



KAISER PERMANENTE CHOICE SOLUTION

A *CHOICE* Administrators Program

OPTIONAL BENEFITS FOR EMPLOYERS

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If you have questions regarding enrollment in Kaiser Permanente Choice Solution, please call Member Services at (800) 580-9626, Monday – Friday 8:30 a.m to 5:00 p.m.

Dental

- At least 70% of eligible employees must participate. Minimum dependent participation is 0%.
- If you are offering an optional dental plan to your employees, it is required that you pay at least 50% of the employee only premium of the lowest cost plan offered.

Life Insurance

- If purchasing the life option, 100% participation is required. Therefore, ALL employees eligible for medical coverage (even those waiving medical), must enroll in life.
- 100% of the premium will be the employer's responsibility.
- You may select either:
 1. One flat amount offered equally to all employees (\$10,000 minimum — in \$5,000 increments).
 2. Different insurance amounts (\$5,000 increments) for up to 4 employee classifications with the highest amount being no more than 2 1/2 times the lowest amount.

Section 125 Premium Only Plan (POP)

- There is a one-time setup fee of \$100. If you choose to implement a POP plan after 90 days, the set up fee is \$250.

Employers can choose to include dental coverage for their employees and offer them a selection of four great plans, two of which include Orthodontic coverage (PPO or FFS 1500). Their employees can select the right plan based on their needs, be it availability of their dentist, cost or level of care.

PPO 1500 & 1000 - The Delta Dental PPO Plans offer the freedom to visit any dentist, with a cost savings incentive for choosing a dentist who is a part of the Delta Dental Preferred network.

PLAN BENEFITS	PPO 1500		PPO 1000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Maximums				
Annual Maximum Per Patient	\$1,500	\$1,500	\$1,000	\$1,000
Lifetime Orthodontics Maximum	\$1,500	\$1,500	Not covered	Not covered
Annual Deductible				
Per Person	\$50	\$100	\$50	\$100
Per Family	\$150	\$300	\$150	\$300
D&P Exempt from Deductible?	Yes	Yes	Yes	Yes
Diagnostic and Preventative				
Exam/Chewing/Bitewing X-Rays	100%	50%	100%	50%
Other X-rays	90%	50%	80%	50%
Basic				
Stainless Steel Crowns	90%	50%	80%	50%
Palliative Care	90%	50%	80%	50%
Endodontics	90%	50%	80%	50%
Periodontics	90%	50%	80%	50%
Major				
Crowns and Cast Restorations	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%
Orthodontics				
Orthodontics (Children Only)	50%	50%	Not covered	Not covered

PLEASE SEE PAGES 6, 7 AND 8
FOR DETAILED COVERAGES, LIMITATIONS AND EXCLUSIONS

Fee-for-Service 1500 & 1000 - With the Delta Dental Fee-for-Service Plans members get the maximum flexibility to choose any dentist, with maximum out-of-pocket savings when choosing a Delta Dental dentist from their Premier network, the largest dental network.

PLAN BENEFITS	FFS 1500	FFS 1000
Plan Maximums		
Annual Maximum Per Patient	\$1,500	\$1,000
Lifetime Orthodontics Maximum	\$1,500	Not covered
Annual Deductible		
Per Person	\$50	\$50
Per Family	\$150	\$150
D&P Exempt from Deductible?	Yes	Yes
Diagnostic and Preventative		
Exam/Chewing/Bitewing X-Rays	100%	100%
Other X-rays	90%	80%
Basic		
Stainless Steel Crowns	90%	80%
Palliative Care	90%	80%
Endodontics	90%	80%
Periodontics	90%	80%
Major		
Crowns and Cast Restorations	50%	50%
Prosthodontics	50%	50%
Orthodontics		
Orthodontics (Children Only)	50%	Not covered

PLEASE SEE PAGES 6, 7 AND 8
FOR DETAILED COVERAGES, LIMITATIONS AND EXCLUSIONS

Unless otherwise indicated in Your Schedule of Coverage, KPIC will pay the percentage payable of the Maximum Allowable Charge for the following Covered Dental Services:

Diagnostic and Preventive Services:

1. Diagnostic services are the necessary procedures to assist the Dentist in evaluating Your dental health and to determine necessary treatments. Diagnostic services include oral examinations (including initial examinations, periodic examinations and emergency examinations); x-rays; diagnostic casts; examination of biopsied tissue; palliative (emergency) treatment of dental pain; and specialist consultation.
2. Preventive services are the necessary procedures and techniques to prevent the occurrence of dental abnormalities or diseases. Preventive services include prophylaxis (cleaning); fluoride treatment; space maintainers.

Limitations (Diagnostic and Preventive Services):

1. Only the first two oral examinations, including office visits for observation and specialist consultations, or combination thereof, in a Calendar Year.
2. Full-mouth x-rays are a Benefit once in a five-year period.
3. Bitewing x-rays are provided on request by the dentist, but no more than twice in a calendar year for children to age 18 or once in a Calendar Year for adults age 18 and over.
4. Diagnostic casts are a Benefit only when made in connection with subsequent orthodontic treatment covered under this program.
5. Only the first two cleanings, fluoride treatments, or combination thereof, in a Calendar Year.

Basic Services:

1. Restorative services provide the necessary procedures to restore the teeth; other than cast restorations. Restorative services include amalgam, silicate or composite (resin) restorations (fillings) for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of dental decay).
2. Oral Surgery provides the necessary procedures for the extraction of teeth and certain other surgical procedures, including pre- and post-operative care.
3. Endodontic services provide the necessary procedures for the treatment of tooth pulp.
4. Periodontic services provide the necessary procedures for the treatment of gums and bones that support the teeth.
5. Sealants topically applied acrylic, plastic or composite material used to seal developmental grooves and pits in teeth for the purpose of preventing dental decay.
6. Adjunctive General Services include general anesthesia; office visit for observation; office visit after regularly scheduled hours; therapeutic drug injection; treatment of post-surgical complications (unusual circumstances); limited occlusal adjustment.

Limitations (Basic benefits):

1. Sealant benefits include the application of sealants only to permanent first molars through age eight and second molars through age 15 if they are without caries (decay), or restoration on the occlusal surface. Sealant benefits do not include the repair or replacement of a sealant on any tooth within two years of its application.
2. Direct composite (resin) restorations are benefits on anterior teeth and the facial surface of bicuspid. Any other posterior direct composite (resin) restorations are optional services and payment is limited to the cost of the equivalent amalgam restorations.

Crowns, Inlays, Onlays and Cast Restoration Benefits:

Note: Please refer to Your Schedule of Coverage to see if Crowns, Inlays, Onlays and Cast Restoration Benefits are covered under Your plan.

1. Crowns, Inlays, Onlays and Cast Restorations are benefits only if they are provided to treat cavities that cannot be restored with amalgam, silicate or direct composite (resin) restorations.

Limitations (Crowns, Inlays, Onlays and Cast Restoration Benefits):

1. Crowns, Inlays, Onlays and Cast Restorations are benefits on the same tooth only once every five years, unless KPIC or its Administrator determines that replacement is required because the restoration is unsatisfactory as a result of poor quality of care, or because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues since the replacement of the restoration.

Prosthodontic Benefits

Note: Please refer to Your Schedule of Coverage to see if Prosthodontic benefits are covered under Your plan.

1. Construction or repair of fixed bridges, partial dentures and complete dentures are Benefits if provided to replace missing, natural teeth.

Limitations (Prosthodontic Benefits):

1. Prosthodontic appliances are Benefits only once every five years, while you are eligible under this plan, unless we determine that there has been such an extensive loss of remaining teeth or a change in supporting tissues that the existing appliance cannot be made satisfactory. Replacement of a prosthodontic appliance not provided under this plan will be made if it is unsatisfactory and cannot be made satisfactory.
2. The administrator will pay the applicable percentage of the Dentist's Fee for a standard cast chrome or acrylic partial denture or a standard complete denture. (A "standard" complete or partial denture is defined as a removable prosthetic appliance provided to replace missing natural permanent teeth and which is constructed using accepted and conventional procedures and materials.)

