber/KP_Comprehensive to view all covered services):

You MUST be enrolled in the Standard Option medical plan to purchase the dental Comprehensive Plan.

FOR MORE INFORMATION:
If you would like more information about either the High Option Buy Up Plan or the Standard Option Comprehensive Plan, call our individual administration team at 303-741-9300, ext. 3910, or email individual@ddpco.com.
**HOW COVERAGE WORKS**

These three 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 or Standard Option medical plan member to participate in the dental plans.

<table>
<thead>
<tr>
<th>Eligible Participants</th>
<th>Preventive Plan</th>
<th>Buy Up Plan</th>
<th>Comprehensive Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Option Members Only</td>
<td>100% covered under Preventive Plan</td>
<td>80% covered when treated by Delta Dental PPO dentist</td>
<td>80% covered when treated by Delta Dental PPO dentist</td>
</tr>
<tr>
<td>Standard Option Members Only</td>
<td>100% covered</td>
<td>50% covered when treated by Delta Dental Premier or out-of-network dentist</td>
<td>50% covered when treated by Delta Dental Premier or out-of-network dentist</td>
</tr>
</tbody>
</table>

**Covered Services**

**PREVENTIVE SERVICES**

- Oral Exams: 100% covered
- Cleanings: 100% covered under Preventive Plan
- X-rays: 100% covered

**BASIC SERVICES**

- Fillings: 80% covered when treated by Delta Dental PPO dentist
- Simple Extractions: Not covered under Preventive Plan
- Endodontics (Root Canals): 50% covered when treated by Delta Dental Premier or out-of-network dentist
- Periodontics (Gum Disease Treatment): 50% covered when treated by Delta Dental Premier or out-of-network dentist

**MAJOR SERVICES (12-month waiting period for new members)**

- Implants: Not covered under Preventive Plan
- Crowns: 50% covered
- Dentures: 50% covered

This is a brief description of the features of Kaiser Foundation Health Plan Inc.’s Preventive, Buy Up, and Comprehensive dental care plans. Before making a final decision, please read the plan’s federal brochure. All benefits are subject to the definitions, limitations, and exclusions set forth in the federal (RI 73-019) brochure.

**HOW TO ENROLL**

- No enrollment form is necessary for the Preventive Plan. You are automatically in that plan when you enroll in Kaiser Permanente’s High Option medical plan. If you wish to buy the Buy Up Plan, complete the enclosed Delta Dental enrollment and payment authorization form.
- For Standard Option members who wish to enroll in the Comprehensive Plan, complete the enclosed Delta Dental enrollment and payment authorization form.

Visit us at deltadentalco.com to:

- Find a provider
- Check claim status
- And much more
- View benefits
- Assess your oral health risk
- Or download our mobile app for iPhone and Android.
- Print ID cards
- View wellness resources
DENTAL PLANS TO KEEP YOU HEALTHY & SMILING

Delta Dental of Colorado is the state’s leading dental benefits company and the only one based in Colorado. We are the dental insurance experts.

We provide our more than one million members with the convenience of local customer service backed by a national network of dental providers. In addition, we are a nonprofit company with a mission to improve oral health in Colorado.

Since 1958, we have offered high-quality, cost-effective dental plans to help you stay healthy and smiling.

CONTACT US

Delta Dental of Colorado
4582 South Ulster Street, Suite 800 | Denver, Colorado 80237 | deltadentalco.com

Pre-sales Information
303-741-9300, ext. 3910 | 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 8 a.m. to 6 p.m. Mountain Time
Email: customer_service@ddpco.com
Kaiser Permanente & Delta Dental
Dental Plan for Kaiser Permanente FEHBP High Option Members

Your enrollment in a Kaiser Permanente FEHBP High Option medical plan gives you and your family two ways to maintain good oral health: a preventive dental benefit, included as part of your High Option benefits, and a separate optional plan, which you may be eligible to purchase for an additional premium.*

<table>
<thead>
<tr>
<th></th>
<th>Preventive Plan</th>
<th>Buy Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium Cost to Patient</strong></td>
<td>Included with your medical plan premium</td>
<td>Monthly premium applies</td>
</tr>
<tr>
<td><strong>Calendar-year Maximum</strong></td>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Calendar-year Deductible (applies to all services)</strong></td>
<td></td>
<td>$50 for individual $150 for family</td>
</tr>
</tbody>
</table>

**Covered Services**

**PREVENTIVE SERVICES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Preventive Plan</th>
<th>Buy Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Exams</td>
<td>100% covered</td>
<td>100% covered under Preventive Plan</td>
</tr>
<tr>
<td>Cleanings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BASIC SERVICES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Preventive Plan</th>
<th>Buy Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple Extractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontics (Root Canals)</td>
<td>Not covered under Preventive Plan</td>
<td>80% covered when treated by Delta Dental PPO dentist</td>
</tr>
<tr>
<td>Periodontics (Gum Disease Treatment)</td>
<td></td>
<td>50% covered when treated by Delta Dental Premier or out-of-network dentist</td>
</tr>
</tbody>
</table>

**MAJOR SERVICES (12-month waiting period for new members)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Preventive Plan</th>
<th>Buy Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implants</td>
<td>Not covered under Preventive Plan</td>
<td>50% covered</td>
</tr>
<tr>
<td>Crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is a brief description of the features of Kaiser Foundation Health Plan Inc.’s Buy Up and Preventive Dental Care plans. Before making a final decision, please read the plan’s federal brochure. All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal (RI 73-019) brochure.

