



cis benefits
www.cisbenefits.org



KAISER PERMANENTE®

Effective August 1, 2011

Dental	
Annual Deductible	None
Annual Benefit Maximum	Unlimited
Preventive and Diagnostic Care – includes oral examinations and x-rays, teeth cleaning (prophylaxis), fluoride treatments, instruction in the care of your teeth and gums, and prescribed space maintainers	100% after \$10 copay
Restorative Services – includes routine fillings, plastic and stainless steel crowns	100% after \$10 copay
Simple Extractions	100% after \$10 copay
Oral Surgery	100% after \$10 copay
Periodontic Procedures – includes diagnosis, evaluation, and treatment of disease of the gums, including scaling and root planning	100% after \$10 copay
Endodontic Procedures – includes root canal and related therapy, including diagnosis and evaluation	100% after \$10 copay
Major Restorative Services – includes gold or porcelain crowns, inlays, bridge abutments and pontics	100% after \$45 copay
Removable Prosthetics – includes full and partial dentures, relines, and rebasis	100% after \$95 copay for partial prosthetic, \$65 copay for full prosthetic, \$25 copay for each reline

PLEASE NOTE:

- ◆ You will be charged a \$25 fee when you miss a dental appointment without calling in advance to cancel.
 - ◆ You pay \$15 for nitrous oxide for adults and children 13 and older.
 - ◆ You pay 10% of charges for night-guards.
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EXCLUSIONS

The following are not covered:

- ◆ Service not approved by a Kaiser Permanente dentist. Kaiser Permanente does not pay for unauthorized services from dentists or facilities not affiliated with Kaiser Permanente, except as indicated under "Emergency Treatment."
- ◆ Conditions covered by workers' compensation or that are the employer's responsibility.
- ◆ Procedures not generally and customarily available in the service area.
- ◆ Surgery to correct malocclusion or temporomandibular joint disorders; treatment for problems of the jaw joint, including temporomandibular joint syndrome and craniomandibular disorders; and treatment of conditions of the joint linking the jaw bone and skull and of the complex of muscles, nerves, and other tissues related to that joint.
- ◆ Restorative or reconstructive treatment for specific congenital or developmental malformations.
- ◆ Full-mouth reconstruction and occlusal rehabilitation including appliances, restorations, and procedures needed to alter vertical dimension or occlusion or to splint or correct attrition or abrasion.
- ◆ Cosmetic services.
- ◆ Prescription Drugs.
- ◆ Experimental or investigational services.
- ◆ Orthodontic services.
- ◆ More than two visits for routine teeth cleaning (oral prophylaxis) in any twelve consecutive month period.
- ◆ Conditions covered by government agencies or programs other than Medicaid.
- ◆ Genetic testing.
- ◆ Dental implants, including bone augmentation and fixed or removable prosthetic devices attached to or covering the implants; all related services, including diagnostic consultations, impressions, oral surgery, placement, removal, and cleaning; and services associated with postoperative conditions and complications arising from implants.
- ◆ Removal and replacement, with alternative materials, of clinically acceptable material or restorations for any reason except the pathological condition of the tooth or teeth.
- ◆ General anesthesia and intravenous sedation.
- ◆ Medical, hospital, and certain dental services.
- ◆ Work in progress before your coverage is effective.
- ◆ Replacement of prefabricated, non-cast crowns, including stainless steel crowns, that were not placed by a Kaiser Permanente dentist.
- ◆ Repair or replacement of fixed prosthetics or removable prosthetic appliances that are less than five years old.

This summary provides a brief description of your dental plan benefits. Any errors or omissions are unintentional. Please refer to your Evidence of Coverage brochure for detailed information, including limitations and exclusions that may apply to the benefits above. In the case of conflict between this summary and the EOC, the EOC will prevail. You can also contact Kaiser Membership Services at 1-800-813-2000; Portland area 503-813-2000; or Salem 503-361-5400 if you have questions.
