



OREGON
2024

For Oregon groups with 1-50 employees

Dental Product Portfolio

account.kp.org



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All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.



They say you can tell a lot by a person’s smile. That’s certainly true if you’re talking about smiles treated by Kaiser Permanente. In fact, when it comes to customer satisfaction, 95% of our members would recommend Kaiser Permanente Dental to family and friends.¹ And protecting all those smiles – and helping create new ones – is at the root of everything we do.

High-quality, member-focused care

At Kaiser Permanente, you’ll find dentists and hygienists who are highly skilled, knowledgeable, and passionate about what they do. They work with each of our members individually to create personalized treatment plans that follow evidence-based approaches.

Total health solution

Our medical and dental teams work as one to help protect the total health of our members.

Shared health records mean our dentists see when members are due for medical screenings and can help schedule their appointments right away. And if members need services like an immunization, we take care of it during their dental visit, allowing them to save time and hassle.²

Proactive philosophy

We know that poor dental health can lead to serious medical conditions and more expensive treatments down the road. So we focus on proactively identifying and taking care of any dental issues before they become more difficult to treat, and we cover a range of preventive services beyond routine cleanings, such as fluoride treatments and sealants to help keep members’ teeth and gums healthy.

KAISER PERMANENTE DENTIST	NON-KAISER PERMANENTE DENTIST
✓ General Dentistry	✓
✓ Special Dental Care	✓
✓ TeleDentistry	✓
✓ Preventive Medical Care ²	✗
✓ Diabetes Care Management	✗
✓ Tobacco Cessation	✗
✓ Cancer Screenings	✗

¹. According to the Press Ganey Survey for January 2022–December 2022. ². Medical services are available at select dental locations. You must be enrolled in a Kaiser Permanente medical plan to receive medical care.



How we put our members' needs first

Freedom to choose

Having a dentist that you click with can go a long way toward maintaining overall dental health. So right from their first appointment, our members can pick which dentist and hygienist they want to see. And if a member isn't satisfied, they can make a change at any time.

More convenience

At Kaiser Permanente, we have more than 160 top-notch general and specialty dentists, whom you'll find throughout our 21 dental offices located in Oregon and Southwest Washington. And our connected providers can make referrals to Kaiser Permanente specialty dentists, creating a seamless experience for our members — without any additional paperwork or hassle. Plus, our broad PPO network provides even more choices, with access to more than 440,000 providers nationwide.

Higher standards

For more than 30 years, we've held the highest level of accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC).¹ In fact, we're the only dental practice in the Northwest to currently meet such rigorous national standards. And each of our 21 dental offices has also received dental home accreditation from the AAAHC — a distinction that means members have a personal dentist who directs their care, referrals, and follow-ups.



Dental + Medical: A BUSINESS BOOST

Did you know that Kaiser Permanente members with both medical and dental coverage weigh less, smoke less, and visit the hospital and emergency department less often than members with just medical coverage?² And healthier employees can support and improve your business productivity, while helping you manage costs.

¹. aaahc.org. ². Kaiser Permanente Center for Health Research, Comparison of HEDIS Outcomes Among Dental/Medical vs. Medical Only Population, 2013.



Innovation + easy access

We're constantly creating new, innovative ways for employees to save time and manage their health more conveniently.



Virtual care

Options such as phone, video, and email help employees access care when — and where — it's convenient, all with no copay and less time off the clock.^{1,2,3} Learn more at kp.org/getcare.



Online appointments

Scheduling tickets, initiated by a member's treatment plan, allow members to make most dental appointments online or on the Kaiser Permanente app. Members with emergency needs can schedule online and new members can also schedule their first dental appointment online or on the app.⁴



Express check-in

Members can check in 24 hours in advance from their computer or smartphone.



Fast Pass

Email and text notifications let members know about earlier appointment options.

1. These features apply to care you get from Kaiser Permanente dental providers. **2.** Email capability is available for members with both Kaiser Permanente medical and dental coverage who are registered on kp.org. **3.** When appropriate and available. **4.** To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.



Some terms you should know

Annual benefit maximum:

The maximum amount that we will pay per member, per calendar year, for all covered services.

Annual deductible:

The amount a member must pay in a calendar year for certain services before we will cover those services at the copay or coinsurance in that calendar year.

Annual out-of-pocket maximum:

The maximum dollar amount of copays and coinsurance you'll pay for certain covered services in a calendar year.

Coinsurance:

A percentage of charges a member pays for covered services.

Copay:

A specific dollar amount a member pays for covered services.

PPO:

