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 EPO (MD) / Copay (VA)	$18.77	N/A
☐	SG Dental PPO Basic (MD) / C-POS Basic (VA)	$17.40	N/A
☐	SG Dental PPO (MD) / C-POS (VA)	$25.80	N/A
☐	SG Dental PPO High (MD) / C-POS High (VA)	$30.03	N/A
☐	SG Dental POS (MD / VA)	$27.12	N/A

Adult + family cosmetic ortho		Adult	Child (0-18)
☐	SG Dental EPO (MD) / Copay (VA) + KP OrthoPlus	$22.42	$3.17
☐	SG Dental PPO Basic (MD) / C-POS Basic (VA) + KP OrthoPlus	$21.06	$3.17
☐	SG Dental PPO (MD) / C-POS (VA) + KP OrthoPlus	$29.46	$3.17
☐	SG Dental PPO High (MD) / C-POS High (VA) + KP OrthoPlus	$33.69	$3.17
☐	SG Dental POS (MD / VA) + KP OrthoPlus	$30.53	$3.17

Adult + child cosmetic ortho		Adult	Child (0-18)
☐	SG Dental EPO (MD) / Copay (VA) + KP OrthoPlus	$18.77	$3.17
☐	SG Dental PPO Basic (MD) / C-POS Basic (VA) + KP OrthoPlus	$17.40	$3.17
☐	SG Dental PPO (MD) / C-POS (VA) + KP OrthoPlus	$25.80	$3.17
☐	SG Dental PPO High (MD) / C-POS High (VA) + KP OrthoPlus	$30.03	$3.17
☐	SG Dental POS (MD / VA) + 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 EPO (MD) / Copay (VA)	N/A	$3.17
☐	KP OrthoPlus PPO (MD) / C-POS (VA)	N/A	$3.17

These are the monthly rates per member for 2025 effective dates. Plans are available in Maryland and 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

Group size	These plan options are available to groups enrolling 1–50 employees.
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. Not available in DC.
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). • Cosmetic ortho may be selected to cover both adults and children (family ortho) or children only (child-only ortho). • If selected, the cosmetic ortho rider must be offered on all Kaiser Permanente Smile dental plan offerings for that group. • Only the first three children covered by cosmetic ortho are subject to rating.
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 adult SG Dental PPO or POS plans.
Child dental plans	• Child-only dental plans are embedded with health plans and follow Kaiser Permanente's underwriting guidelines for medical health plans. • The KP Smile Kids SG Embedded Dental PPO / C-POS plan is included only with Flexible Choice and Added Choice health plans. • The KP Smile SG Embedded Dental EPO plan is included with all other medical plans.

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

KAISER PERMANENTE® smile