



WASHINGTON  
2021

For Clark or Cowlitz County groups  
with 1-50 employees

# Dental Product Portfolio

[account.kp.org](https://account.kp.org)

 KAISER PERMANENTE®



**CHOOSE DENTAL + MEDICAL:  
BETTER TOGETHER**

Our dental, medical, and insurance services all work together to help your employees stay healthy and productive, while helping reduce health care costs for your business. With one carrier for your health coverage, there’s just one point of contact, one number to call, and one bill. Did you know that Kaiser Permanente members with both medical and dental coverage weigh less, smoke less, and visit the emergency department less often?<sup>1</sup>

Plus, members with both medical and dental coverage through Kaiser Permanente can experience the benefits of total health integration, including:

- Having one electronic health record that enables collaboration between the medical and dental teams
- Taking care of minor medical needs, such as vaccinations, at their dental appointment<sup>2</sup>
- Managing their care seamlessly and efficiently on kp.org and the Kaiser Permanente app

For more information about medical plans, visit [account.kp.org](https://account.kp.org).

Our mouths are home to our smiles, and that’s just the start. They’re the source of nutrition and defend against infection. They shape our words and help us express ourselves. And when our mouths are healthy, we have more reasons to smile.

**Dental health is our cause**

Why Kaiser Permanente? We believe in total health, beginning with quality dental and oral care. That’s why we hire skilled, knowledgeable, highly trained dentists and hygienists. Our provider compensation system helps reduce the motivation to either overtreat or undertreat a patient’s dental health condition. Our providers focus on providing the right care at the right time. That’s why every member gets a personalized prevention and treatment plan.

**Teamwork**

Our dentists know dental care is an important part of overall health. Our dentists and dental staff work closely together with our doctors and medical staff. That’s because they’re all part of our integrated care delivery system.

**Our philosophy of care**

We follow research that shows what dental practices work best. We emphasize preventive care to help keep teeth and gums healthy. Your employees will receive a personalized prevention and treatment plan after we assess their risk for dental disease. We might suggest other steps to improve overall health because those steps may improve dental health, too.

<sup>1</sup>Kaiser Permanente Center for Health Research, Comparison of HEDIS Outcomes Among Dental/Medical vs. Medical Only Population, 2013.

<sup>2</sup>Medical services are available at select dental locations. You must be enrolled in a Kaiser Permanente medical plan to receive medical care.



## Know what's important

### Choice

Our dentists and dental hygienists play an important role in helping keep your employees healthy. When members call for their first appointment, we schedule them with a dentist and hygienist at the dental office they choose. After the first appointment, they can let us know if they'd like that dentist and hygienist to be their personal dental care providers. Or they may request different ones. If at any time members are not satisfied, they may change their dentist or dental hygienist.

### Convenience

We have 21 dental offices in the Portland-Vancouver metro area, Longview, Salem, and Eugene, so there's sure to be one that's convenient for your employees. Our dental group has pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists should any of your employees or their family members need to see a specialist. This makes specialist referrals and teamwork easy.

### Quality

We set high standards for our Dental Program. For more than two decades, we've received the highest level of accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC).<sup>1</sup> This means our Dental Program has met rigorous national standards. Currently we are the only dental practice in the Pacific Northwest with AAAHC accreditation. We also have received dental home accreditation from the AAAHC for all 21 of our dental offices. Our dental home is the first in the Northwest — and the third in the nation — to become accredited. With a dental home, your employees have a personal dentist who directs all their care, referrals, and follow-up visits.

But perhaps a more important measure of quality is customer satisfaction: 95% of our members would recommend Kaiser Permanente Dental to family and friends.<sup>2</sup>



### KEEP THEM SMILING

Invest in dental care for healthy and productive employees.

<sup>1</sup>[www.aaahc.org](http://www.aaahc.org)

<sup>2</sup>According to the Press Ganey survey for January 2019–December 2019.



## 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.



**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 can lead to better oral and total 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 oral and total 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 1 employee and a minimum of 2 members enrolled.



**VISIT US ONLINE**

For more information about our dental plans and services, visit [account.kp.org](https://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](https://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](https://account.kp.org).



