

# Dental plan election form

Please use this form to select or make changes to your optional dental benefits.  
Make your selection by clicking the box next to your choice in the chart below.

## Kaiser Permanente Smile SG optional dental riders

Adult only		Adult	Child (0-18)
	SG Dental Copay	\$20.77	N/A
	SG Dental C-POS Basic	\$17.40	N/A
	SG Dental C-POS	\$25.80	N/A
	SG Dental C-POS High	\$30.03	N/A
	SG Dental POS	\$27.12	N/A

Adult + family cosmetic ortho		Adult	Child (0-18)
	SG Dental Copay + KP OrthoPlus	\$24.42	\$3.17
	SG Dental C-POS Basic + KP OrthoPlus	\$21.06	\$3.17
	SG Dental C-POS + KP OrthoPlus	\$29.46	\$3.17
	SG Dental C-POS High + KP OrthoPlus	\$33.69	\$3.17
	SG Dental POS + KP OrthoPlus	\$30.53	\$3.17

Adult + child cosmetic ortho		Adult	Child (0-18)
	SG Dental Copay + KP OrthoPlus	\$20.77	\$3.17
	SG Dental C-POS Basic + KP OrthoPlus	\$17.40	\$3.17
	SG Dental C-POS + KP OrthoPlus	\$25.80	\$3.17
	SG Dental C-POS High + KP OrthoPlus	\$30.03	\$3.17
	SG Dental POS + KP OrthoPlus	\$27.12	\$3.17

Child-only cosmetic ortho (in addition to ACA-compliant child dental benefits embedded in the medical plan)		Adult	Child (0-18)
	KP OrthoPlus Copay	N/A	\$3.17
	KP OrthoPlus C-POS	N/A	\$3.17

These are the monthly rates per member for 2024 effective dates. Plans are available in Virginia.

## Questions?

Our LIBERTY Member Services team is available Monday through Friday, 8 a.m. to 8 p.m. (EST).  
Toll-free: **888-798-9868** / TTY: **877-855-8039**

Please flip the page to review underwriting guidelines and sign.

## Small Group offering guidelines

<b>Group size</b>	These plan options are available to groups enrolling 1-50 employees.
<b>Multi-plan choice</b>	Groups may offer multiple dental plans to their employees as long as the group meets health plan participation requirements.
<b>Contribution requirements</b>	None
<b>Participation requirements</b>	Applies at the group level, even when multiple adult plans are offered. MD and VA groups must meet 50% participation. Not available in DC.
<b>Cosmetic ortho buy-up requirements</b>	<ul style="list-style-type: none"> <li>• Available in MD and VA for off-exchange plans only.</li> <li>• A group must have a minimum of 5 enrolled members (excluding waivers).</li> <li>• Cosmetic ortho may be selected to cover both adults and children (family ortho) or children only (child-only ortho).</li> <li>• If selected, the cosmetic ortho rider must be offered on all Kaiser Permanente Smile dental plan offerings for that group.</li> <li>• Only the first three children covered by cosmetic ortho are subject to rating.</li> </ul>
<b>C-POS / POS reimbursement</b>	All C-POS and POS plans have out-of-network benefits that reimburse at the maximum allowed amount.
<b>Flexible Choice / Added Choice health plans</b>	<ul style="list-style-type: none"> <li>• Flexible Choice and Added Choice health plans can only be paired with adult SG Dental C-POS or POS plans.</li> <li>• All other health plans can be paired with any adult SG Dental plans, including C-POS or POS.</li> </ul>
<b>Child dental plans</b>	<ul style="list-style-type: none"> <li>• Child-only dental plans are embedded with health plans and follow Kaiser's underwriting guidelines for medical health plans.</li> <li>• The KP Smile Kids SG Embedded Dental C-POS plan is included only with Flexible Choice and Added Choice health plans.</li> <li>• The KP Smile SG Embedded Dental Copay plan is included with all other medical plans.</li> </ul>

**By signing below, I am authorizing the addition of the dental plans selected above.**

Company name

Group number

Authorized employer contact

Effective date

Signature required for all Kaiser Permanente Plans

Signature date

