



KAISER
PERMANENTE®

smile



Commercial Group Dental Plans

Small Group

Small Group dental plan overview

Kaiser Permanente Smile is an exciting new suite of dental plans designed to increase employees' oral health and whole-body wellness. As the region's leading health system,[†] we offer affordable, high-quality plans that can position small businesses for success. Best of all, our enhanced plans meet the comprehensive dental needs of employees avoiding costly procedures in the future. Cultivate whole-body wellness with comprehensive oral care from Kaiser Permanente.

Benefits of Kaiser Permanente Smile plans

- Offers flexible dental options for everyone, at any budget, with multiple options for in-network dental services and out-of-network benefits, as well as different levels of co-pays and annual maximums.
- Allows members to choose any dental provider in the network, with no provider assignment required.
- Provides custom features, such as adult only plans, that are well-coordinated with the pediatric dental benefits included in medical plans.
- Offers additional enhancements, such as OrthoPlus options to an already comprehensive plan.
- Provides an improved member experience, with access to a 24-hour, self-service portal that has benefit and utilization information.

Learn more about Kaiser Permanente Smile dental plan options by visiting kp.org/dental/mas.

[†] In the survey Best Health Insurance Companies for 2021 by Insure.com, Kaiser Permanente as a national enterprise is rated #1 overall among 15 companies. In the NCQA Commercial Health Plan Ratings 2021, our commercial plan is rated 5 out of 5, the highest rating in MD, VA, and DC. The 2019 Commission on Cancer, a program of the American College of Surgeons, granted Three-Year Accreditation with Commendation to the Kaiser Permanente cancer care program (extended through 2022). The Mid-Atlantic Permanente Medical Group is the largest multispecialty medical group in the Washington, DC, and Baltimore areas and exclusively treats Kaiser Permanente members. Permanente doctors are recognized as Top Doctors in Northern Virginia Magazine (2022), Washingtonian magazine (2021), and Baltimore magazine (2021). According to NCQA's Quality Compass® 2021, we're rated 5 out of 5 in 29 measures, including: controlling blood pressure (heart disease), blood pressure control (140/90) (diabetes), glucose control, colorectal cancer screening, breast cancer screening, cervical cancer screening, childhood immunizations, prenatal check-ups, and postpartum care. Quality Compass is a registered trademark of the NCQA.



Small Group adult plan options

The **Kaiser Permanente Smile** Small Group Adult dental plans are highly complementary to our ACA-compliant embedded child dental benefits, and work seamlessly with them to provide dental coverage for the whole family. These plans are only available off-exchange in Maryland and Virginia, to adults aged 19 and older.

	SG EPO/ Copoly*	SG PPO/ C-POS* Basic		SG PPO/ C-POS*		SG PPO/ C-POS* High		SG POS	
Network access	INN Only	INN	OON	INN	OON	INN	OON	INN	OON
Deductible	None	\$50		\$25		\$25		\$0	\$50
Annual max benefit	Not applicable	\$1,000		\$1,500		\$2,000		None	\$2,000
Waiting periods	None	None		None		None		None	

Plan structure	Member copay	Plan pays		Plan pays		Plan pays		Member copay	Plan pays
Diagnostic and preventive Covers oral exams, x-rays, cleanings and more	\$0 - \$73	80% no ded	60% no ded	100% no ded	80% no ded	100% no ded	80% no ded	\$0 - \$73	80% after ded
Basic restorative Covers fillings, root canals, tooth extractions and more	\$0 - \$188	60% after ded	40% after ded	80% after ded	60% after ded	80% after ded	60% after ded	\$0 - \$188	60% after ded
Major restorative Covers crowns, bridges, dentures, major extractions and more	\$0 - \$1,829	40% after ded	40% after ded	50% after ded	40% after ded	50% after ded	40% after ded	\$0 - \$1,829	50% after ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

* Naming convention for plans marketed in Virginia.

Small Group OrthoPlus enhancements

Enhanced coverage for cosmetic dental procedures including implants, veneers, and orthodontic treatments like braces, is available for purchase through the Kaiser Permanente OrthoPlus option. When purchased with an adult dental plan, this rider covers all family members including children under age 19.

	SG EPO/Copay*	SG PPO/C-POS* Basic		SG PPO/C-POS*		SG PPO/C-POS* High		SG POS	
Network access	INN Only	INN	OON	INN	OON	INN	ONN	INN	OON
OrthoPlus options	Family or child buy-up available	Family or child buy-up available		Family or child buy-up available		Family or child buy-up available		Family or child buy-up available	
OrthoPlus rider type	Copay	PPO/ In-network coinsurance		PPO/ In-network coinsurance		PPO/ In-network coinsurance		PPO/ In-network coinsurance	
Orthodontic lifetime max (not applicable to Copay plans)	None	\$1,000		\$1,000		\$1,000		\$1,000	

* Naming convention for plans marketed in Virginia.



