



For Oregon groups with 1–50 employees

DENTAL PRODUCT PORTFOLIO

OREGON
2020

account.kp.org



PREVENTAMAX PLANS

Traditional Dental and Dental Choice

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.

Usual and customary charge: with respect to any 1 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.

Disclaimer

This brochure provides summaries of various plans and is not a contract. These plans are subject to exclusions and limitations. Plan details, including all benefits, exclusions, and limitations, are provided in the *Evidence of Coverage (EOC)*. For specific information about the plans referred to in this brochure, go to kp.org/plandocuments.

To obtain an *EOC* for a particular plan, contact Employer and Broker Services at **1-866-246-3613** (toll free).



All our dental plans offer preventive care without sacrificing coverage for other dental needs.

With PreventaMax, costs for preventive care do not count toward a plan’s annual benefit maximum. PreventaMax promotes preventive care, which leads to better dental health. Preventive care includes oral exams, X-rays, routine cleanings, fluoride treatments, and space maintainers. Get better overall care without giving up coverage for fillings, crowns, and other dental procedures.

With other dental carriers’ maximum rollover plans, preventive care may be delayed to “save up” benefits for major dental expenses, like crowns. As a result, checkups, cleanings, and other restorative care may be put off for a year or more. That can lead to poorer overall dental health — and higher costs — over the long run.

PreventaMax plans are offered as Traditional Dental plans and Dental Choice (PPO) plans. All dental plans are available to groups with as few as 2 employees and a minimum of 2 members enrolled.

Traditional Dental

Our Traditional Dental plan emphasizes evidence-based preventive care. With a copay, members can get a routine exam with X-rays, a cleaning, and fluoride treatment. Care is provided by our own staff of dentists, hygienists, and specialists.

Dental Choice

Dental Choice features a preferred provider organization (PPO) with more than 9,300 dentists in Oregon and Washington and more than 415,000 preferred dentists nationwide. It also covers care by nonparticipating providers.

Dental Choice gives employees additional provider choices and different out-of-pocket costs based on their use of PPO vs. non-PPO dentists, and no referrals are required.

In the example below,* PreventaMax members have an extra \$519 to use on other services, like fillings. 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	\$178	\$1,322	\$1,500
TWO EXAMS	\$0	\$114	\$1,208	\$1,500
ONE SET OF X-RAYS	\$0	\$120	\$1,088	\$1,500
ONE PANORAMIC X-RAY	\$0	\$107	\$981	\$1,500
TOTAL	\$0	\$519	\$981	\$1,500

*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 or available benefits.



VISIT US ONLINE

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



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.

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



We use our dental group, which includes dentists, specialists, and hygienists, to care for members.¹ For more than 2 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.² 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.³

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.

Every member gets a dental health assessment and a personal treatment plan.

Coordinated care

Our dental plan and medical plan work together. Members of our dental plan receive health screenings, including head and neck cancer screenings and blood pressure checks. If members need immunizations or have health concerns, we help them get the care they need.

Several of our dental offices are co-located, making access more convenient. Additionally, we are adding locations and services where medical and dental care can be integrated to provide warm hand-offs for same-day and next-day appointments for minor injuries, minor illnesses, and preventive services.

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.

No matter which level of coverage you choose, Traditional Dental covers regular dental exams for a flat fee or low coinsurance amount. That includes the examination, teeth cleaning, X-rays, and fluoride treatment. Members pay this fee for routine, preventive appointments regardless of whether they have met their annual deductible.

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.

Offices are open Monday through Friday. Many offices are also open on Saturdays for hygienist services and emergencies.

¹Includes contracted community dentists.

²www.aaahc.org

³According to the Press Ganey survey for January 2018–December 2018.



