

Small Group

2018 Pediatric dental coverage

Although coverage for adults aged 19 and older is optional, the federal government requires dental coverage for any person from birth to age 19. This coverage is referred to as pediatric dental coverage. When you select a 2018 Kaiser Permanente medical plan, it will be paired with the pediatric dental plan that is offered by Delta Dental of Washington unless you select one of the two Delta Dental family plans that include this coverage. Here is a summary of Delta Dental’s pediatric dental plan benefits.

	Delta Dental participating dentist	Non-participating dentist
Annual maximum	Unlimited	
Annual deductible Waived on Class I benefits	\$50 / member	
Annual out-of-pocket maximum	\$350 / member; \$700 / family	Not applicable
Diagnostic and preventive Exams, prophylaxis, fluoride, X-rays, sealants	100%	100%
Restorative Restorations (includes posterior composites), endodontics, periodontics, oral surgery*	80%	80%
Major Crowns*, dentures, partials, bridges	50%	50%
Orthodontia (medically necessary)* Coinsurance Lifetime maximum	50% Unlimited	

* Requires preauthorization
Delta Dental provider network includes both the Delta Dental PPOSM and Delta Dental Premier[®] networks.
\$700 per family maximum out-of-pocket limit only applies up to age 19.
Composite fillings on posterior teeth are covered for members under age 19.

Monthly rate

The cost to employers for this dental coverage for members under age 19 is billed only for the first three members in any one family. Dental premiums for employees or dependent enrollees under age 19 will be assessed and billed separately from the medical premiums.

1 member	\$28.75
2 members	\$57.49
3+ members	\$86.24

Finding a participating dentist

This plan allows you to choose dentists from two networks: Delta Dental PPO or Delta Dental Premier. You can find a participating, in-network dentist in your area by visiting deltadentalwa.com and using the Find a Dentist tool.

The advantages of seeing a Delta Dental PPO or Delta Dental Premier dentist

We encourage you to see a Delta Dental of Washington network dentist because they provide treatments at discounted rates and file all claim paperwork for you. We will pay our portion and you're only responsible for your stated deductibles, coinsurance, or amounts in excess of the plan maximums. In most cases, you will experience the greatest out-of-pocket savings if you choose a dentist from the Delta Dental PPO network.

About using in-network and out-of-network dentists

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

You are not limited to using a Delta Dental network dentist. You may use any licensed dentist. If you choose a non-participating dentist, you will be responsible for having the dentist complete your claim forms and to ensure that the claims are submitted to Delta Dental. Claim payments will be based on actual charges or our 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 of Washington at 1-800-554-1907, Monday to Friday, 8 a.m. to 5 p.m. or go online to deltadentalwa.com for answers.

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 or Kaiser Foundation Health Plan of Washington Options, Inc.