Small Group pediatric plan options

The **Kaiser Permanente Smile Kids** plans provide dental benefits for children aged 18 and younger as part of the member's medical plan. The dental PPO is included with Flexible Choice and Added Choice POS medical plans. The dental EPO is included with all other Kaiser Permanente medical plans. Child Only OrthoPlus Rider options are also available.

	SG EPO/Copay*	SG PPO/C-POS*	
Network access	INN Only	INN	OON
Deductible**	None	None	
Annual max	Not applicable	Not applicable	
Waiting period	None	None	

Plan structure	Member copay	Plan pays	
Diagnostic and preventive Covers oral exams, x-rays, fluoride/sealants and more	\$0 - \$45	100% no ded	80% no ded
Basic restorative Covers fillings, root canals, tooth extractions and more	\$0 - \$282	80% after ded	60% after ded
Major restorative Covers crowns, bridges, dentures, major extractions and more	\$0 - \$2,819	50% after ded	40% after ded
Medically necessary orthodontia Covers necessary tooth removals, pediatric braces and more	\$0 - \$2,169	80% after ded	60% after ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

* Naming convention for plans marketed in Virginia. ** Depending on the provisions of the medical plan, medical deductibles may apply.

Small Group pediatric OrthoPlus enhancements

Enhanced coverage for cosmetic dental procedures including braces is available for purchase through the Kaiser Permanente OrthoPlus option. (Only medically necessary coverage is included with the medical plan.)

	SG EPO/Copay*	SG PPO/C-POS*	
Network access	INN Only	INN	ONN
OrthoPlus options	Family buy-up available	Family or child buy-up available	
OrthoPlus rider type	Copay	PPO/ In-network coinsurance	
Orthodontic lifetime max (not applicable to Copay plans)	None	\$1,000	

* Naming convention for plans marketed in Virginia.



Small Group plan options detailed overview

	SG EPO/Copay*	SG PPO/C-POS* Basic		SG PPO/C-POS*		SG PPO/C-POS* High		SG POS	
Network access	INN Only	INN	OON	INN	OON	INN	OON	INN	OON
Annual dental deductible (per member / 3x per Family)	None	\$50		\$25		\$25		\$0	\$50
Deductible waived for	Not applicable	Preventative & diagnostic services		Preventative & diagnostic services		Preventative & diagnostic services		Preventative & diagnostic services	
Annual dental maximum (per member)	Not applicable	\$1,000		\$1,500		\$2,000		None	\$2,000
Waiting periods	None	None		None		None		None	

Service	Member copay	Plan pays		Plan pays		Plan pays		Member copay	Plan pays
Diagnostic & preventive services									
Periodic oral evaluation	\$5	80%	60%	100%	80%	100%	80%	\$5	80%
Limited oral evaluation	\$5	80%	60%	100%	80%	100%	80%	\$5	80%
Comprehensive oral evaluation	\$5	80%	60%	100%	80%	100%	80%	\$5	80%
Intraoral, complete series of radiographic images	\$11	80%	60%	100%	80%	100%	80%	\$11	80%
Intraoral, periapical, first radiographic image	\$0	80%	60%	100%	80%	100%	80%	\$0	80%
Intraoral, periapical, each add'l. radiographic image	\$0	80%	60%	100%	80%	100%	80%	\$0	80%
Bitewings, 2 radiographic images	\$0	80%	60%	100%	80%	100%	80%	\$0	80%
Bitewings, 4 radiographic images	\$5	80%	60%	100%	80%	100%	80%	\$5	80%
Panoramic radiographic image	\$10	80%	60%	100%	80%	100%	80%	\$10	80%
Prophylaxis, adult	\$10	80%	60%	100%	80%	100%	80%	\$10	80%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

* Naming convention for plans marketed in Virginia.

Small Group plan options detailed overview (cont.)