## PREVENTAMAX PLANS

### Traditional Dental and Dental Choice

#### 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 \$552 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	\$190	\$1,310	\$1,500
TWO EXAMS	\$0	\$114	\$1,196	\$1,500
ONE SET OF X-RAYS	\$0	\$134	\$1,062	\$1,500
ONE PANORAMIC X-RAY	\$0	\$114	\$948	\$1,500
<b>TOTAL</b>	<b>\$0</b>	<b>\$552</b>	<b>\$948</b>	<b>\$1,500</b>

\*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.



	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 out-of-network providers without a referral, but covers more expenses when members visit Kaiser Permanente providers.
Network	160 dentists in Oregon and Washington.	9,300 dentists in Oregon and Washington (including 160 Kaiser Permanente dentists). 415,000 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.	Varies by plan.
Deductible/ Office Visit	Deductible or office visit copay options available.	Deductible amount varies by plan; no office visit copays.
Benefit Maximum	Annual maximum varies by plan.	Annual maximum varies by plan.
Limitations and Exclusions	Fewer limitations and exclusions.	Industry standard.





We use our dental group, which includes dentists, specialists, and hygienists, to care for members.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup>

## 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 and medical plans work together. Members of our dental plans receive health screenings, including head and neck cancer screenings and blood pressure checks. With our integrated medical and dental electronic health record system, if members need an vaccination or have a health concern, our dental clinics can help them get the care they need.

Several of our dental offices are co-located with a medical office, 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.

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 contact your sales executive or account manager.

<sup>1</sup>Includes contracted community dentists.

<sup>2</sup>[www.aaahc.org](http://www.aaahc.org)

<sup>3</sup>According to the Press Ganey survey for January 2019–December 2019.



## 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.

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

**Adult implant coverage options:** Each plan when purchased with a \$100 annual deductible may be purchased with (or without) adult implant coverage.

**Stand-alone pediatric plans:** Our stand-alone pediatric plans have a \$50 deductible. The deductible amount applies only to the individual child enrolled in the plan; the maximum family deductible is \$150. Additionally, all our pediatric dental plans have a \$350 out-of-pocket maximum per child, with a \$700 maximum per family.

**Pediatric dental coverage:** As part of the Affordable Care Act, pediatric dental coverage for members is required by law. All our medical plans include federally compliant pediatric dental coverage. Please refer to our medical plan summaries for detailed benefit information.

## 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.

	ADULT PLANS				
PLAN NAMES	KP WA Adult Traditional 100 - \$50 Ded/ \$2500 Max KP WA Adult Traditional 100 - \$100 Ded/ \$2500 Max	KP WA Adult Traditional 100 - \$2000 Max KP WA Adult Traditional 100 - \$50 Ded/ \$2000 Max KP WA Adult Traditional 100 - \$100 Ded/ \$2000 Max	KP WA Adult Traditional 100 - \$1500 Max KP WA Adult Traditional 100 - \$50 Ded/ \$1500 Max KP WA Adult Traditional 100 - \$100 Ded/ \$1500 Max	KP WA Adult Traditional 100 - \$1000 Max KP WA Adult Traditional 100 - \$50 Ded/ \$1000 Max KP WA Adult Traditional 100 - \$100 Ded/ \$1000 Max	KP WA Adult Traditional 80 - \$1000 Max KP WA Adult Traditional 80 - \$50 Ded/ \$1000 Max KP WA Adult Traditional 80 - \$100 Ded/ \$1000 Max
<b>ANNUAL BENEFIT MAXIMUM</b>	\$2,500	\$2,000	\$1,500	\$1,000	\$1,000
<b>BENEFITS</b>	Member pays				
<b>OFFICE VISIT COPAY</b> The office visit charge applies to all visits.	\$10	\$10	\$10	\$10	\$10
<b>PREVENTIVE AND DIAGNOSTIC SERVICES*</b> 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%
<b>BASIC RESTORATIVE SERVICES</b> Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%	20%
<b>SIMPLE EXTRACTIONS</b> Simple tooth extractions.	20%	20%	20%	20%	20%
<b>ORAL SURGERY</b> Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	20%	50%	20%
<b>PERIODONTICS</b> Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	20%	50%	20%
<b>ENDODONTICS</b> Root canal and related therapy, including diagnosis and evaluation.	20%	20%	20%	50%	20%
<b>MAJOR RESTORATIVE SERVICES</b> Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%	50%
<b>REMOVABLE PROSTHETIC SERVICES</b> Full and partial dentures, relines, and rebases.	50%	50%	50%	50%	50%
<b>NIGHT GUARDS*</b> Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%	10%
<b>NITROUS OXIDE*</b> For adults 19 and older.	\$25	\$25	\$25	\$25	\$25
<b>EMERGENCY TREATMENT</b> At facilities listed on the back page.	Member pays copays or coinsurance that normally applies.				
<b>EMERGENCY TREATMENT</b> From other providers.	For in-network: \$25 plus deductible, copay, or coinsurance that normally applies for nonemergency dental care services. For out-of-network: deductible, copay, or coinsurance that normally applies 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. These plans cover members age 19 and older.