3. Implants (appliances inserted into bone or soft tissue in the jaw, usually to anchor a denture) are not covered by your program. However, if implants are provided along with a covered prosthodontic appliance, we will allow the cost of a standard partial or complete denture toward the cost of the implants and the prosthodontic appliances when the prosthetic appliance is completed. If we make such an allowance, we will not pay for any replacement for five years following the completion of the service.

Orthodontic Benefits

Note: Please refer to Your Schedule of Coverage to see if Orthodontic Benefits are covered under Your plan.

1. Procedures using appliances or surgery to straighten or realign teeth, which otherwise would not function properly. Orthodontic benefits include Diagnostic casts.

Limitations (Orthodontics Benefits):

1. If orthodontic treatment has begun before you become eligible for coverage, payments under this plan will begin with the first payment due to the Dentist following your eligibility date.
2. Orthodontics payments under this plan will stop when the first payment is due to the Dentist following either a loss of eligibility, or if treatment is ended for any reason before it is completed.
3. X-rays and extractions that might be necessary for orthodontic treatment are not covered by Orthodontic Benefits, but may be covered under Diagnostic and Preventive or Basic Benefits.

NOTE: If you select a more expensive plan of treatment that is customarily provided, or specialized techniques, an allowance will be made for the least expensive, professionally acceptable, alternative treatment plan we will pay the applicable percentage of the lesser fee for the customary and standard treatment and you are responsible for the remainder of the Dentist's fee. For example: a crown where a silver filling would restore the tooth; or a precision denture where a standard denture would suffice.

Unless specifically stated otherwise in the Group Policy, in your Schedule of Coverage or elsewhere in this Certificate, no payment will be made for any treatment or service in connection with the following:

1. Any treatment or procedure not listed as Covered Services under the General Benefits section.
2. Charges in excess of the Maximum Allowable Charge.
3. Services for injuries covered by Workers' Compensation or Employer's Liability Laws.
4. Services which are provided to the Covered Person by any Federal or State Governmental Agency or are provided without cost to the Covered Person by any municipality, county or other political subdivision, except Medi-Cal benefits.
5. Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
6. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting.
7. Any Single Procedure, bridge, denture or other prosthodontic service which was started before the Enrollee was covered by this program.
8. Prescribed drugs, or applied therapeutic drugs, premedication or analgesia.
9. Experimental procedures.
10. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
11. Anesthesia, except for general anesthesia given by a dentist for covered oral surgery procedures.
12. Grafting tissues from outside the mouth to tissues inside the mouth ("extraoral grafts").
13. Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants.
14. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues.
15. Replacement of existing restoration for any purpose other than active tooth decay.
16. Intravenous sedation, occlusal guards and complete occlusal adjustment.
17. Charges for replacement or repair of an orthodontic appliance paid in part or in full by this program.
18. Hypnosis.
19. Crowns, Inlays, Onlays and Cast Restoration.*
20. Prosthodontic Services.
21. Charges for completion of forms.
22. Charges for speech therapy.
23. Charges for lost or stolen appliances.
24. Services for which no charge is normally made in the absence of insurance.
25. Plaque Control programs, oral hygiene, and dietary instructions.
26. Orthodontic treatment except for eligible dependent children under Plan E with orthodontics.
27. Treatment plans that are more expensive than those customarily provided or specialized techniques used instead of standard procedures; for example, a precision denture where a standard denture would suffice.
28. Pit and fissure sealants, unless for the first molars of children up to age 9 and second molars for children up to age 14. The molar must have no decay and no restoration, and the occlusal surface must be intact. Coverage does not include the repair or replacement of a sealant on any tooth within 3 years of application.

Life Insurance by AIG Employee Benefit Solutions

This benefit allows you to help your employees provide for loved ones in the event of death. Plan advantages include:

- A \$10,000 minimum life insurance amount and higher guaranteed issue amounts (based on employee participation).
- Different insurance amounts (\$5,000 increments) for up to 4 employee classifications with the highest amount being no more than 2 1/2 times the lowest amount.