	SG EPO/ Copay*	SG PPO/ C-POS* Basic		SG PPO/ C-POS*		SG PPO/ C-POS* High		SG POS	
	Member copay	Plan pays		Plan pays		Plan pays		Member copay	Plan pays
Network access	INN Only	INN	OON	INN	OON	INN	ONN	INN	OON
Restorative services									
Amalgam, 1 surface, primary or permanent	\$28	60% after ded	40% after ded	80% after ded	60% after ded	80% after ded	60% after ded	\$28	60% after ded
Amalgam, 2 surfaces, primary or permanent	\$36	60% after ded	40% after ded	80% after ded	60% after ded	80% after ded	60% after ded	\$36	60% after ded
Amalgam, 3 surfaces, primary or permanent	\$44	60% after ded	40% after ded	80% after ded	60% after ded	80% after ded	60% after ded	\$44	60% after ded
Resin-based composite, 1 surface, posterior	\$40	60% after ded	40% after ded	80% after ded	60% after ded	80% after ded	60% after ded	\$40	60% after ded
Crown, porcelain fused to predominately base metal	\$403	40% after ded	40% after ded	50% after ded	40% after ded	50% after ded	40% after ded	\$403	50% after ded
Endodontic and periodontal services									
Root canal, Molar (excluding final restoration)	\$472	40% after ded	40% after ded	50% after ded	40% after ded	50% after ded	40% after ded	\$472	50% after ded
Periodontal scaling & root planning, 4 or more teeth per quad	\$58	60% after ded	40% after ded	80% after ded	60% after ded	80% after ded	60% after ded	\$58	60% after ded
Periodontal maintenance	\$32	60% after ded	40% after ded	80% after ded	60% after ded	80% after ded	60% after ded	\$32	60% after ded
Removable prosthodontic services									
Complete denture, maxillary	\$593	40% after ded	40% after ded	50% after ded	40% after ded	50% after ded	40% after ded	\$593	50% after ded
Oral and maxillofacial services									
Extraction, erupted tooth	\$34	60% after ded	40% after ded	80% after ded	60% after ded	80% after ded	60% after ded	\$34	60% after ded
Extraction, erupted tooth with removal of bone	\$60	60% after ded	40% after ded	80% after ded	60% after ded	80% after ded	60% after ded	\$60	60% after ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by plan.

* Naming convention for plans marketed in Virginia.

Small Group OrthoPlus enhancements detailed overview

	SG EPO/ Copay*	SG PPO/ C-POS* Basic		SG PPO/ C-POS*		SG PPO/ C-POS* High		SG POS	
Network access	INN Only	INN	OON	INN	OON	INN	ONN	INN	OON
Waiting periods	None	None		None		None		None	
OrthoPlus options	Family or child buy-up available	Family or child buy-up available		Family or child buy-up available		Family or child buy-up available		Family or child buy-up available	
OrthoPlus rider type	Copay	PPO/ In-network coinsurance		PPO/ In-network coinsurance		PPO/ In-network coinsurance		PPO/ In-network coinsurance	
Orthodontic lifetime max (not applicable to Copay plans)	None	\$1,000		\$1,000		\$1,000		\$1,000	

Service	Member copay	Plan pays	Plan pays	Plan pays	Plan pays
Comprehensive orthodontic treatment of the transitional dentition	\$2,169	50%	50%	50%	50%
Comprehensive orthodontic treatment of the adolescent dentition	\$2,169	50%	50%	50%	50%
Comprehensive orthodontic treatment of the adult dentition	\$2,169	50%	50%	50%	50%
Periodic orthodontic treatment visit	\$54	50%	50%	50%	50%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

* Naming convention for plans marketed in Virginia.



Small Group pediatric plan options detailed overview

	SG EPO/Copay*	SG PPO/C-POS*	
Network access	INN Only	INN	OON
Health plan MOOP	Applies	Applies	
Health plan deductible	Not applicable	Not applicable	
Annual dental deductible (per member / 3x per family)	None	None	
Deductible waived for	All services	Preventive & diagnostic	
Annual dental maximum (per member)	Not applicable	Not applicable	
Waiting periods	None	None	
Office copay	None	None	

Service	Member copay	Plan pays	
Diagnostic and preventive services			
Periodic oral evaluation	\$5	100%	80%
Limited oral evaluation	\$5	100%	80%
Comprehensive oral evaluation	\$5	100%	80%
Intraoral, complete series of radiographic images	\$10	100%	80%
Intraoral, periapical, first radiographic image	\$0	100%	80%
Intraoral, periapical, each add'l. radiographic image	\$0	100%	80%
Bitewings, 2 radiographic images	\$0	100%	80%
Bitewings, 4 radiographic images	\$5	100%	80%
Panoramic radiographic image	\$10	100%	80%
Prophylaxis, adult	\$10	100%	80%
Prophylaxis, child	\$5	100%	80%
Topical application of fluoride varnish	\$0	100%	80%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

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Small Group pediatric plan options detailed overview (cont.)