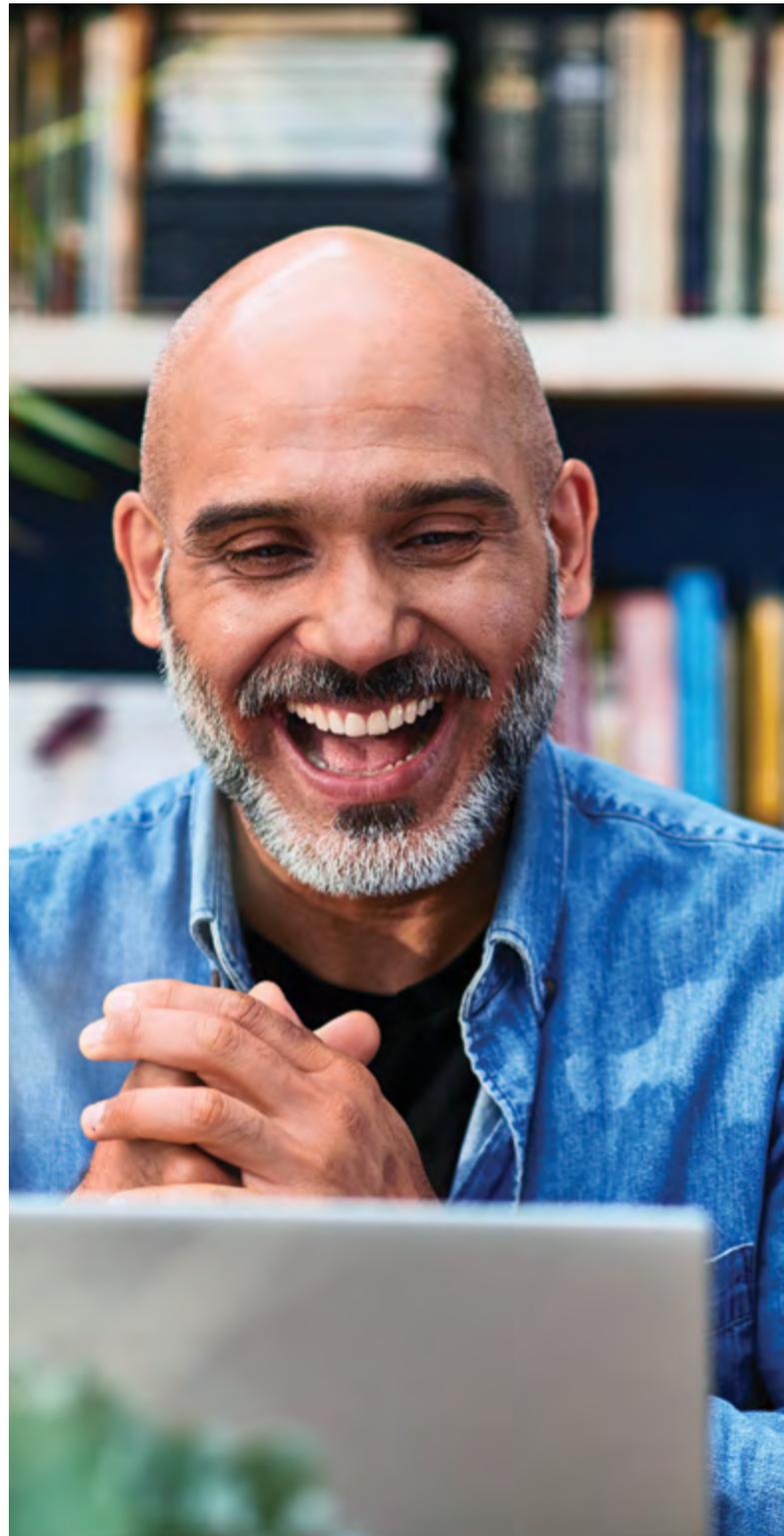
Preferred provider organization.

Usual and customary charge:

With respect to any one service or supply, a charge for treatment that is the lesser of the following:

- The usual charge made by the provider for that treatment
- The customary charge made by a provider of similar professional standing within the same, or similar, geographic area for that treatment

Kaiser Foundation Health Plan of the Northwest (KFHPNW) determines such charges at the 90th percentile of the standard fees for that area where the service was received.





Keep them smiling

Invest in dental care for healthy and productive employees.

Find the right dental plan for your business

Our dental plans are designed to give your employees a wide range of care options with a focus on prevention. We offer a variety of dental plans that can be tailored to large businesses, including Traditional plans, Dental Choice (PPO) plans, and Voluntary plans.

Traditional plans*

Our Traditional plans combine quality and affordability. You can choose from a wide range of plan choices and mix and match a number of deductibles or office visit copays for any plan combination. All plans come with no waiting periods or extra costs. On most plans, members can get a routine dental exam with X-rays, a cleaning, and fluoride treatment for a low copay.

Dental Choice (PPO) plans*

The Dental Choice plans offer more flexibility at an affordable price. You can give your employees access to a nationwide preferred provider organization (PPO) panel of more than 440,000 dentists. This panel includes more than 9,500 dentists in Oregon and Washington, including those in Kaiser Permanente dental facilities. Members on a Dental Choice plan don't need a referral to see any licensed dentists.

Voluntary plans

Our Voluntary plans give individual employees in your company the opportunity to enjoy a high-quality dental plan — at no cost to you. Employees pay 100% of the premium through payroll deduction and can access quality dental care.

*Preventamax options are available on our Traditional plans and Dental Choice (PPO) plans and offer preventive care that does not count toward a plan's annual benefit maximum.



	TRADITIONAL HMO DENTAL	PPO DENTAL (DENTAL CHOICE)
About	Covers members' dental expenses when they visit Kaiser Permanente (in-network) providers.	Flexibility for members to visit any licensed provider through out-of-network coverage, without a referral. Using in-network providers may reduce out-of-pocket expenses.
Network	More than 160 dentists in Oregon and Washington.	9,500 dentists in Oregon and Washington (including more than 160 Kaiser Permanente dentists). 440,000 preferred dentists nationwide.
Facilities	21 offices in Oregon and Washington. Open 5 days a week, 7 a.m. to 6 p.m., with some appointments on Saturdays.	Varies by provider.
Cost	Varies by plan. Premiums are typically less expensive than PPO plans.	Varies by plan. Premiums are typically more expensive than HMO plans.
Deductible/ Office Visit	Deductible or office visit copay options available.	Deductible amount varies by plan. No office visit copays.
Benefit Maximum	Plans available with benefit maximums ranging from \$1,000 up to \$3,000.	Annual maximum varies by plan.
Limitations and Exclusions	Fewer limitations and exclusions.	Industry standard.

