

Kaiser Permanente Medicare Advantage (HMO) Washington

Advantage Plus

Get comprehensive dental benefits

Enroll now for 2024



Learn more at kp.org/advantageplus

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 KAISER PERMANENTE®



Be healthy. Be vibrant.

Now you have the option to add comprehensive dental – administered by Delta Dental of Washington – to your Kaiser Permanente Medicare Advantage plan.

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The Delta Dental of Washington preventive dental care benefit and the Advantage plan optional supplemental benefit described in this brochure apply to individual Kaiser Permanente Medicare Advantage plans only (Anchor, Basic, Centennial, Columbia, Essential, Harbor, Key, Optimal, Vital). For more details, see your *Evidence of Coverage* at kp.org/directory or when you sign into your member account at kp.org. If you're enrolled in a group Medicare Advantage plan, contact your group administrator for information about your dental coverage.

Advantage Plus

A benefits package for a healthier, more vibrant you.

As a Kaiser Permanente Medicare Advantage member, you enjoy the ease of combining your Medicare coverage with Kaiser Permanente coverage in a single plan. Now, with Advantage Plus, you can get valuable comprehensive dental benefits added to your plan. So you get the coverage you need. And all your benefits are in one convenient package.

Get more coverage. More value.

- **More benefits**

\$58 a month adds Advantage Plus coverage to your Medicare Advantage plan. You'll get comprehensive dental benefits with the Delta Dental PPO Plus Premier™ plan.

- **The convenience of one simple bill**

You'll get one bill that includes both your Medicare Advantage and Advantage Plus coverage – so taking care of your health is easier than ever.

Advantage Plus gives you the choice to add more benefits to your Medicare Advantage plan. The Advantage Plus package is optional. If you want to add these benefits, select "Advantage Plus" when submitting your Medicare Advantage enrollment form. You can also choose it during a plan change request. Additionally, you can contact Medicare Member Services within 30 days of your Medicare Advantage plan's effective date or during one of the enrollment periods listed on **page 7**.

Benefits at a glance

This chart shows the key **comprehensive dental benefits** you'll get when you add Advantage Plus to your Medicare Advantage plan.

For these benefits, you pay a **\$58 monthly premium**, which is added to your monthly Medicare Advantage premium.

To learn more about how to enroll, please see "How to Enroll in Advantage Plus" on **page 7**.

Medicare Advantage (without Advantage Plus) Includes preventive dental coverage only	Advantage Plus Adds comprehensive dental coverage to the preventive dental benefits included with your Medicare Advantage plan (listed on the left side of this chart). Preventive benefits are not subject to the comprehensive benefit deductible or annual benefit maximum.
Preventive and diagnostic dental coverage	Comprehensive dental coverage
<p>\$0 office visit copay that includes:</p> <ul style="list-style-type: none"> • Oral exam (2 per year) • Bitewing X-ray (2 per year) • Panoramic X-ray or complete series (once every 3 years) • Routine preventive teeth cleaning or periodontal maintenance (2 per year) • Fluoride treatments (2 per year) 	<p>Annual deductible \$100</p> <p>Annual benefit maximum for covered services \$1,500</p> <p>Basic dental expenses The following services are covered at 80%. Member pays 20%:</p> <ul style="list-style-type: none"> • Fillings/posterior composite • Stainless steel crowns • Oral surgery • Endodontics, including root canals • Periodontics <p>Major expenses The following services are covered at 50%. Member pays 50%:</p> <ul style="list-style-type: none"> • Crowns, implants, and onlays • Dentures, bridges, and partials • Denture adjustments and relines

These benefits are provided through Delta Dental of Washington and are only covered when provided by a Delta Dental PPO Plus Premier™ participating dentist.

The Delta Dental of Washington preventive dental care benefit applies to individual Medicare Advantage plans only (Anchor, Basic, Centennial, Columbia, Essential, Harbor, Key, Optimal, Vital). For more details, see your *Evidence of Coverage* at kp.org/directory or when you sign into your member account at kp.org.

See your *Evidence of Coverage* for information about dental services provided under the Kaiser Permanente Medicare Advantage plan. You must also continue to pay applicable Kaiser Permanente Medicare Advantage premiums.



Enjoy the power of a healthy smile

Your dental health is key to your overall health. Healthy teeth and gums allow you to eat better and feel better.

Preventing and treating dental problems are important at any stage of life. You may feel more tooth sensitivity or have dental problems as a result of certain medications or health conditions. Regular oral exams not only keep your mouth healthy – they can also help spot medical problems.

Advantage Plus makes it easy to smile, because you know you're getting the dental care you need.