## Optional adult dental coverage options

### Cosmetic orthodontia

<b>ORTHODONTIC COVERAGE CAN BE ADDED TO ANY OF THESE PLANS:</b>	KP WA Adult Traditional 100 - \$2500 Max + Ortho
	KP WA Adult Traditional 100 - \$2000 Max + Ortho
	KP WA Adult Traditional 100 - \$1500 Max + Ortho
	KP WA Adult Traditional 100 - \$1000 Max + Ortho
	KP WA Adult Traditional 80 - \$1000 Max + Ortho

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 coverage

<b>IMPLANT COVERAGE CAN BE ADDED TO ANY OF THE FOLLOWING PLANS:</b>	KP WA Adult Traditional 100 - \$2500 Max + Implant
	KP WA Adult 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.

### Cosmetic orthodontia + implant coverage

<b>ORTHODONTIC AND IMPLANT COVERAGE CAN BE ADDED TO ANY OF THE FOLLOWING PLANS:</b>	KP WA Adult Traditional 100 - \$2500 Max + Ortho + Implant
	KP WA Adult 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.



## 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 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 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%.

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 contact your sales executive or account manager.



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

**Stand-alone pediatric plans:** Our stand-alone pediatric plans have a \$50 deductible. The deductible amount applies only to the individual child enrolled in the plan; the maximum family deductible is \$150. Additionally, all our pediatric dental plans have a \$350 out-of-pocket maximum per child, with a \$700 maximum per family. The out-of-pocket maximum applies to most in-network services.\*

**Pediatric dental coverage:** As part of the Affordable Care Act, pediatric dental coverage for members is required by law. All our medical plans include federally compliant pediatric dental coverage. Please refer to our medical plan summaries for detailed benefit information. For employer groups that do not have medical plans with us we offer stand-alone pediatric coverage including a cosmetic orthodontia option.

**Hybrid plan:** We offer a unique plan design that covers the preventive, basic, and major services for adults but also includes cosmetic orthodontia for pediatric members as it is not covered under the embedded pediatric dental coverage of the medical plan.

## 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](https://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](https://account.kp.org).

\*See plan descriptions on page 17 for more details.

**DENTAL CHOICE  
PREVENTAMAX  
(PPO) PLANS**



		ADULT ONLY PLANS					
PLAN NAMES	KP WA Adult Choice 100 - \$50 Ded/\$2500 Max KP WA Adult Choice 100 - \$100 Ded/\$2500 Max		KP WA Adult Choice 100 - \$50 Ded/\$2000 Max KP WA Adult Choice 100 - \$100 Ded/\$2000 Max		KP WA Adult Choice 100 - \$50 Ded/\$1500 Max KP WA Adult Choice 100 - \$100 Ded/\$1500 Max		
	NETWORK	IN	OUT	IN	OUT	IN	OUT
<b>ANNUAL BENEFIT MAXIMUM</b>	\$2,500		\$2,000		\$1,500		
<b>BENEFITS</b>	Member pays						
<b>PREVENTIVE AND DIAGNOSTIC SERVICES*</b> 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	
<b>BASIC RESTORATIVE SERVICES</b> Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%	20%	20%	
<b>SIMPLE EXTRACTIONS</b> Simple tooth extractions.	20%	20%	20%	20%	20%	20%	
<b>ORAL SURGERY</b> Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	20%	20%	20%	20%	
<b>PERIODONTICS</b> Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	20%	20%	20%	20%	
<b>ENDODONTICS</b> Root canal and related therapy, including diagnosis and evaluation.	20%	20%	20%	20%	20%	20%	
<b>MAJOR RESTORATIVE SERVICES</b> Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%	50%	50%	
<b>REMOVABLE PROSTHETIC SERVICES</b> Full and partial dentures, relines, and rebases.	50%	50%	50%	50%	50%	50%	
<b>NIGHT GUARDS*</b> Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%	10%	10%	
<b>NITROUS OXIDE*</b> For adults 19 and older.	\$25	\$25	\$25	\$25	\$25	\$25	
<b>EMERGENCY TREATMENT</b>	For in-network: \$25 plus deductible, copay, or coinsurance that normally applies for nonemergency dental care services. For out-of-network: deductible, copay, or coinsurance that normally applies 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. All adult PPO plans cover members 19 and older.