Administrative ease

When it comes to managing your plan, hassles should be the last thing on any business's mind. With coordinated dental care and coverage from the same company, we can streamline plan administration, with:

- One point of contact
- One phone number to call
- One bill

All of which helps make it quicker and easier for you to stay focused on the health of your business.



Preventamax dental

A proactive approach to prevention

With our innovative Preventamax plans, benefits for covered diagnostic and preventive care services do not count toward the annual plan benefit maximum. This leaves more dollars to use for other covered services and promotes preventive care, which can lead to better dental health. Members can get the overall care they need without giving up coverage for fillings, crowns, and other dental procedures.

This innovative plan design eliminates the administrative hassles of tracking rollover dollars and benefits, managing savings accounts, or waiting until the next plan year to receive benefits. In the example below, Preventamax members have an extra \$697 to use on other dental services.* Preventamax is available on our Traditional Dental plans and Dental Choice (PPO) plans.

ANNUAL PREVENTIVE CARE	MEMBER PAYS	WE PAY	ANNUAL MAX REMAINING WITHOUT PREVENTAMAX	ANNUAL MAX REMAINING WITH PREVENTAMAX
TWO CLEANINGS	\$0	\$242	\$1,258	\$1,500
TWO EXAMS	\$0	\$148	\$1,110	\$1,500
ONE SET OF X-RAYS	\$0	\$160	\$950	\$1,500
ONE PANORAMIC X-RAY	\$0	\$147	\$803	\$1,500
TOTAL	\$0	\$697	\$803	\$1,500

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your account.kp.org account or visit kp.org/plandocuments for sample *EOCs* by product.

*This scenario is based on a \$1,500 annual benefit maximum. It is an example and may not reflect a member's actual plan maximum, procedure fees, or available benefits.



Voluntary dental

Our voluntary dental plans give individual employees in your company the opportunity to enjoy a high-quality dental plan — at no cost to you.* Employees pay up to 100%* of the premium through payroll deduction and can access quality dental care.

Why offer Kaiser Permanente’s voluntary dental plans?

- **Engaged employees** — By adding voluntary dental to your benefit package, you’re more likely to attract and retain skilled and productive employees.
- **Easy to administer** — Since monthly premiums are conveniently deducted from payroll, paperwork is kept to a minimum.
- **More choices** — In addition to a traditional plan, featuring 21 dental office locations and more than 160 dentists, we offer a PPO plan that allows members to choose from more than 9,500 dentists in Oregon and Washington, including more than 440,000 in-network providers nationwide.

Plan requirements

- A minimum of 5 employees or 25% (whichever is greater) must participate in the voluntary dental plan.
- The employer must set up payroll deductions and submit premiums on behalf of their employees.
- Employees participating in the voluntary dental plan are required to contribute to the plan’s monthly premium.
- Once enrolled, employees cannot change their selection until the next open enrollment period.

Did you know?

Our online dental directory allows members to view biographies of our dentists and specialists throughout the area. Visit kp.org/dental/nw/directory to search by area, provider, or specialty.

Members can make an appointment simply by calling our Appointment Center at **1-800-813-2000**. For TTY, call **711**. For language interpretation services, call **1-800-324-8010**.



Visit us online

For more information about our dental plans and services, visit account.kp.org.



*Employee must contribute 51% or greater to meet voluntary guidelines.



What do you get when you combine quality and affordability? Our Traditional Dental plan.

Personalized care

Members are encouraged to choose a personal dentist and hygienist. These personal care teams get to know patients and their specific needs. That helps members get the care that's right for them. Members can change dentists or hygienists anytime they wish.

We believe dental and oral care are a vital part of your total health. That's why preventive care is at the core of our philosophy and why every member gets a personalized prevention and treatment plan.

Coordinated and comprehensive care

With Kaiser Permanente, medical and dental teams work together, focusing on total health solutions that can help boost your employees' productivity. Our integrated electronic record system gives Kaiser Permanente dental providers access to your relevant health history, enabling greater collaboration. Your dentist can see if you're due for a screening, lab test, or follow-up appointment. Plus, many of our dental offices are located in or near a Kaiser Permanente medical office, saving your employees valuable time.

We use our dental group, which includes dentists, specialists, and hygienists, to care for members.² For more than 3 decades, we've earned the highest level of accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC). In fact, Kaiser Permanente is 1 of only 5 dental practices in the nation accredited as a dental home by the AAAHC. We are the first and only in the Northwest to achieve this distinction.³ With a dental home, your employees have a personal dentist who directs all their care, referrals, and follow-up visits.

But the real measure of quality is customer satisfaction: 95% of our members would recommend us to family and friends.⁴

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your account.kp.org account or visit kp.org/plandocuments for sample *EOCs* by product.

1. When you have both Kaiser Permanente medical and dental coverage. Medical services are available at select dental locations. **2.** Includes contracted community dentists. **3.** www.aaahc.org **4.** According to the Press Ganey survey for January 2022-December 2022.