Health tip:



Reduce your risk of infection

Brushing and flossing are important for healthy teeth. They also help reduce the risk of infection. Bacteria can travel from the mouth to other parts of the body, causing infection. This is a major cause of joint replacements failing. With proper oral health, including brushing, flossing, and regular checkups and cleanings, you can help keep your whole body healthy.

Frequently asked questions

Advantage Plus dental benefits are provided through Delta Dental of Washington.

Q: How do I find a dentist that takes my plan?

A: All dental services must be provided by a Delta Dental PPO Plus Premier™ network dentist. To find one, visit deltadentalwa.com, click "Find a Dentist," and choose one of the following networks:

- Delta Dental PPO
- Delta Dental Premier
- Delta Dental PPO Plus Premier™ (combination of PPO and Premier)

Your benefits go farthest when you visit a Delta Dental PPO dentist. If you need help finding a participating provider, call Delta Dental of Washington Customer Service at **1-877-719-4006 (TTY 711)**.

Q: Will I receive a Delta Dental ID Card?

A: No, you'll use your Kaiser Permanente member ID card to get care when visiting a Delta Dental network provider.

Q: If I don't enroll in Advantage Plus when I enroll in my Medicare Advantage plan, will I be able to add it later?

A: If you don't add Advantage Plus when submitting your Medicare Advantage enrollment request, you can only enroll during the following periods:

- Within 30 days of your Medicare Advantage plan effective date

- During the Advantage Plus open enrollment period:

- Between October 15 and December 31 (coverage will start January 1)
- Between January 1 and March 31 (coverage will start the first of the month following receipt of your enrollment)

Q: What is the \$1,500 annual maximum?

A: The annual maximum is the maximum dollar amount Delta Dental of Washington will pay toward the cost of dental care within a specific benefit period. The benefit period for Advantage Plus is January 1 through December 31.

Q: How does the \$100 dental deductible work?

A: A deductible is the initial amount you pay for covered dental services before your plan starts to pay. You cover the full cost of basic and major restorative dental services until you reach the \$100 deductible. Once you meet the deductible, your plan coverage begins – you'll pay 20% coinsurance for basic restorative services and 50% for major ones, until you reach the annual benefit maximum.

Q: Does the \$1,500 annual maximum and \$100 deductible of the Advantage Plus Delta Dental PPO Plus Premier™ plan apply to the preventive benefits included with my Medicare Advantage plan?

A: No, the preventive and diagnostic dental benefits included with your Medicare Advantage plan aren't subject to the Advantage Plus annual maximum or deductible.

Q: How are my dental claims processed?

A: Your dentist will submit your claims to Delta Dental on your behalf. Neither you nor your dentist should send any claims to Kaiser Permanente.

Q: Can I view my dental benefits online?

A: Yes. To register for your Delta Dental online MySmile® account, visit deltadentalwa.com. There you can view your dental benefits, claims and claims payment history, benefit usage details, digital ID card, explanation of benefits, and look up participating providers.

Q: Is there a waiting period before my full Advantage Plus dental benefits begin?

A: No, once you're enrolled in Advantage Plus there's no waiting period.

Q: Are deep cleanings or periodontal cleanings covered?

A: Yes, but coverage depends on the type of cleaning:

- With your included preventive and diagnostic dental benefit, you're fully covered for 2 cleanings per calendar year. This can be either 2 prophylaxis (regular) or 2 periodontal maintenance cleanings if you have advanced gum disease.
- More invasive treatments – like periodontal scaling and root planing – are only covered with Advantage Plus, under the Delta Dental PPO Plus Premier™ plan. After you've met your yearly deductible, the plan pays 80%, and you pay 20% up to the annual benefit maximum.



How to enroll in Advantage Plus

If you're enrolling in our Medicare health plan, simply select "Yes" in the Advantage Plus section of the Medicare Advantage individual plan enrollment form.

If you're already enrolled in our Medicare health plan and want to add Advantage Plus, call **Member Services** at **1-888-901-4600** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week. You can request to add Advantage Plus during one of the following periods:

- Within 30 days of your health plan's start date
- During the Advantage Plus open enrollment period:
 - Between October 15 and December 31 (coverage will start January 1)
 - Between January 1 and March 31 (coverage will start the first of the month following receipt of your enrollment)

Dental benefit details, exclusions, and limitations

We offer extra benefits that aren't covered by Original Medicare and not included in your plan. These extra benefits are called "optional supplemental benefits." To access these benefits, you must sign up and pay an additional premium. If you fail to pay, the benefits may be terminated. Like all other benefits, these optional supplemental benefits are subject to the same appeals process.

Our optional supplemental benefits package is known as "Advantage Plus." It provides comprehensive dental benefits that are available when you enroll in Advantage Plus.

Additional monthly premium

Enrollment in Advantage Plus adds a monthly premium of **\$58** to your Kaiser Permanente Medicare Advantage plan premium.