	SG EPO/Copay*	SG PPO/C-POS*	
	Member copay	Plan pays	
Network access	INN Only	INN	OON
Restorative services			
Amalgam, 1 surface, primary or permanent	\$28	80% aft ded	60% aft ded
Amalgam, 2 surfaces, primary or permanent	\$36	80% aft ded	60% aft ded
Amalgam, 3 surfaces, primary or permanent	\$44	80% aft ded	60% aft ded
Resin-based composite, 1 surface, posterior	\$40	80% aft ded	60% aft ded
Crown, porcelain fused to predominately base metal	\$403	50% aft ded	40% aft ded
Endodontic and periodontal services			
Root canal, Molar (excluding final restoration)	\$472	50% aft ded	40% aft ded
Periodontal scaling & root planning, 4 or more teeth per quad	\$58	80% aft ded	60% aft ded
Periodontal maintenance	\$32	80% aft ded	60% aft ded
Removable prosthodontic services			
Complete denture, maxillary	\$593	50% aft ded	40% aft ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

* Naming convention for plans marketed in Virginia.



Small Group pediatric plan options detailed overview (cont.)

	SG EPO/Copay*	SG PPO/C-POS*	
	Member copay	Plan pays	
Network access	INN Only	INN	OON
Oral and maxillofacial services			
Extraction, erupted tooth or exposed root	\$34	80% aft ded	60% aft ded
Extraction, erupted tooth with removal of bone or sectioning of tooth	\$60	80% aft ded	60% aft ded
Medically necessary orthodontia			
Comprehensive orthodontic treatment of the transitional dentition	\$2,169	80% aft ded	60% aft ded
Comprehensive orthodontic treatment of the adolescent dentition	\$2,169	80% aft ded	60% aft ded
Comprehensive orthodontic treatment of the adult dentition	\$2,169	80% aft ded	60% aft ded
Periodic orthodontic treatment visit	\$54	80% aft ded	60% aft ded

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

* Naming convention for plans marketed in Virginia.



Small Group pediatric OrthoPlus enhancements detailed overview

	SG EPO/Copay*	SG PPO/C-POS*	
Network access	INN Only	INN	ONN
Waiting period	None	None	
Cosmetic OrthoPlus options	Family buy-up available	Family or child buy-up available	
OrthoPlus rider type	Copay	PPO/ In-network coinsurance	
Orthodontic lifetime max (not applicable to Copay plans)	None	\$1,000	

Service	Member copay	Plan pays
Comprehensive orthodontic treatment of the transistional dentition	\$2,169	50%
Comprehensive orthodontic treatment of the adolescent dentition	\$2,169	50%
Comprehensive orthodontic treatment of the adult dentition	\$2,169	50%
Periodic orthodontic treatment visit	\$54	50%

Service payment options include Member Copay dollar amounts and Plan Pay coinsurance percentages which vary by choice of plan. Copays vary by procedure.

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Small Group underwriting guidelines

Group size	These plan options are available for groups between 1 to 50 employees enrolling.
Multi-plan choice	Groups may offer multiple dental plans to their employees as long as the group meets Health Plan participation requirements.
Contribution requirements	None.
Participation requirements	Applies at the group level, even when multiple adult plans are offered. MD and VA groups must meet 50% participation.
Cosmetic ortho buy-up requirements	Available in MD and VA for off exchange plans only. A group must have a minimum of 5 enrolled members (excluding waivers). If selected, cosmetic ortho rider must be offered on all Kaiser dental plan offerings for that group.
PPO/POS reimbursement	All PPO and POS plans have out-of-network benefits that reimburse at the maximum allowed amount.
Flexible choice/Added choice health plans	Flexible Choice and Added Choice Health plans can only be paired with SG Adult Dental PPO or POS plans. All other health plans can be paired with any SG Adult Dental plans, including PPO or POS. The KP Smile Kids SG Embedded Dental PPO plan is included only with Flexible Choice and Added Choice health plans.

Cosmetic Orthodontic benefit options

Add cosmetic orthodontia and more with our OrthoPlus Rider options. Our OrthoPlus Rider will enhance your dental plan offering by including coverage for the below services:

- Comprehensive orthodontic treatment
- Orthodontic visits
- Orthodontic retention, retainers and adjustments
- Repair and replacement of retainers

Additional services available at the Participating Dental Provider's negotiated fee

- Additional cleanings
- Veneers
- Implant services
- Occlusal guard adjustment
- Athletic mouthguard
- External bleaching

Please check plan comparison for more plan specific options.

Learn more about Kaiser Permanente Smile dental plan options by visiting kp.org/dental/mas.

This is only a summary of the dental plan benefits. Limitations and exclusions apply. The Dental Plan Rider, complete Dental Benefit Schedule and Health Plan Evidence of Coverage must be consulted to determine the exact terms, limitations and exclusions of coverage. Terms and conditions apply.