A choice of PreventaMax plan designs

Most levels of Traditional Dental are available with 3 different annual deductibles. You can choose a plan with no annual deductible, a \$50 annual deductible (\$150 per family), or a \$100 annual deductible (\$300 per family). Annual deductibles are based on the calendar year.

Family orthodontia care options: Each plan when purchased with a \$100 annual deductible may be purchased with (or without) cosmetic orthodontia coverage.

Family implant coverage options: Some family plans, when purchased with a \$100 annual deductible, may be purchased with implant coverage for members 19 and older.

Pediatric plan options

Stand-alone pediatric plans: As part of the Affordable Care Act, pediatric dental coverage for members is required by law. All our medical plans are offered along with a federally compliant pediatric plan as part of the essential health benefit package. We offer 3 Traditional PreventaMax plan options and 3 Dental Choice PreventaMax plans. Note: groups that elect family dental plans, without a medical plan in place, are not eligible to offer a standalone pediatric dental plan.

Easy access to care

We have 21 dental offices to choose from, so your employees can easily find a dentist near home or work. We have offices in Portland, Salem, Oregon City, Tigard, Beaverton, Hillsboro, Gresham, Clackamas, Vancouver, Longview, and Eugene.

- General dentist services available 5 days a week
- Hygiene services available 6 days a week
- Emergency services available 7 days a week





TRADITIONAL PREVENTAMAX DENTAL FAMILY PLANS

	FAMILY PLANS	
PLAN NAMES	KP OR Family Traditional 100 - \$50 Ded/\$3000 Max KP OR Family Traditional 100 - \$100 Ded/\$3000 Max	KP OR Family Traditional 100 - \$50 Ded/\$2500 Max KP OR Family Traditional 100 - \$100 Ded/\$2500 Max
ANNUAL BENEFIT MAXIMUM Applies to covered services the member receives on or after the first day of the month after the member turns 19 years of age.	\$3,000	\$2,500
OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$400 per member/ \$800 per family	\$400 per member/ \$800 per family
BENEFITS	Member pays	
OFFICE VISIT COPY The office visit charge applies to all visits.	\$10	\$10
PREVENTIVE AND DIAGNOSTIC SERVICES* Oral exam and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	20%	20%
SIMPLE EXTRACTIONS Simple tooth extraction.	20%	20%
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	20%	20%
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	20%	20%
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	50%	50%
MEDICALLY NECESSARY ORTHODONTICS Diagnosis of cleft palate/lip. Covered until the end of the month in which the member turns 19 years of age.	50%	50%
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%
NITROUS OXIDE* • Members 13 and older. • Members 12 and younger.	\$25 \$0	\$25 \$0
EMERGENCY TREATMENT	For in-network: the cost shares that normally apply for nonemergency dental care services. For out-of-network: all charges over \$100.	

*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum.



	FAMILY PLANS		
PLAN NAMES	KP OR Family Traditional 100 - \$2000 Max KP OR Family Traditional 100 - \$50 Ded/\$2000 Max KP OR Family Traditional 100 - \$100 Ded/\$2000 Max	KP OR Family Traditional 100 - \$1500 Max KP OR Family Traditional 100 - \$50 Ded/\$1500 Max KP OR Family Traditional 100 - \$100 Ded/\$1500 Max	KP OR Family Traditional 100 - \$1000 Max KP OR Family Traditional 100 - \$50 Ded/\$1000 Max KP OR Family Traditional 100 - \$100 Ded/\$1000 Max
ANNUAL BENEFIT MAXIMUM Applies to covered services the member receives on or after the first day of the month after the member turns 19 years of age.	\$2,000	\$1,500	\$1,000
OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$400 per member/ \$800 per family	\$400 per member/ \$800 per family	\$400 per member/ \$800 per family
BENEFITS	Member pays		
OFFICE VISIT COPAY The office visit charge applies to all visits.	\$10	\$10	\$10
PREVENTIVE AND DIAGNOSTIC SERVICES* Oral exam and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%	0%
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	20%	20%	20%
SIMPLE EXTRACTIONS Simple tooth extraction.	20%	20%	20%
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	50%
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	50%
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	20%	20%	50%
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	50%	50%	50%
MEDICALLY NECESSARY ORTHODONTICS Diagnosis of cleft palate/lip. Covered until the end of the month in which the member turns 19 years of age.	50%	50%	50%
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%
NITROUS OXIDE* • Members 13 and older. • Members 12 and younger.	\$25 \$0	\$25 \$0	\$25 \$0
EMERGENCY TREATMENT	For in-network: the cost shares that normally apply for nonemergency dental care services. For out-of-network: all charges over \$100.		

*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum.



Optional family dental coverage options

Cosmetic orthodontia

Orthodontic coverage can be added to any of these plans (when purchased with a \$100 annual deductible):	KP OR Family Traditional 100 - \$3000 Max + Ortho
	KP OR Family Traditional 100 - \$2500 Max + Ortho
	KP OR Family Traditional 100 - \$2000 Max + Ortho
	KP OR Family Traditional 100 - \$1500 Max + Ortho
	KP OR Family Traditional 100 - \$1000 Max + Ortho
The lifetime benefit maximum is \$1,500. The member pays 50% of charges up to the orthodontic benefit maximum and then pays 100% thereafter.	