FAMILY PLANS					
PLAN NAMES	KP OR Family Traditional 100 - \$50 Ded/ \$2500 Max KP OR Family Traditional 100 - \$100 Ded/ \$2500 Max	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	KP OR Family Traditional 80 - \$1000 Max KP OR Family Traditional 80 - \$50 Ded/ \$1000 Max KP OR Family Traditional 80 - \$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.	\$2,500	\$2,000	\$1,500	\$1,000	\$1,000
OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$350 per member/ \$700 per family	\$350 per member/ \$700 per family	\$350 per member/ \$700 per family	\$350 per member/ \$700 per family	\$350 per member/ \$700 per family
BENEFITS	Member pays				
OFFICE VISIT COPAY The office visit charge applies to all visits.	\$10	\$10	\$10	\$10	\$10
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	20%
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%	20%
SIMPLE EXTRACTIONS Simple tooth extractions.	20%	20%	20%	20%	20%
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	20%	50%	20%
PERIODONTICS Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	20%	50%	20%
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	20%	20%	20%	50%	20%
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%	50%
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	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% coinsurance				
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%	10%
NITROUS OXIDE* • For children 12 and younger. • For adults and children 13 and older.	\$0 \$25	\$0 \$25	\$0 \$25	\$0 \$25	\$0 \$25
EMERGENCY TREATMENT At facilities listed on the back page.	Member pays copays or coinsurance that normally applies.				
EMERGENCY TREATMENT From other providers.	Any charges that normally apply plus amounts that exceed usual and customary charges for qualifying claims.				
OPTIONAL DENTAL COVERAGE OPTION					
The lifetime benefit maximum is \$1,500. The member pays 50% of charges up to the orthodontic benefit maximum and then pays 100% thereafter.					
ORTHODONTIC COVERAGE CAN BE ADDED TO ANY OF THESE PLANS	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				
	KP OR Family Traditional 80 - \$1000 Max + ortho				

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



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 415,000 dentists. It includes more than 9,300 dentists in Washington and Oregon, including those in our dental facilities.

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 up to 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%.
- Members pay their portion of the charges.

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.

A choice of PreventaMax plan designs

Family plans: With Dental Choice, small businesses with at least 2 members enrolling have a choice of 2 annual deductibles. You can choose plans with 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.

Stand-alone pediatric plans: As part of the Affordable Care Act, pediatric dental coverage for members is required by law. All of our medical plans are offered along with a federally compliant pediatric plan as part of the essential health benefit package.

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 714
Milwaukee, WI 53201

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 **1-844-621-4577** (toll free). For more information about our dental plans and services, visit account.kp.org.

**DENTAL CHOICE
PREVENTAMAX
(PPO) PLANS**



		FAMILY PLANS									
PLAN NAMES	KP OR Family Choice 100 - \$50 Ded/ \$2500 Max		KP OR Family Choice 100 - \$50 Ded/ \$2000 Max		KP OR Family Choice 100 - \$50 Ded/ \$1500 Max		KP OR Family Choice 100 - \$50 Ded/ \$1000 Max		KP OR Family Choice 80 - \$50 Ded/ \$1000 Max		
	KP OR Family Choice 100 - \$100 Ded/ \$2500 Max		KP OR Family Choice 100 - \$100 Ded/ \$2000 Max		KP OR Family Choice 100 - \$100 Ded/ \$1500 Max		KP OR Family Choice 100 - \$100 Ded/ \$1000 Max		KP OR Family Choice 80 - \$100 Ded/ \$1000 Max		
NETWORK	IN	OUT	IN	OUT	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.	\$2,500		\$2,000		\$1,500		\$1,000		\$1,000		
OUT-OF-POCKET MAXIMUM Applies until the end of the month in which the member turns 19 years of age.	\$350 per member/ \$700 per family	N/A	\$350 per member/ \$700 per family	N/A	\$350 per member/ \$700 per family	N/A	\$350 per member/ \$700 per family	N/A	\$350 per member/ \$700 per family	N/A	
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	\$0	\$0	20%	20%	
BASIC RESTORATIVE SERVICES Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	
SIMPLE EXTRACTIONS Simple tooth extractions.	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	
ORAL SURGERY Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	20%	20%	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%	20%	20%	20%	20%	
ENDODONTICS Root canal and related therapy, including diagnosis and evaluation.	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	
MAJOR RESTORATIVE SERVICES Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
REMOVABLE PROSTHETIC SERVICES Full and partial dentures, relines, and rebases.	50%	50%	50%	50%	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%	50%	50%	50%	50%	
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	
NITROUS OXIDE* • For children 12 and younger. • For adults and children 13 and older.	\$0 \$25	\$0 \$25	\$0 \$25	\$0 \$25	\$0 \$25	\$0 \$25	\$0 \$25	\$0 \$25	\$0 \$25	\$0 \$25	
EMERGENCY TREATMENT	Member pays copays or coinsurance that normally applies. Providers may charge additional fees for emergency services, based on that dental office's policy.										
OPTIONAL DENTAL COVERAGE OPTION											
The lifetime benefit maximum is \$1,500. The member pays 50% of charges up to the orthodontic benefit maximum and then pays 100% thereafter.											
ORTHODONTIC COVERAGE CAN BE ADDED TO ANY OF THESE PLANS	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										
	KP OR Family Choice 80 - \$1000 Max + ortho										

