

DENTAL AND VISION

Learn about our dental and vision coverage.

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DELTA DENTAL OF OHIO

In order to better meet your health care needs, we've arranged with Delta Dental of Ohio to provide a preventive dental plan to all Kaiser Permanente for Individuals and Families plan members.

COVERED SERVICES – CLASS I BENEFITS ¹	PLAN PAYS	YOU PAY
Diagnostic and preventive services ²	70%	30%
Emergency and palliative treatment ³	70%	30%
Radiographs – X-rays	70%	30%

The Delta Dental PPO is a preferred provider program that can reduce your out-of-pocket expenses if you receive care from one of the many PPO dentists.⁴ For covered services provided by a participating PPO dentist, you pay your applicable copayment. Delta Dental of Ohio will then pay the remaining amount subject to the limitations and exclusions as covered in the *Certificate of Coverage*, which will be mailed to you from Delta Dental of Ohio upon acceptance.

- Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 19) are payable twice per calendar year.
- Bitewing X-rays are payable once per calendar year, and full-mouth X-rays are payable once in any five-year period.

In addition to these savings possibilities, this program gives you the following major advantages in selecting a dentist:

- It's flexible. You can choose any dentist from the Delta Dental of Ohio network of PPO dentists whenever you wish. Delta Dental of Ohio will even help you find a PPO dentist near you.

All you need to do is contact Delta Dental of Ohio at **1-800-524-0149**, or go online to **deltadentaloh.com**.

You may send your claims to:

Delta Dental of Ohio
P.O. Box 9085
Farmington Hills, MI 48333-9085

- It's easy to use. You are not required to stay with your PPO dentist for a certain length of time. You can change dentists whenever you like.

Coverage for non-PPO dentists

If you choose to see a dentist who is not a PPO member, you're still covered! You'll be responsible for paying the difference between the covered reimbursement of Delta Dental of Ohio (to your non-PPO dentist) and the dentist's total fee. You'll also be responsible for your copayment, coinsurance, and/or deductible for covered services.



¹The benefit year is January 1, 2011, through December 31, 2011. The maximum payment is \$250 per member per benefit year on Class I benefits.

²Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, and fluoride treatments)

³Used to temporarily relieve pain

⁴Benefit levels and copayments are based on the Delta Dental PPO program underwritten and administered by Delta Dental of Ohio. Dental services do not count toward medical deductibles or out-of-pocket maximums. For complete plan details, refer to the *Certificate of Coverage*, which will be mailed to you from Delta Dental of Ohio upon enrollment in the plan. Participation in the dental plan is not optional for Plan members of Kaiser Permanente for Individuals and Families.

VISION COVERAGE

Your vision is an important part of your overall health. Whether or not your vision is 20/20, you should receive regular eye exams. That's why we're pleased to offer you vision coverage as part of our commitment to your total well-being.¹

Our vision coverage provides affordable, quality vision care through the Vision Services Plan (VSP) Advantage PlanSM Network.² With this program, you will receive complete eye exams for only the cost of your Kaiser Permanente for Individuals and Families specialty office visit copay.

For more information or a list of VSP preferred providers, visit vsp.com/advantage or call **1-800-877-7195**.

Vision benefit

Vision coverage is a benefit of all our deductible plans. It is not optional. Vision coverage is not available with our HSA-qualified plans.

Vision hardware allowance

As a Kaiser Permanente for Individuals and Families plan member with vision coverage, you are eligible for a retail hardware allowance of \$100 every 24 months along with your vision hardware discounts (ranging from 15 percent to 20 percent off retail prices). The allowance can be used toward eyeglass lenses, frames, or contact lenses when prescribed by a Plan physician or Plan optometrist at a VSP provider location.

The 24-month period begins at the initial point of sale for each member. Any unused portion of the coverage allowance at the point of sale can be used within the 24 month period at a later time. If you use your allowance to purchase frames, we also cover mounting of eyeglass lenses in the frames, original fitting of the frames, and subsequent adjustment.

To use this allowance, you must obtain your vision hardware, including lenses, frames, or contact lenses, from a VSP provider.

Contact lenses

A contact lens exam is provided every 12 months upon payment of a \$50 copay by the member. Follow-up visits are provided at no additional charge. Your \$100 allowance can be used toward this exam charge and the purchase of contact lenses.

You also have the option to use your retail hardware allowance toward the Contact Lens Care Program, which includes an evaluation, fitting, and up to four boxes of disposable contact lenses. The remaining balance of your allowance can be used to purchase additional contact lenses or other hardware accessories.

If you have a change in prescription of at least .50 diopter within 12 months of your initial exam, VSP will provide an interim benefit. You will receive a new hardware allowance identical to your original allowance. For example, if your original allowance is \$100 and you meet the criteria for an interim benefit, you will receive an additional allowance of \$100.

Out-of-network benefit

Under this plan, there is no out-of-network benefit. In order to take advantage of your vision coverage, you must obtain services from a convenient VSP provider location.

Exclusions

The following services and materials are excluded from coverage under the policy:

- Industrial and athletic safety frames
- Eyeglass lenses and contact lenses with no refractive value
- Replacement of lost, broken, or damaged lenses, frames, and contact lenses
- Lens adornment, such as engraving, faceting, or jewellery
- Low-vision devices
- Nonprescription products, such as eyeglass holders, eyeglass cases, and repair kits
- Nonprescription sunglasses
- Coverage for lenses, frames, and/or contact lenses if we have paid for these items in the previous 24 months of membership under your membership contract, unless the prescription changes as described above

¹Vision benefits are administered by VSP® Vision Care. Upon acceptance, you will receive an *Evidence of Coverage*, which includes complete coverage details.

²VSP is a registered trademark and VSP Advantage Plan is a service mark of Vision Service Plan.

Kaiser Permanente for Individuals and Families

Visit buykp.org/apply,
or call **1-800-494-5314**,
or contact your broker.