Implant coverage

Implant coverage can be added to any of the following plans (when purchased with a \$100 annual deductible):	KP OR Family Traditional 100 - \$3000 Max + Implant
	KP OR Family Traditional 100 - \$2500 Max + Implant
	KP OR Family Traditional 100 - \$2000 Max + Implant
Implant lifetime maximum of 4 implants. The member pays 50% of charges up to the plan annual benefit maximum and then pays 100% thereafter.	
Implant coverage is only available to members 19 and older.	

Cosmetic orthodontia + implant coverage

Orthodontic and implant coverage can be added to any of the following plans (when purchased with a \$100 annual deductible):	KP OR Family Traditional 100 - \$3000 Max + Ortho + Implant
	KP OR Family Traditional 100 - \$2500 Max + Ortho + Implant
	KP OR Family Traditional 100 - \$2000 Max + Ortho + Implant
Orthodontic lifetime benefit maximum is \$1,500. The member pays 50% of charges up to the orthodontic benefit maximum and then pays 100% thereafter.	
Implant lifetime maximum of 4 implants. The member pays 50% of charges up to the plan annual benefit maximum and then pays 100% thereafter.	
Implant coverage is only available to members 19 and older.	



PLAN NAMES	FAMILY VOLUNTARY PLANS		
	KP OR Family Traditional 100 - \$50 Ded/\$2000 Max - Voluntary	KP OR Family Traditional 100 - \$50 Ded/\$1500 Max - Voluntary	KP OR Family Traditional 100 - \$50 Ded/\$1000 Max - Voluntary
ANNUAL BENEFIT MAXIMUM Applies to covered services the member receives on or after the first day of the month after the member turns 19 years of age.	\$2,000	\$1,500	\$1,000
OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$400 per member/ \$800 per family	\$400 per member/ \$800 per family	\$400 per member/ \$800 per family
BENEFITS	Member pays		
OFFICE VISIT COPAY The office visit charge applies to all visits.	\$10	\$10	\$10
PREVENTIVE AND DIAGNOSTIC SERVICES* Oral exam and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%	0%
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	20%	20%	20%
SIMPLE EXTRACTIONS Simple tooth extraction.	20%	20%	20%
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	50%
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	50%
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	20%	20%	50%
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	50%	50%	50%
MEDICALLY NECESSARY ORTHODONTICS Diagnosis of cleft palate/lip. Covered until the end of the month in which the member turns 19 years of age.	50%	50%	50%
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%
NITROUS OXIDE* • Members 13 and older. • Members 12 and younger.	\$25 \$0	\$25 \$0	\$25 \$0
EMERGENCY TREATMENT	For in-network: the cost shares that normally apply for nonemergency dental care services. For out-of-network: all charges over \$100.		

*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum.



TRADITIONAL PREVENTAMAX DENTAL PEDIATRIC PLANS

PLAN NAMES	PEDIATRIC PLANS		
	KP OR Traditional 80 Pediatric Dental Plan	KP OR Traditional 100 Pediatric Dental Plan (\$50 individual/\$150 family)	KP OR Traditional 100 + Ortho Pediatric Dental Plan (\$50 individual/\$150 family)
OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$400 per member/ \$800 per family	\$400 per member/ \$800 per family	\$400 per member/ \$800 per family
BENEFITS	Member pays		
OFFICE VISIT COPAY The office visit charge applies to all visits.	\$0	\$0	\$0
PREVENTIVE AND DIAGNOSTIC SERVICES Oral exams and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	20%	0%	0%
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	75%	20%	20%
SIMPLE EXTRACTIONS Simple tooth extractions.	75%	20%	20%
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	75%	20%	20%
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	75%	20%	20%
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	75%	20%	20%
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	75%	50%	50%
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	75%	50%	50%
MEDICALLY NECESSARY ORTHODONTICS Diagnosis of cleft palate/lip.	50%	50%	50%
ORTHODONTIC TREATMENT For abnormally aligned or positioned teeth.*	Not covered	Not covered	50% up to \$1,500 lifetime benefit maximum
NIGHT GUARDS Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%
NITROUS OXIDE • Members 13 and older. • Members 12 and younger.	\$25 \$0	\$25 \$0	\$25 \$0
EMERGENCY TREATMENT	For in-network: the cost shares that normally apply for nonemergency dental care services. For out-of-network: all charges over \$100.		

*The lifetime benefit maximum is \$1,500. The member pays their cost shares up to the orthodontic benefit maximum and then pays 100% thereafter.



The choice employees want at a price you can afford. Everybody wins!

You can offer Dental Choice if you qualify as a small employer and have at least 2 members enrolling. The plan gives your employees access to a nationwide PPO of more than 440,000 dentists. It includes more than 9,500 dentists in Washington and Oregon, including our own Permanente Dental Associates.

Dental Choice members never need a referral. They can see both PPO and nonparticipating dentists.

PPO purchasing power

PPO dentists have agreed to charge fees that are 20% to 50% less than usual and customary dental fees.

Dental Choice covers a percentage of these already low fees:

- For regular checkups, the plan covers 80% to 100%.
- Coverage for other types of work ranges from 50% to 100%.

When members see a nonparticipating dentist:

- The plan covers up to the 90th percentile of usual and customary fees for the service (less any applicable coinsurance and copays).
- Members pay the balance of the charges.
- Nonparticipating dentists may charge more than usual and customary rates. Members' out-of-pocket costs may be higher if they see a nonparticipating dentist. Any charges in excess of usual and customary fees may apply.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please sign in to your account.kp.org account or visit kp.org/plandocuments for sample *EOCs* by product.