ADULT ONLY PLANS				
PLAN NAMES	<b>KP WA Adult Choice 100 -</b> \$50 Ded/\$1000 Max <b>KP WA Adult Choice 100 -</b> \$100 Ded/\$1000 Max		<b>KP WA Adult Choice 80 -</b> \$50 Ded/\$1000 Max <b>KP WA Adult Choice 80 -</b> \$100 Ded/\$1000 Max	
NETWORK	IN	OUT	IN	OUT
<b>ANNUAL BENEFIT MAXIMUM</b>	\$1,000		\$1,000	
<b>BENEFITS</b>				
<b>PREVENTIVE AND DIAGNOSTIC SERVICES*</b> Oral exams and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	\$0	\$0	20%	20%
<b>BASIC RESTORATIVE SERVICES</b> Routine fillings and plastic and stainless steel crowns.	20%	20%	20%	20%
<b>SIMPLE EXTRACTIONS</b> Simple tooth extractions.	20%	20%	20%	20%
<b>ORAL SURGERY</b> Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	20%	20%
<b>PERIODONTICS</b> Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	20%	20%
<b>ENDODONTICS</b> Root canal and related therapy, including diagnosis and evaluation.	20%	20%	20%	20%
<b>MAJOR RESTORATIVE SERVICES</b> Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%	50%
<b>REMOVABLE PROSTHETIC SERVICES</b> Full and partial dentures, relines, and rebases.	50%	50%	50%	50%
<b>NIGHT GUARDS*</b> Guards that protect teeth from nighttime grinding or clenching.	10%	10%	10%	10%
<b>NITROUS OXIDE*</b> For adults 19 and older.	\$25	\$25	\$25	\$25
<b>EMERGENCY TREATMENT</b>	For in-network: \$25 plus deductible, copay, or coinsurance that normally applies for nonemergency dental care services. For out-of-network: deductible, copay, or coinsurance that normally applies for nonemergency dental care services.			
<b>OPTIONAL DENTAL COVERAGE OPTION</b>				
The lifetime benefit maximum is \$1,500. The member pays 50% of charges up to the orthodontic benefit maximum and then pays 100% thereafter.				
<b>ORTHODONTIC COVERAGE CAN BE ADDED TO ANY OF THESE PLANS</b>	KP WA Adult Choice 100 - \$2500 Max + ortho			
	KP WA Adult Choice 100 - \$2000 Max + ortho			
	KP WA Adult Choice 100 - \$1500 Max + ortho			
	KP WA Adult Choice 100 - \$1000 Max + ortho			
	KP WA Adult 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. All adult PPO plans cover members 19 and older.



		ADULT PLAN (WITH PEDIATRIC COSMETIC ORTHODONTIA)	
<b>PLAN NAMES</b>	<b>KP WA Adult Choice 100 + Child Ortho</b> (\$100 individual/\$300 family [adult only])		
<b>NETWORK</b>	<b>IN</b>	<b>OUT</b>	
<b>ANNUAL BENEFIT MAXIMUM</b>	\$1,500		
<b>OUT-OF-POCKET MAXIMUM</b>	N/A	N/A	
<b>BENEFITS</b>	<b>Member pays</b>		
<b>PREVENTIVE AND DIAGNOSTIC SERVICES<sup>1</sup></b> Oral exams and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	\$0 (adult only)	\$0 (adult only)	
<b>BASIC RESTORATIVE SERVICES</b> Routine fillings and plastic and stainless steel crowns.	20% (adult only)	20% (adult only)	
<b>SIMPLE EXTRACTIONS</b> Simple tooth extractions.	20% (adult only)	20% (adult only)	
<b>ORAL SURGERY</b> Surgical tooth extractions, including diagnosis and evaluation.	20% (adult only)	20% (adult only)	
<b>PERIODONTICS</b> Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing	20% (adult only)	20% (adult only)	
<b>ENDODONTICS</b> Root canal and related therapy, including diagnosis and evaluation.	20% (adult only)	20% (adult only)	
<b>ORTHODONTICS</b>	50% medically necessary ortho 50% for traditional ortho, up to \$1,500 benefit maximum <sup>2</sup>		
<b>MAJOR RESTORATIVE SERVICES</b> Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50% (adult only)	50% (adult only)	
<b>REMOVABLE PROSTHETIC SERVICES</b> Full and partial dentures, relines, and rebases.	50% (adult only)	50% (adult only)	
<b>NIGHT GUARDS<sup>1</sup></b> Guards that protect teeth from nighttime grinding or clenching.	10% (adult only)	10% (adult only)	
<b>NITROUS OXIDE<sup>1</sup></b> For adults 19 and older.	\$25 (adult only)	\$25 (adult only)	
<b>EMERGENCY TREATMENT</b>	For in-network: \$25 plus deductible, copay, or coinsurance that normally applies for nonemergency dental care services. For out-of-network: deductible, copay, or coinsurance that normally applies for nonemergency dental care services.		

