

QUESTIONS AND ANSWERS

Family dental benefits for off-exchange small business plans

HMO, PPO, and FFS supplemental family dental coverage

Kaiser Foundation Health Plan offers 2 categories of dental coverage in the small group market, which include 3 plan offerings:

- ▶ **DeltaCare HMO dental plan** – all covered services are generally provided by the assigned contracted Delta Dental dentist within DeltaCare’s HMO network.¹
- ▶ **Kaiser Permanente Insurance Company (KPIC) preferred provider organization (PPO) dental plan and KPIC Fee for Service (FFS) dental plan²** – all covered dental services may be provided by any licensed dentist, though members will usually pay less if using Delta Dental’s PPO network of participating dentists or, if a PPO dentist isn’t available, Delta Dental’s Premier network of participating dentists.³ Members may also visit a non-Delta Dental provider.

For more information, go to kp.org/smallbusinessdental/ca.

Q: Can a small group purchase dental coverage from Kaiser Permanente without a health plan?

A: No. Dental coverage is only available when purchased with a small group health plan.

Q: When can a small group purchase or add dental coverage to its contract?

A: Dental coverage can be added only at the time of new group enrollment or at the group’s renewal of its health plan.

Q: How is a group billed for supplemental family dental coverage?

A: Medical and dental plan premiums are billed together in your group bill.

Q: How long does it take for a new group to show up as eligible with Delta Dental?

A: Once a group is approved to enroll in a Kaiser Permanente Small Group health plan, it takes about 2 to 3 weeks for the members to show up as eligible in Delta Dental’s system. This should happen before the effective date, assuming the dental enrollment has been processed by Delta Dental and there are no complications.

If a member doesn’t show up as eligible with Delta Dental within 3 business weeks, call Kaiser Permanente Small Business Account Management Support Team at **800-790-4661, option 3**, and ask for the dental team.

¹The DeltaCare HMO plan is administered and underwritten by Delta Dental of California.

²The PPO and FFS supplemental family dental plans are not offered on exchange plans.

³The PPO and Fee for Service (FFS) dental plans are underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California.

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Q: How do I verify eligibility with Delta Dental?

A: Confirmation is provided through Delta Dental's automated phone system. You'll need to use the member's medical record number (MRN).

- For **DeltaCare HMO**, call **800-422-4234** and provide the enrollee ID number, which is a 12-digit number starting with the 2-digit region code (11 for Northern California and 00 for Southern California), plus a 10-digit MRN with leading zeros.
 - Northern California MRN: 1100XXXXXXXX
 - Southern California MRN: 0000XXXXXXXX
- For **KPIC PPO and FFS**, call **888-335-8227** and provide the enrollee ID number, which is a 10-digit MRN with leading zeros.
 - Northern and Southern California MRN: 00XXXXXXXX

Q: How does a new member register for Delta Dental online services?

A: The member can visit **deltadentalins.com** and follow the prompts. When asked for the enrollee ID, they should use the MRN of the primary member.

- **DeltaCare HMO** – 2-digit region code plus 10-digit MRN
- **KPIC PPO and FFS** – 10-digit MRN

Once registered, members can:

- Register and view eligibility information
- View or print member ID card
- Manage profile preferences, such as opting into paperless claims
- View status of current claims and review details of processed claims
- Find coverage and benefits information
- View available participating dentists

Q: Are members automatically assigned a DeltaCare dentist?

A: **KPIC PPO and FFS** members aren't assigned a dentist. **DeltaCare HMO** members are assigned a DeltaCare contracted dentist based on the employee's home address, so they can get services on their group's effective date. They can change their dentist at **deltadentalins.com** or by calling Delta Dental at **800-835-2244**. Changes must be made by the 15th of the month for them to take effect on the 1st of the following month.

Q: What does Delta Dental send to DeltaCare HMO members?

A: Delta Dental sends the employee a welcome letter with the assigned dentist's information, *Evidence of Coverage*, and 2 member ID cards for the dental plan. ID cards are issued in the subscriber's and child's name. Pediatric dental members will receive ID cards in the child's name because the subscriber isn't eligible for services, due to age. ID cards aren't required for members to receive services.

Q: What does Delta Dental send to KPIC PPO and FFS members?

A: Delta Dental sends welcome packets to the employer's address with the *KPIC Certificate of Insurance*, member ID cards, and *Schedule of Coverage*. The employer is responsible for distributing the packets to their employees.

Q: How are benefits coordinated between supplemental family dental plans and child dental benefits included with metal plans?

A: For information on child dental benefits, see "Child dental questions and answers" at kp.org/smallbusinessdental/ca.

If you have more questions, contact Delta Dental customer service

DeltaCare HMO plans

For help with dental benefits, eligibility, or claim status, call **800-835-2244** (TTY 711).

KPIC PPO and FFS plans

For help with online registration or selecting a dentist, call **888-335-8227** (TTY 711).