

Individual and Family Plans

2017 Adult/family and pediatric dental coverage

Oral health is an important part of your overall health. When you select a Kaiser Permanente medical plan, you can choose to add this vital dental coverage — for yourself, for your children, or for your entire family.

These Delta Dental plans give you the freedom to see any dentist, and you receive better benefits when you see a Delta Dental participating dentist. Take a look at the summary of benefits on page 2.

GET DENTAL COVERAGE FOR YOU AND YOUR FAMILY

We work with Delta Dental of Washington to offer you dental coverage when paired with one of our 2017 medical plans.

A federal mandate requires dental coverage for anyone younger than 19. You can buy this coverage separately or with a family dental plan.

Adult/family plan

The optional adult/family plan includes dental coverage for those younger and older than 19.

- This plan is available for adults and families who purchase their medical plan directly from Kaiser Permanente.
- Adults or families who purchase their medical plan through Washington Healthplanfinder can also purchase their family dental there.

For details, see the Adult/Family Plan summary of benefits on page 2.

Pediatric-only plan

The pediatric-only plan includes dental coverage for those younger than 19 only.

- This plan is available if you purchase your medical plan directly from Kaiser Permanente.
- If you purchase your medical plan through Washington Healthplanfinder you will be required to purchase pediatric dental for those under age 19 through Washington Healthplanfinder.

For details, see the Pediatric-Only Plan summary of benefits on page 2.

FIND A DENTIST IN OUR NETWORK

You may choose a dentist from two networks: Delta Dental PPO or Delta Dental Premier. To find a participating, in-network dentist in your area, visit deltadentalwa.com and use the Find a Dentist tool.

Why choose a Delta Dental PPO or Premier dentist

Delta Dental network dentists provide treatments at discounted rates and file all claims paperwork for you. Delta Dental will pay its portion and you're only responsible for your stated deductibles, coinsurance, and any amounts in excess of the plan maximums.

In most cases, your out-of-pocket savings will be the greatest if you choose a dentist from the Delta Dental PPO network.

When you visit an in-network dentist, be sure to mention that you're covered by Delta Dental of Washington. Give them your member identification number, plan name, and group number.

Out-of-network vs in-network dentists

You are not limited to using a Delta Dental network dentist. You may use any licensed dentist.

If you choose a non-participating (out-of-network) dentist, you are responsible for having the dentist complete your claim forms and for ensuring the claims are submitted to Delta Dental.

Claim payments to out-of-network dentists are based on actual charges or Delta Dental's maximum allowable fees for non-participating dentists, whichever is less. You're then responsible for any balance remaining after Delta Dental pays. Unlike participating dentists, Delta Dental has no control over non-participating dentists' charges or billing procedures.



Questions

Call Delta Dental customer service at 1-800-554-1907 or visit deltadentalwa.com.

Summary of benefits

	ADULT / FAMILY PLAN				PEDIATRIC-ONLY PLAN	
	Pediatric (under age 19)		Adult (age 19 and older)		Only for those under age 19	
	Delta Dental participating dentist*	Non-participating dentist	Delta Dental participating dentist*	Non-participating dentist	Delta Dental participating dentist*	Non-participating dentist
Annual maximum	Unlimited		\$1,250 \$1,000 annual TMJ maximum \$5,000 lifetime TMJ maximum		Unlimited	
Annual deductible Waived on diagnostic and preventive benefits	\$85 / child		\$50/adult		\$85 / child	
Out-of-pocket maximum	\$350 / child \$700 / family**	Not applicable	Not applicable		\$350 / child \$700 / family**	Not applicable
Diagnostic and preventive Exams, prophylaxis, fluoride, X-rays, sealants	100%	100%	100%	100%	100%	100%
Restorative Restorations (includes posterior composites†), endodontics, periodontics, oral surgery‡	50%	50%	50%	50%	50%	50%
Major Crowns‡, dentures, partials, bridges, implants and TMJ for adults over age 19	50%	50%	50%	50%	50%	50%
Orthodontia‡ (medically necessary) Coinsurance Lifetime maximum	50% Unlimited		Not covered		50% Unlimited	

RATES	ADULT / FAMILY PLAN		PEDIATRIC-ONLY PLAN	
Individual	\$42.67		This plan bills only for the first three under age 19.	
Individual + spouse	\$85.36		1 individual (<19)	\$36.55
Individual + child(ren)	\$94.91		2 individuals (<19)	\$73.10
Individual + family	\$150.91		3+ individuals (<19)	\$109.65

TMJ = temporomandibular joint
 *Includes dental providers in the Delta Dental PPOSM and Delta Dental Premier[®] networks
 **For families with two or more children
 † Covered for members under 19
 ‡ Requires preauthorization

This is a brief summary of benefits and does not constitute a contract.
 For complete plan information, please refer to your Delta Dental of Washington benefits booklet.
 Kaiser Permanente refers to Kaiser Foundation Health Plan of Washington.



Delta Dental of Washington

Kaiser Permanente Nondiscrimination Notice and Language Access Services



KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Kaiser Permanente:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Kaiser Permanente Civil Rights Coordinator.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Kaiser Permanente Civil Rights Coordinator, Kaiser Foundation Health Plan of Washington Headquarters, 320 Westlake Ave. N., Suite 100, GHQ-E2N, Seattle, WA 98109, 206-448-5819, 206-877-0645 (Fax), complianceoffice@kp.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Kaiser Permanente Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

LANGUAGE ACCESS SERVICES

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711) .

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

ភាសាខ្មែរ (Khmer): របស់ត្រូវ បើសិនអ្នកនិយាយខ្មែរ, សេដ្ឋកិច្ចវិស័យធុរកិច្ច យើងមិនគិតល គឺចង់សំបប់អ្នក។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

日本語(Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY:1-800-833-6388 / 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic): ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

العربية (Arabic): لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 (رقم هاتف الصم والبكم: 1-800-833-6388 / 711).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS : 1-800-833-6388 / 711).

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Adamawa (Fulfulde): MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 1-888-901-4636 بگیریید.