DENTAL CHOICE PREVENTAMAX (PPO) PLANS



Family orthodontia care options: Each plan when purchased with a \$100 annual deductible may be purchased with (or without) cosmetic orthodontia.

Family implant coverage options: Some family plans, when purchased with a \$100 annual deductible, may be purchased with implant coverage for members 19 and older.

Stand-alone pediatric plans: As part of the Affordable Care Act, pediatric dental coverage for members is required by law. We offer federally compliant pediatric plans to pair with our Kaiser Permanente medical plans.

Fast, accurate administration

Participating providers have agreed to file claims for members. Nonparticipating dentists may request payment up front. Members would then need to file a claim form, which the dental office can help them fill out.

Claims mailing address

Kaiser Permanente Dental Choice
P.O. Box 6927
Columbia, SC 29260

Online access

Dental Choice members can get answers to claims questions at kp.org/dental/nw/ppo. They can get information on the status of a claim and claim payments once they register on the member portal site.

The site also lets members search for providers by name, specialty, and location. **Members can print or order ID cards online, too.**

Members can also call Dental Choice Customer Care from 6:30 a.m. to 5 p.m., Monday through Friday, at **1-866-653-0338** (toll free). For more information about our dental plans and services, visit account.kp.org.



	FAMILY PLANS			
PLAN NAMES	KP OR Family Choice 100 - \$50 Ded/\$2500 Max KP OR Family Choice 100 - \$100 Ded/\$2500 Max		KP OR Family Choice 100 - \$50 Ded/\$2000 Max KP OR Family Choice 100 - \$100 Ded/\$2000 Max	
NETWORK	IN	OUT	IN	OUT
ANNUAL BENEFIT MAXIMUM Applies to covered services the member receives on or after the first day of the month after the member turns 19 years of age.	\$2,500		\$2,000	
OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$400 per member/ \$800 per family	NA	\$400 per member/ \$800 per family	NA
BENEFITS	Member pays			
PREVENTIVE AND DIAGNOSTIC SERVICES* Oral exams and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%	0%	0%
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%
SIMPLE EXTRACTIONS Simple tooth extractions.	20%	20%	20%	20%
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	20%	20%
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	20%	20%
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	20%	20%	20%	20%
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	50%	50%	50%	50%
MEDICALLY NECESSARY ORTHODONTICS Diagnosis of cleft palate/lip. Covered until the end of the month in which the member turns 19 years of age.	50%	50%	50%	50%
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%
NITROUS OXIDE* • Members 13 and older. • Members 12 and younger.	\$25 \$0	\$25 \$0	\$25 \$0	\$25 \$0
EMERGENCY TREATMENT	For in-network and out-of-network: the cost shares that normally apply for nonemergency dental care services.			

*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum.



DENTAL CHOICE PREVENTAMAX (PPO) FAMILY PLANS

	FAMILY PLANS			
PLAN NAMES	KP OR Family Choice 100 - \$50 Ded/\$1500 Max KP OR Family Choice 100 - \$100 Ded/\$1500 Max		KP OR Family Choice 100 - \$50 Ded/\$1000 Max KP OR Family Choice 100 - \$100 Ded/\$1000 Max	
NETWORK	IN	OUT	IN	OUT
ANNUAL BENEFIT MAXIMUM Applies to covered services the member receives on or after the first day of the month after the member turns 19 years of age.	\$1,500		\$1,000	
OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$400 per member/ \$800 per family	NA	\$400 per member/ \$800 per family	NA
BENEFITS	Member pays			
PREVENTIVE AND DIAGNOSTIC SERVICES* Oral exams and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%	0%	0%
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%
SIMPLE EXTRACTIONS Simple tooth extractions.	20%	20%	20%	20%
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	20%	20%
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	20%	20%
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	20%	20%	20%	20%
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	50%	50%	50%	50%
MEDICALLY NECESSARY ORTHODONTICS Diagnosis of cleft palate/lip. Covered until the end of the month in which the member turns 19 years of age.	50%	50%	50%	50%
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%
NITROUS OXIDE* • For children 12 and younger. • For adults and children 13 and older.	\$25 \$0	\$25 \$0	\$25 \$0	\$25 \$0
EMERGENCY TREATMENT	For in-network and out-of-network: the cost shares that normally apply for nonemergency dental care services.			

*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum.



Optional dental coverage additions

Orthodontic coverage

Orthodontic coverage can be added to any of these plans (when purchased with a \$100 annual deductible):	KP OR Family Choice 100 - \$2500 Max + Ortho
	KP OR Family Choice 100 - \$2000 Max + Ortho
	KP OR Family Choice 100 - \$1500 Max + Ortho
	KP OR Family Choice 100 - \$1000 Max + Ortho
The lifetime benefit maximum is \$1,500. The member pays 50% of charges up to the orthodontic benefit maximum and then pays 100% thereafter.	

Implant coverage

Implant coverage can be added to any of these plans (when purchased with a \$100 annual deductible):	KP OR Family Choice 100 - \$100 Ded/\$2500 Max + Implants
	KP OR Family Choice 100 - \$100 Ded/\$2000 Max + Implants
Implant lifetime maximum of 4 implants. The member pays 50% of charges up to the plan annual benefit maximum and then pays 100% thereafter.	
Implant coverage is only available to members 19 and older.	