Guaranteed Issue Amounts		
Eligible Employees	Guaranteed issue* minimum	Guaranteed issue* maximum
2-9	\$10,000	\$25,000
10-24	\$10,000	\$50,000
25-50	\$10,000	\$75,000

- Accelerated Death Benefit pays up to 75% of the life insurance if the insured is terminally ill or unable to perform 1 or more Activities of Daily Living (ADL) or cognitive impaired.
- Accidental Death & Dismemberment Benefit - This provision pays an additional amount equal to the life insurance amount for the loss of life due to an accident. A schedule of other covered losses are described in the certificate of insurance. (Loss must occur within 365 days of accident)
- Disability Waiver of Premium: As long as disability begins prior to age 60, employee is covered to age 65
- Conversion Privilege - within 31 days of termination, no medical exam.

Life insurance amounts are subject to the following reductions:

Reduction Schedule	
Age of insured	% of coverage prior to age 65
65-69	65%
70 +	50%

*Life insurance coverage is only guaranteed issue when elected at time of initial enrollment by group with Kaiser Permanente Choice Solution.

Section 125 Premium Only Plan (POP) by CONEXIS

This innovative benefit helps employees pay for their share of health premiums with pre-tax income. This results in less taxes paid by employees, and lower payroll taxes and Workers' Compensation costs for the employer.

Other POP Plan advantages:

- Pre-tax deduction allows employees to take home more money
- Employee tax savings make it easier for them to assume a larger share of the premium or “buy-up” to the benefit design of their choice

Here is a sample breakdown of savings offered by a Premium Only Plan (POP):

Employer savings		
Based on 30 employees, average \$2,000/mo. salary		
	Before POP Plan	With POP Plan
Employee Salary	\$2,000	\$2,000
Employee Premium Contribution	\$ 0	\$ 150
Taxable Salary	\$2,000	\$1,850
FICA at 7.65%	\$ 153	\$ 141
Workers' Comp (Average 3%)	\$ 60	\$ 55
Total Employee Payroll Cost	\$2,213	\$2,196
Monthly per employee savings:	\$ 17	
Annual employee savings:	\$ 204	
1st year savings with 30 employees:	\$6,120	

Employee savings		
Savings per employee, based on \$2,000/mo. salary		
	Before POP Plan	With POP Plan
Employee Salary	\$2,000	\$2,000
Tax Free Benefit Expenses	\$ 0	\$ 150
<i>(Redirected from salary on pre-tax basis)</i>		
Taxable Salary	\$ 2,000	\$1,850
Taxes & FICA (Average 25%)	\$ 500	\$ 462
Take Home Pay	\$1,500	\$1,388
After-Tax Premium Contribution	\$ 150	\$ 0
Spendable income:	\$1,350	\$1,388
Employee monthly increase:	\$ 38	
Annual increase and \$0 raise:	\$ 456	

About CONEXIS

For more than 20 years, CONEXIS has delivered a wide range of employee benefit administration solutions to employers, third party administrators (TPAs), business outsourcing partners and health plans across the nation. Specializing in the complex areas of administration and compliance, its expertise includes COBRA and HIPAA Administrative Services; Direct Bill Services for Retirees, Leave of Absence (LOA) and Family Medical Leave Act (FMLA); and Flexible Benefits Administration, including Section 125 Flexible Spending Accounts (FSA), Section 132 Transportation Plans, Section 105 Health Reimbursement Arrangements (HRA), and Health Savings Accounts (HSA). CONEXIS was the nation's first outsourcing provider to offer benefits administration on a single Web-based, fully integrated system and is the only benefits administrator to offer performance standards and guarantees to all clients, regardless of size. Headquartered in Dallas, Texas, with a customer service center in Orange, California, CONEXIS is a Word and Brown company. For more information, visit the company's website at www.CONEXIS.org.



www.kpchoicesolution.com

800.580.9626

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