Annual deductible for Class II and Class III comprehensive dental care

For Basic (Class II) and Major (Class III) covered services and items, you pay the full amount until you meet the **\$100** deductible. Once you meet the deductible, you'll pay 20% coinsurance for basic restorative dental services and 50% for major restorative dental services until you meet the dental annual benefit maximum.

Annual benefit maximum

For covered services and items, plan charges count toward the **\$1,500** annual dental benefit maximum less the cost-sharing you pay. After your annual dental benefit maximum has been met for the calendar year, you're responsible for the full charges of any additional dental services received during the calendar year.

Class II comprehensive dental care

We cover the following:

- General anesthesia or intravenous sedation: Covered once per day when provided alongside endodontic, periodontic, or oral surgery procedures. Also covered when medically necessary for persons with developmental disabilities receiving other approved dental care.
- Palliative treatment for pain
- Certain restorative services (see Class III for other restorative services):
 - Restorations (fillings) on the same surface(s) of the same tooth are covered once every 2 years from the date of service
 - Restorations are covered for:
 - Treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of dental decay)
 - Fracture resulting in significant loss of tooth structure (missing cusp)
 - Fracture resulting in significant damage to an existing restoration
 - Posterior composites
 - Stainless steel crowns (once every 2 years)

- Oral surgery:
 - Removal of teeth
 - Preparation of the mouth for insertion of dentures
 - Treatment of pathological conditions and traumatic injuries of the mouth
- Periodontics:
 - Surgical and nonsurgical procedures for treatment of the tissues supporting the teeth
 - Periodontal scaling and root planing (once every 12 months)
 - Limited adjustments to occlusion (8 teeth or fewer once every 12 months)
 - Gingivectomy
- Endodontics:
 - Pulpal and root canal treatments, including pulp exposure treatment, pulpotomy, and apicoectomy
 - Root canal treatment on the same tooth is covered once in a lifetime. Re-treatment of the same tooth is allowed only if performed by a different dentist in a different dental office from the original treatment.

Class III comprehensive dental care

(Other restorative and prosthodontic services)

We cover the following:

- Crowns, veneers, and onlays:
 - Covered for:
 - Treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of removing dental decay)
 - Fracture resulting in significant loss of tooth structure (e.g., missing cusps or broken incisal edge)
 - Covered for the same tooth once every 5 years from the seat date
- Inlays: As a single tooth restoration, inlays are considered elective treatment. An amalgam allowance will be made, with any difference in cost being the responsibility of the enrolled person, once every 2 years from the seat date.
- Implant-supported crowns: Covered for the same tooth once every 5 years from the seat date of a previous crown on that tooth.
- Crown buildup:
 - Covered once per tooth within 2 years of restoration on the same tooth
 - Non-endodontically treated posterior (back) teeth: Covered only when one cusp is missing down to, or closer than, 2mm from the gum tissue in preparation for a restorative crown.
 - Endodontically or a non-endodontically treated anterior (front) teeth: Covered only when more than half of the mesial-distal width of the incisal edge is missing down past the junction of the incisal and middle third of the tooth in preparation for a restorative crown.

- Post and core: Covered on endodontically treated teeth once per tooth within 2 years of restoration on the same tooth.
- Dentures
- Fixed partial dentures (fixed bridges)
- Inlays when used as a retainer for a fixed partial denture (fixed bridge)
- Removable partial dentures
- Adjustment or repair of an existing prosthetic appliance
- Surgical placement or removal of implants or attachments to implant
 - Replacement of an existing fixed or removable partial denture is covered once every 5 years from the delivery date and only then if it's unserviceable and can't be made serviceable.
- Payment for dentures, fixed partial dentures (fixed bridges), inlays (only when used as a retainer for a fixed bridge), and removable partial dentures shall be paid upon the seat/delivery date.
- Implants and superstructures are covered once every 5 years.
- Delta Dental will allow the amount of a reline toward the cost of an interim partial or full denture. After placement of the permanent prosthesis, an initial reline will be a benefit after 6 months.
- Denture adjustments and relines done more than 6 months after the initial placement are covered 2 times in a 12-month period. Subsequent relines or rebases (but not both) will be covered once in a 12-month period from the date of service.

Accidental injury to teeth

Delta Dental will pay 100% of the filed fee or the maximum allowable fee for Class I, Class II, and Class III Covered Dental Benefit expenses directly resulting from an accidental bodily injury. However, payment for accidental injury claims won't exceed the unused annual dental benefit maximum. Teeth broken or damaged during the act of chewing or biting on foreign objects aren't considered bodily injuries. This coverage is available during the benefit period and includes necessary procedures for dental diagnosis and treatment rendered within 180 days following the date of the accident.