Orthodontic + implant coverage

Orthodontic and implant coverage can be added to any of the following plans (when purchased with a \$100 annual deductible):	KP OR Family Choice 100 - \$2500 Max + Ortho + Implants
	KP OR Family Choice 100 - \$2000 Max + Ortho + Implants
Orthodontic lifetime benefit maximum is \$1,500. The member pays 50% of charges up to the orthodontic benefit maximum and then pays 100% thereafter.	
Implant lifetime maximum of 4 implants. The member pays 50% of charges up to the plan annual benefit maximum and then pays 100% thereafter.	
Implant coverage is only available to members 19 and older.	



DENTAL CHOICE PREVENTAMAX (PPO) FAMILY VOLUNTARY PLANS

	FAMILY VOLUNTARY PLANS					
PLAN NAMES	KP OR Family Choice 100 - \$50 Ded/\$2000 Max - Voluntary		KP OR Family Choice 100 - \$50 Ded/\$1500 Max - Voluntary		KP OR Family Choice 100 - \$50 Ded/\$1000 Max - Voluntary	
NETWORK	IN	OUT	IN	OUT	IN	OUT
ANNUAL BENEFIT MAXIMUM Applies to covered services the member receives on or after the first day of the month after the member turns 19 years of age.	\$2,000		\$1,500		\$1,000	
OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$400 per member/ \$800 per family	NA	\$400 per member/ \$800 per family	NA	\$400 per member/ \$800 per family	NA
BENEFITS	Member pays					
PREVENTIVE AND DIAGNOSTIC SERVICES* Oral exams and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%	0%	0%	0%	0%
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%	20%	20%
SIMPLE EXTRACTIONS Simple tooth extractions.	20%	20%	20%	20%	20%	20%
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	20%	20%	20%	20%
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	20%	20%	20%	20%
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	20%	20%	20%	20%	20%	20%
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%	50%	50%
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	50%	50%	50%	50%	50%	50%
MEDICALLY NECESSARY ORTHODONTICS Diagnosis of cleft palate/lip. Covered until the end of the month in which the member turns 19 years of age.	50%	50%	50%	50%	50%	50%
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%	10%	10%
NITROUS OXIDE* • Members 13 and older. • Members 12 and younger.	\$25 \$0	\$25 \$0	\$25 \$0	\$25 \$0	\$25 \$0	\$25 \$0
EMERGENCY TREATMENT	For in-network and out-of-network: the cost shares that normally apply for nonemergency dental care services.					

*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum.

