

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 and 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
CALENDAR YEAR BENEFIT MAXIMUM	\$1,500 per person
EXCLUSIONS & 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

\$45.97

Retiree and family

\$85.55

Rates are effective January 1, 2006 through December 31, 2006.

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.