<sup>1</sup>Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum.

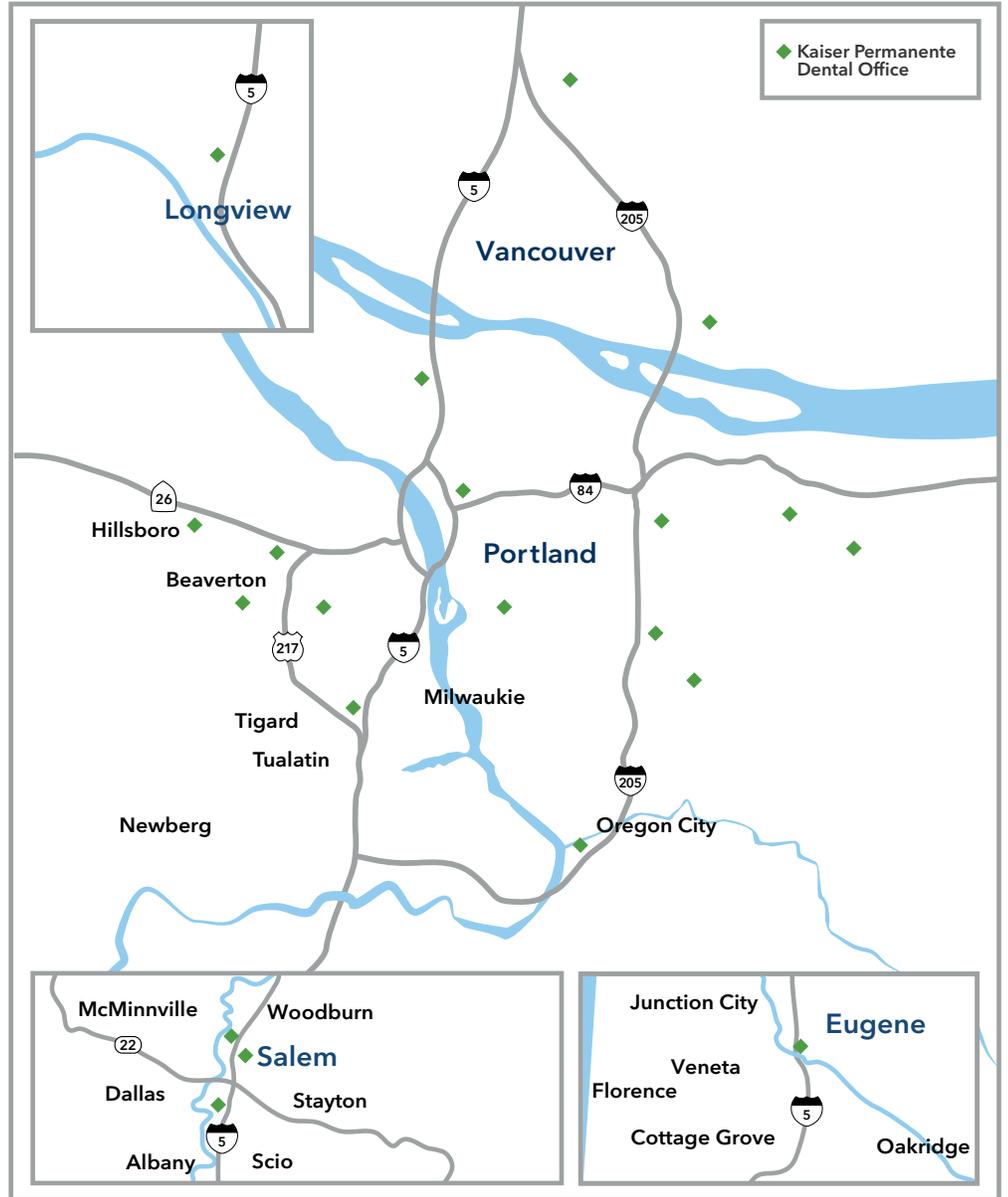
<sup>2</sup>The lifetime benefit maximum is \$1,500. The member pays 50% of charges up to the orthodontic benefit maximum and then pays 100% thereafter.