*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) PLANS**

PEDIATRIC PLANS						
PLAN NAMES	KP OR Choice 80 Pediatric Dental Plan		KP OR Choice 100 + Ortho Pediatric Dental Plan (\$50 individual/\$150 family)		KP OR Choice 100 Pediatric Dental Plan (\$50 individual/\$150 family)	
NETWORK	IN	OUT	IN	OUT	IN	OUT
ANNUAL BENEFIT MAXIMUM	N/A		N/A		N/A	
OUT-OF-POCKET MAXIMUM	\$350 per child/ \$700 per family	N/A	\$350 per child/ \$700 per family	N/A	\$350 per child/ \$700 per family	N/A
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 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%	
ORTHODONTICS	50% medically necessary only		50% medically necessary ortho 50% for traditional ortho, up to \$1,500 benefit maximum		50% medically necessary only	
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%	
NIGHT GUARDS* Guards that protect teeth from nighttime grinding or clenching.	10%		10%		10%	
NITROUS OXIDE* • For children 12 and younger. • For adults and children 13 and older.	\$0 \$25		\$0 \$25		\$0 \$25	
EMERGENCY TREATMENT	Member pays copays or coinsurance that normally applies. Providers may charge additional fees for emergency services, based on that dental office's policy.					

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





DENTAL FACILITIES

PORTLAND-AREA DENTAL OFFICES

- 1 Aloha Dental Office
17675 SW Tualatin Valley Hwy.
Beaverton, OR 97003
- 2 Beaverton Dental Office
4855 SW Western Ave.
Beaverton, OR 97005
- 3 Cedar Hills Dental Office
12450 SW Walker Rd.
Beaverton, OR 97005
- 4 Clackamas Dental Office
10209 SE Sunnyside Road
Clackamas, OR 97015
- 5 Eastmoreland Dental Office
5025 SE 28th Ave.
Portland, OR 97202
- 6 Glisan Dental Office
10102 NE Glisan St.
Portland, OR 97220
- 7 Grand Avenue Dental Office
1314 NE Grand Ave.
Portland, OR 97232
- 8 Gresham Dental Office
360 NW Burnside St.
Gresham, OR 97030
- 9 Kaiser Permanente Dental
at Johnson Creek
9300 SE 91st Ave., Ste. 310
Happy Valley, OR 97086
- 10 North Interstate Dental Office
7201 N. Interstate Ave.
Portland, OR 97217
- 11 Oregon City Dental Office
1900 McLoughlin Blvd., Suite 68
Oregon City, OR 97045
- 12 Rockwood Dental Office
822 NE 181st Ave.
Portland, OR 97230
- 13 Tanasbourne Medical and
Dental Office
19075 NW Tanasbourne Drive
Hillsboro, OR 97124
- 14 Tigard Dental Office
7105 SW Hampton St.
Tigard, OR 97223

VANCOUVER-AREA DENTAL OFFICES

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

SALEM-AREA DENTAL OFFICES

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

LONGVIEW-AREA DENTAL OFFICE

- 20 Longview-Kelso Dental Office
1230 Seventh Ave.
Longview, WA 98632

EUGENE-SPRINGFIELD-AREA DENTAL OFFICE

- 21 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.

account.kp.org