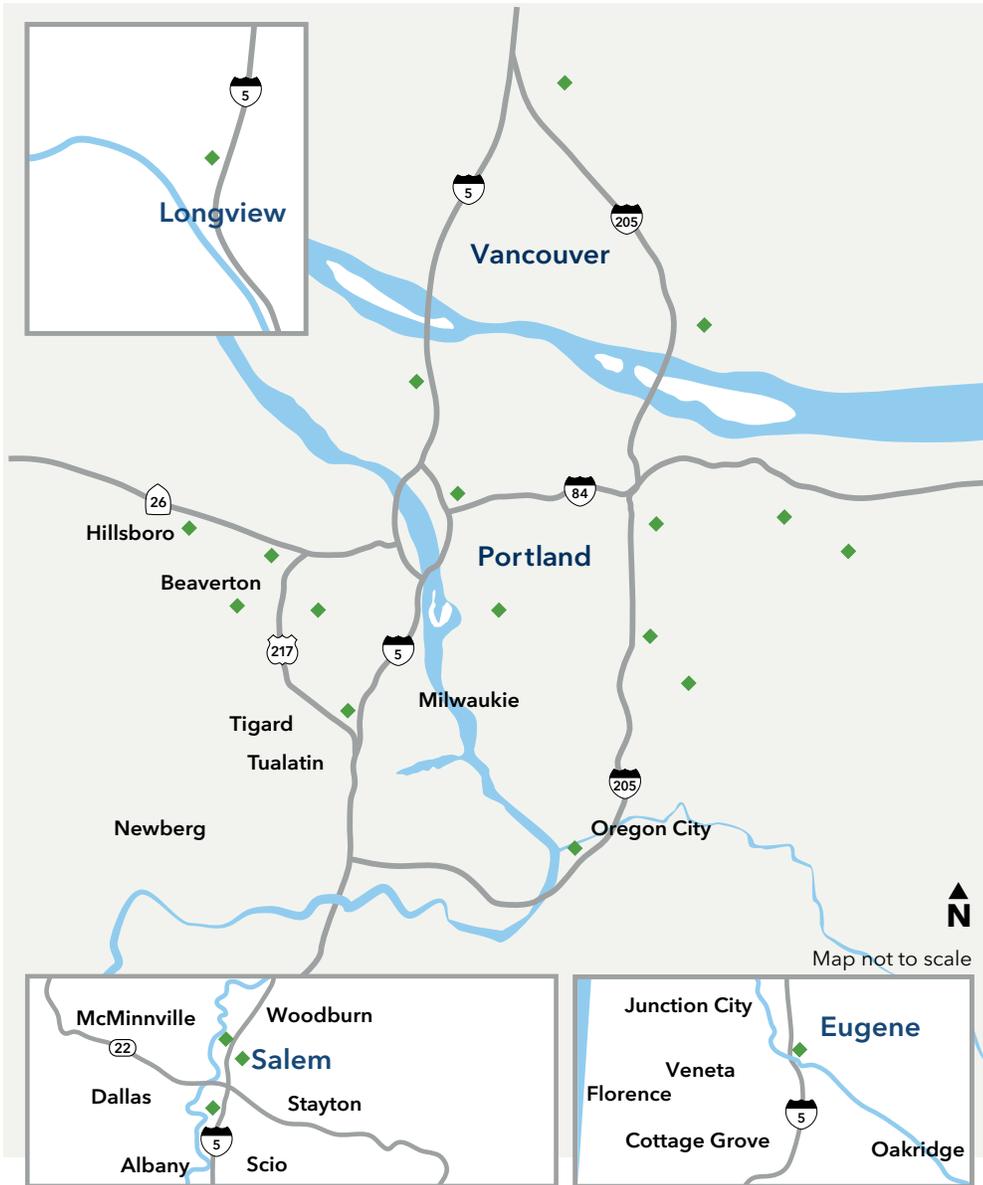


	PEDIATRIC PLANS					
PLAN NAMES	KP OR Choice 80 Pediatric Dental Plan		KP OR Choice 100 Pediatric Dental Plan (\$50 individual/\$150 family)		KP OR Choice 100 + Ortho Pediatric Dental Plan (\$50 individual/\$150 family)	
NETWORK	IN	OUT	IN	OUT	IN	OUT
OUT-OF-POCKET MAXIMUM	\$400 per member/ \$800 per family		\$400 per member/ \$800 per family		\$400 per member/ \$800 per family	
BENEFITS	Member pays					
PREVENTIVE AND DIAGNOSTIC SERVICES Oral exams and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	20%		0%		0%	
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	75%		20%		20%	
SIMPLE EXTRACTIONS Simple tooth extraction.	75%		20%		20%	
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	75%		20%		20%	
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing	75%		20%		20%	
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	75%		20%		20%	
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	75%		50%		50%	
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	75%		50%		50%	
MEDICALLY NECESSARY ORTHODONTICS Diagnosis of cleft palate/lip.	50%		50%		50%	
ORTHODONTIC TREATMENT For abnormally aligned or positioned teeth.*	Not covered		Not covered		50% up to \$1,500 lifetime benefit maximum	
NIGHT GUARDS Guards that protect teeth from nighttime grinding or clenching.	10%		10%		10%	
NITROUS OXIDE • Members 13 and older. • Members 12 and younger.	\$25 \$0		\$25 \$0		\$25 \$0	
EMERGENCY TREATMENT	For in-network and out-of-network: the cost shares that normally apply for nonemergency dental care services.					

*The lifetime benefit maximum is \$1,500. The member pays their cost shares up to the orthodontic benefit maximum and then pays 100% thereafter.



DENTAL FACILITY LOCATIONS



◆ Kaiser Permanente Dental Office

Go to kp.org/dental/nw/directory to see all our current locations and to find the facility closest to you.



Facility information is current as of August 2023.



Dental facilities

Portland-area dental offices

- ◆ Aloha Dental Office
17675 SW Tualatin Valley Hwy.
Beaverton, OR 97003
- ◆ Beaverton Dental Office^{1,2}
4855 SW Western Ave.
Beaverton, OR 97005
- ◆ Cedar Hills Dental Office^{1,2}
12450 SW Walker Rd.
Beaverton, OR 97005
- ◆ Clackamas Dental Office
10209 SE Sunnyside Road
Clackamas, OR 97015
- ◆ Eastmoreland Dental Office
5025 SE 28th Ave.
Portland, OR 97202
- ◆ Glisan Dental Office²
10102 NE Glisan St.
Portland, OR 97220
- ◆ Grand Avenue Dental Office
1314 NE Grand Ave.
Portland, OR 97232
- ◆ Gresham Dental Office
360 NW Burnside St.
Gresham, OR 97030
- ◆ Kaiser Permanente Dental
at Johnson Creek
9300 SE 91st Ave., Ste. 310
Happy Valley, OR 97086
- ◆ North Interstate Dental Office
7201 N. Interstate Ave.
Portland, OR 97217
- ◆ Oregon City Dental Office
1900 McLoughlin Blvd., Suite 68
Oregon City, OR 97045
- ◆ Rockwood Dental Office
822 NE 181st Ave.
Portland, OR 97230

- ◆ Tanasbourne Dental Office^{1,2}
10315 NE Tanasbourne Drive
Hillsboro, OR 97124
- ◆ Tigard Dental Office
7105 SW Hampton St.
Tigard, OR 97223

Vancouver-area dental offices

- ◆ Cascade Park Dental Office¹
12711 SE Mill Plain Blvd.
Vancouver, WA 98684
- ◆ Salmon Creek Dental Office¹
14406 NE 20th Ave.
Vancouver, WA 98686

Salem-area dental offices

- ◆ Kaiser Permanente Dental
at Keizer Station
5910 Ulali Dr.
Keizer, OR 97303
- ◆ North Lancaster Dental Office¹
2300 Lancaster Drive NE
Salem, OR 97305
- ◆ Skyline Dental Office¹
5135 Skyline Road S.
Salem, OR 97306

Longview-area dental office

- ◆ Longview-Kelso Dental Office¹
1230 Seventh Ave.
Longview, WA 98632

Lane County dental office

- ◆ Valley River Dental Office
1011 Valley River Way
Eugene, OR 97401

For more information

We'll be happy to answer any questions you have about Traditional Dental or Dental Choice.

Just contact your producer or Kaiser Foundation Health Plan of the Northwest representative.

1. These facilities are co-located with a medical facility. **2.** These offices have a nurse on staff for added convenience.

kp.org/dental