**Buy Up Plan Monthly Cost**

- Employee: $19.87
- Employee + 1: $39.74
- Employee + family: $79.48

*Rates are effective 1/1/16–12/31/16*

* No enrollment form is necessary for the Preventive Plan. You are automatically in that plan when you enroll in Kaiser Permanente’s High Option medical plan. If you wish to purchase the additional coverage, please complete the enclosed Delta Dental enrollment and payment authorization form.
Kaiser Permanente & Delta Dental
Dental Plan for Kaiser Permanente FEHBP Standard Option Members

Your enrollment in a Kaiser Permanente FEHBP Standard Option medical plan gives you and your family an opportunity to maintain good oral health, which you may be eligible to purchase for an additional premium.*

<table>
<thead>
<tr>
<th></th>
<th>Comprehensive Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Participants</td>
<td>Standard Option Members Only</td>
</tr>
<tr>
<td>Premium Cost to Patient</td>
<td>Monthly premium applies</td>
</tr>
<tr>
<td>Calendar-year Maximum</td>
<td>$1,000</td>
</tr>
<tr>
<td>Calendar-year Deductible (applies to all services)</td>
<td>$50 for individual $150 for family</td>
</tr>
</tbody>
</table>

### Covered Services

#### PREVENTIVE SERVICES
- Oral Exams
- Cleanings
- X-rays

#### BASIC SERVICES
- Fillings
- Simple Extractions
- Endodontics (Root Canals)
- Periodontics (Gum Disease Treatment)

#### MAJOR SERVICES (12-month waiting period for new enrollees)
- Implants
- Crowns
- Dentures

**MONTHLY COST**
Employee: $33.48
Employee + 1: $66.96
Employee + family: $133.92

Rates are effective 1/1/16–12/31/16

* If you wish to purchase the Comprehensive Plan, please complete the enclosed Delta Dental enrollment and payment authorization form.
Please indicate which medical plan you are enrolled in: □ High Option  □ Standard Option

<table>
<thead>
<tr>
<th>Employer:</th>
<th>Group #:</th>
<th>Subgroup #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN:</td>
<td>Date of Hire:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Last Name:</td>
<td>First Name:</td>
<td>M / F</td>
</tr>
<tr>
<td>Street Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Cell Phone:</td>
<td></td>
</tr>
</tbody>
</table>

Select Coverage

□ Buy Up Plan (for High Option members only):
□ Employee Only  □ Employee + 1  □ Employee + Family

□ Comprehensive Plan (for Standard Option members only):
□ Employee Only  □ Employee + 1  □ Employee + Family

Please list all dependents. All fields are required.

<table>
<thead>
<tr>
<th>Add</th>
<th>Delete</th>
<th>Last Name</th>
<th>First Name</th>
<th>SSN</th>
<th>Date of Birth</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Plan Enrollment

To enroll, complete this form, including payment information and authorization. Return the completed form to: Delta Dental of Colorado, Attn: Individual Administration Department, PO Box 5468, Denver, CO 80217-5468. Email: individual@ddpco.com Fax: 303-889-8695

Automatic Premium Payment (APP) Authorization

Your payment will be automatically deducted from your bank account on the 27th of each month. Complete this form and be sure to sign before you submit it. If this form is received by the 20th, your plan effective date will be the first of the month following receipt.

Name on Account ___________________________  Account Type:  □ Checking  □ Savings
Name of Bank _______________________________
Routing Number (first nine digits on check)  Account Number

Automatic Premium Payment (APP) Agreement

I hereby authorize Delta Dental of Colorado or its agent to initiate debit entries to my checking or savings account as indicated. I acknowledge that payment for the upcoming period will be deducted from my account on the 27th of the previous month (initial payment will be deducted upon receipt of enrollment form). If the charge is declined for any reason, Delta Dental will attempt to charge me again on the 27th of the following month. If the charge is still declined, they will immediately terminate my contract for nonpayment of premium, effective as of the last day of the grace period. This authorization is to remain in full force and effect until Delta Dental of Colorado or its agent receives thirty (30) days notice from me of its cancellation. The notification must be sent to Delta Dental of Colorado, Attn: Individual Administration Department, PO Box 5468, Denver, CO 80217-5468.

Signature of Authorized Account Holder ___________________________________  Requested Effective Date (must be first of the month) ___________________________