

Kaiser Permanente Dental Plan

Summary of Benefits

SERVICE AREA	See service area information on pages 20 and 21.
DEDUCTIBLE (per calendar year)	None.
COVERED PROVIDERS	Dentists associated with Kaiser Permanente Dental Associates.
DIAGNOSTIC & PREVENTIVE SERVICES	100% after \$10 co-pay. Limit of two cleanings per year.
MAINTENANCE CARE FOR TEETH & GUMS (Including root canal therapy, pulp capping, fillings, and gum treatment)	Member pays 20% after \$10 co-pay.
ORAL SURGERY (Including extractions and surgical removal of impacted teeth)	Member pays 20% after \$10 co-pay.
PROSTHETIC DEVICE (Includes crowns, bridges, dentures)	Member pays 50% after \$10 co-pay.
ORTHODONTIC SERVICES	Not covered.
OUT-OF-AREA COVERAGE	\$100 for emergency services for relief of pain, acute infection, hemorrhage, or injury.
ANNUAL BENEFIT MAXIMUM	\$1,500 per person.
EXCLUSIONS AND LIMITATIONS	Certain services are limited or not covered at all. Some exclusions included congenital or developmental malformations, dental implants, cosmetic services and experimental procedures. Also, there may be limitations for procedures for which you might receive payment from other insurance or government programs.

Premium Rates

Retiree only

\$43.47

Retiree and family

\$80.90

Rates are effective January 1, 2005 through December 31, 2005.

Family includes spouse and/or dependents enrolled in the PERS plan.

This is a summary of benefits only for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this handbook and the plan document, the information in the plan document shall prevail.