PEDIATRIC PLANS				
PLAN NAMES	KP WA Choice 100 + Ortho Pediatric Dental Plan (\$50 individual/\$150 family)		KP WA Choice 100 Pediatric Dental Plan (\$50 individual/\$150 family)	
NETWORK	IN	OUT	IN	OUT
<b>ANNUAL BENEFIT MAXIMUM</b>	N/A		N/A	
<b>OUT-OF-POCKET MAXIMUM</b>	\$350 per child/ \$700 per family	N/A	\$350 per child/ \$700 per family	N/A
BENEFITS				
<b>PREVENTIVE AND DIAGNOSTIC SERVICES<sup>1</sup></b> Oral exams and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	\$0		\$0	
<b>BASIC RESTORATIVE SERVICES</b> Routine fillings and plastic and stainless steel crowns.	20%		20%	
<b>SIMPLE EXTRACTIONS</b> Simple tooth extractions.	20%		20%	
<b>ORAL SURGERY</b> Surgical tooth extractions, including diagnosis and evaluation.	20%		20%	
<b>PERIODONTICS</b> Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing	20%		20%	
<b>ENDODONTICS</b> Root canal and related therapy, including diagnosis and evaluation.	20%		20%	
<b>ORTHODONTICS</b>	50% medically necessary ortho 50% for traditional ortho, up to \$1,500 benefit maximum <sup>2</sup>		50% medically necessary only	
<b>MAJOR RESTORATIVE SERVICES</b> Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%		50%	
<b>REMOVABLE PROSTHETIC SERVICES</b> Full and partial dentures, relines, and rebases.	50%		50%	
<b>NIGHT GUARDS<sup>1</sup></b> Guards that protect teeth from nighttime grinding or clenching.	10%		10%	
<b>NITROUS OXIDE<sup>1</sup></b> For adults 19 and older.	\$25 - 13 and older \$0 - 12 and under		\$25 - 13 and older \$0 - 12 and under	
<b>EMERGENCY TREATMENT</b>	For in-network: \$25 plus deductible, copay, or coinsurance that normally applies for nonemergency dental care services. For out-of-network: deductible, copay, or coinsurance that normally applies for nonemergency dental care services.			

<sup>1</sup>Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum.

<sup>2</sup>The lifetime benefit maximum is \$1,500. The member pays 50% of charges up to the orthodontic benefit maximum and then pays 100% thereafter.



Facility information is current as of July 2020. For up-to-date information, please visit [kp.org/facilities](https://kp.org/facilities).



## Dental facilities

### Portland-area dental offices

- ◆ Aloha Dental Office  
17675 SW Tualatin Valley Hwy.  
Beaverton, OR 97003
- ◆ Beaverton Dental Office\*  
4855 SW Western Ave.  
Beaverton, OR 97005
- ◆ Cedar Hills Dental Office\*  
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 Office  
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\*  
10315 NE Tanasbourne Drive  
Hillsboro, OR 97124
- ◆ Tigard Dental Office  
7105 SW Hampton St.  
Tigard, OR 97223

### Vancouver-area dental offices

- ◆ Cascade Park Dental Office\*  
12711 SE Mill Plain Blvd.  
Vancouver, WA 98684
- ◆ Salmon Creek Dental Office\*  
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 Office\*  
2300 Lancaster Drive NE  
Salem, OR 97305
- ◆ Skyline Dental Office\*  
5135 Skyline Road S.  
Salem, OR 97306

### Longview-area dental office

- ◆ Longview-Kelso Dental Office\*  
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.

\*These facilities are co-located with a medical facility.

[account.kp.org](https://account.kp.org)