Limitations and General Exclusions

The Advantage Plus Delta Dental PPO Plus Premier™ plan doesn't cover every part of the dental care you may need. The benefits under this plan are subject to the Limitations and General Exclusions listed in your *Evidence of Coverage*. This may affect the benefits you receive or how often some procedures will be covered.

These items aren't covered by our plan:

- Cosmetic dentistry
- Restorations or appliances necessary to correct vertical dimension or to restore the occlusion. This includes restoration of tooth structure lost from attrition, abrasion or erosion, and restorations for malalignment of teeth.

- Services for injuries or conditions covered under Workers' Compensation or Employers' Liability laws, and services that are provided to the covered person by any federal, state, or provincial government agency or provided without cost to the covered person by any municipality, county, or other political subdivision, other than medical assistance in this state, under medical assistance RCW 74.09.500, or any other state, under 42 U.S.C., Section 1396a, section 1902 of the Social Security Act.
- Application of desensitizing agents (treatment for sensitivity or adhesive resin application)
- Experimental services or supplies. This includes:
 - Procedures, services, or supplies whose use and acceptance as a course of dental treatment for a specific condition is still under investigation or observation. In determining whether services are experimental, Delta Dental, in conjunction with the American Dental Association, will consider them if:
 - The services are in general use in the dental community in the state of Washington.
 - The services are under continued scientific testing and research.
 - The services show a demonstrable benefit for a particular dental condition.
 - The services are proven to be safe and effective.
- Analgesics such as nitrous oxide, conscious sedation, euphoric drugs, or injections of anesthetic not in conjunction with a dental service; or injection of any medication or drug not associated with the delivery of a covered dental service
- Prescription drugs
- Laboratory tests and exams
- Hospital charges and additional dentist fees charged by the dentist for hospital treatment
- Missed appointment charges
- Behavior management
- Completing claim forms
- Fixed or removable device(s) used to help prevent potentially harmful oral health habits, such as chronic thumb sucking or tongue thrusting appliances. This doesn't include an occlusal guard. See "Class II Periodontics" for benefit information.
- Orthodontic services or supplies
- TMJ services or supplies
- We don't provide benefits for services or supplies to the extent that those services and supplies are payable under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner's policy, or other similar type of coverage.
- All other services not specifically listed as a covered dental benefit in this brochure

Delta Dental shall determine whether services are covered dental benefits in accordance with a standard dental practice and the limitations and exclusions described in this brochure.

Important information

Services must be provided by a Delta Dental PPO Plus Premier™ Network provider to be covered. Dentists that don't participate in the Delta Dental Network haven't contracted with Delta Dental of Washington to charge established fees for covered services. If you select a dentist who is not a Delta Dental participating dentist, your treatment won't be covered. To find the most current listing of Delta Dental PPO Plus Premier™ participating dentists, visit www.deltadentalwa.com. Consult your provider before treatment begins regarding any charges that may be your responsibility.

Disenrollment

You can stop your Advantage Plus coverage anytime. Your disenrollment will be effective the first of the month following the date we receive your completed disenrollment form. To request a disenrollment form, please call us toll-free at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m. You won't be eligible to re-enroll until the next Advantage Plus annual election period, for coverage effective January 1, 2025.

For more details, see your *Evidence of Coverage* at kp.org/directory or when you sign into your member account at kp.org.*

*This isn't a coverage document. For more details, refer to your 2024 *Evidence of Coverage* available at kp.org/directory or when you sign into your member account at kp.org. The benefits described in this document aren't applicable to employer group retiree plans.

If you use a dentist who is not a Delta Dental participating dentist, your treatment won't be covered. For your plan, participating dentists may be either Delta Dental PPO Dentists or Delta Dental Premier Dentists. You can find the most current listing of participating dentists at www.deltadentalwa.com.



For a healthier, more vibrant you. Enroll in Advantage Plus today.

Get more value from your Kaiser Permanente Medicare health plan by adding Advantage Plus. You can get additional comprehensive dental benefits for an affordable monthly premium. More health benefits, great care. Now that's a healthy addition to your coverage.

Have questions?

Call **Delta Dental of Washington Customer Service** at **1-877-719-4006 (TTY 711)**, Monday through Friday, 7 a.m. to 5 p.m. or visit **www.deltadentalwa.com** for help with:

- Delta Dental website and MySmile® account cost estimator
- Dental benefit usage and coverage
- Questions about dental services or claims that aren't covered
- Looking up dental providers

Call **Kaiser Permanente Member Services** at **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m. for help with:

- Eligibility, enrollment, and disenrollment
- Premiums
- Plan documents (*Evidence of Coverage* or EOC, Summary of Benefits or SB)
- Dental claim appeals
- Explanation of Benefits and claims summaries



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