

SMILE FOR TOTAL HEALTH

A guide to your dental benefits: Second Level Point-of-Service Plan

Your dental plan emphasizes healthy smiles through the prevention and early detection of dental problems to avoid costly procedures in the future. With the Second Level Point-of-Service (POS) plan, you have the freedom and flexibility to see any dentist inside or outside of the plan network. You may choose to see an in-plan dentist from one of the largest dental provider networks¹ in the Mid-Atlantic area.² Or, if you prefer, you can visit any other licensed dentist not in the plan to receive your care. You have your choice of convenient dental offices where you can receive care.

The Second Level POS plan provides coverage for more than 250 dental procedures. The preventive care procedures covered in this plan account for over 65% of the dental services most frequently performed for adults.¹

In-plan

You pay a \$5 copayment for in-plan office visits and low copayments for preventive care procedures, such as:

- Oral evaluations
- Routine cleaning
- Certain X-rays
- Topical fluoride

Out-of-plan

You pay the dentist the charged amount and submit a claim form to Kaiser Permanente for reimbursement. You will be reimbursed up to the maximum stated

New member? Get started by choosing a dentist.

Visit dominionnational.com/kaiserdentists or call Dominion Member Services at **855-733-7524 (TTY 711)**, Monday through Friday, 7:30 a.m. to 6 p.m.

in the out-of-plan copayment schedule. The dentist's charges may be more than the amount Kaiser Permanente reimburses you under the copayment schedule. For more information, please refer to your *Evidence of Coverage*, or you can find your plan on dominionnational.com/kaiserdentists.

Choose a dentist

In-plan dental providers

You may select any general dentist from our network of participating dentists. When you choose an in-plan dentist, your out-of-pocket expenses are lower and there are no claims to submit.

You can be confident that your in-plan dentist was carefully selected to offer quality care. All participating dentists go through a strict quality assurance program developed in accordance with the National Association of Dental Plans' recommendations. This process confirms that each dentist has the required credentials and has passed a thorough on-site office evaluation.

¹Dominion National, based on annual review of utilization data, network survey and analysis report, 3rd Quarter 2018.

²Mid-Atlantic area includes Washington, DC, and parts of Maryland and Virginia.

For a list of participating in-plan dentists, including office hours, directions, languages spoken, etc., visit [dominionnational.com/kaiserdentists](https://www.dominionnational.com/kaiserdentists) or call Dominion Member Services at **855-733-7524 (TTY 711)**, Monday through Friday, 7:30 a.m. to 6 p.m.

Out-of-plan dental providers

You can visit any licensed dentist not included in the network of participating dentists.

Deductibles and annual maximums

The deductible is the amount of charges that you must pay for covered dental services during a plan year before the plan begins paying or reimbursing its share for those services. The deductibles are \$25 in-plan per member and \$50 out-of-plan per member. The deductible applies to in-plan and out-of-plan benefits combined per member, per plan year.

The maximum annual benefit applies to in-plan and out-of-plan benefits combined per member, per plan year. The annual maximums are \$1,000 in-plan and \$500 out-of-plan.

Make appointments

On or after your effective date of coverage, you can make an appointment with any participating (in-plan) dentist. You can also choose to visit a licensed dentist not in the network of participating dentists (out-of-plan). Make sure you bring your Kaiser Permanente medical ID card for your in-plan appointments only. There is no separate dental ID card.

Do I need to submit claims?

Claims only need to be submitted when you receive care from an out-of-plan dentist. You may be expected to pay the dentist the full amount at the time of service and then submit a claim to Kaiser Permanente for reimbursement. You must submit the claim within 365 days of the date

of service. Reimbursement is capped at the amount shown on the out-of-plan copayment schedule.

Claims should be mailed to:

Dominion National
P.O. Box 1126
Elk Grove, IL 60009

Claims can be faxed to: **888-208-8290**

Dedicated customer service

Quality customer service is an important part of any dental plan. Dominion Member Services specialists are available Monday through Friday, 7:30 a.m. to 6 p.m., to answer questions about coverage or to help you find a participating dentist. Dominion's interactive voice response system is available 24 hours a day for information about participating dental providers in your area or to help you select a dental provider. The most up-to-date list of participating dental providers can be found online.

Toll-free phone: **855-733-7524 (TTY 711)**

Mailing address:

Dominion National
251 18th St. S., Suite 900
Arlington, VA 22202

Web: [dominionnational.com/kaiserdentists](https://www.dominionnational.com/kaiserdentists)

Online self-service options

Dominion provides members with secure online access to:

- Plan information
- Dentist search and dental office transfers
- Contact information
- Member Services requests and general correspondence

All changes are confirmed by email.

In the event of ambiguity, or a conflict between this summary and the *Evidence of Coverage*, the *Evidence of Coverage* shall control. Dental benefits are underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and administered by Dominion National. This program also includes fixed fees for certain dental services that are not covered benefits.