



OREGON
2022

For Oregon groups with 1-50 employees

Dental Product Portfolio

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?¹

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 appointment²
- Managing their care seamlessly and efficiently on kp.org and the Kaiser Permanente app³

For more information about medical plans, visit 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.

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

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

³To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.



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).¹ 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.²

¹www.aaahc.org

²According to the Press Ganey survey for January 2020–December 2020.

³When you get care at Kaiser Permanente Dental facilities.

⁴Email capability is available for members with both Kaiser Permanente medical and dental coverage who are registered on kp.org. To use the Kaiser Permanente app, you must be a member registered on kp.org.

⁵When appropriate and available. For high deductible health plan members, phone and video appointments are subject to your plan's annual deductible. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device.



CONNECT TO DENTAL CARE, ANYTIME, ANYWHERE

We offer virtual dentistry, which allows members to get care with no copay and is fully integrated with their entire care team and electronic health record.³

Virtual dental options include:

- 24/7 telephone advice
- Emails through the Kaiser Permanente app or **kp.org** for nonurgent issues⁴
- Telephone or video appointments (after an initial assessment)⁵

To learn more, visit **kp.org/dental**.



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 to groups with 1 to 50 employees and a minimum of 2 members enrolled. Minimum enrollment exceptions apply to voluntary dental plans as described below.

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 new 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 165 dentists, we offer a PPO plan that allows members to choose from more than 9,300 dentists in Oregon and Washington, including more than 415,000 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.

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



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.



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 \$552 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	\$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
TOTAL	\$0	\$552	\$948	\$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 contact your sales executive or account manager.

*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.



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.¹

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.



We use our dental group, which includes dentists, specialists, and hygienists, to care for members.² 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.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 contact your sales executive or account manager.

¹When you have both Kaiser Permanente medical and dental coverage. Medical services are available at select dental locations.

²Includes contracted community dentists.

³www.aaahc.org

⁴According to the Press Ganey survey for January 2020–December 2020.



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

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.

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



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.	\$375 per member/ \$750 per family	\$375 per member/ \$750 per family
BENEFITS	Member pays	
OFFICE VISIT COPAY 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: \$25 plus 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 - \$100 Ded/\$1000 Max KP OR Family Traditional 100 - \$50 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.	\$375 per member/ \$750 per family	\$375 per member/ \$750 per family	\$375 per member/ \$750 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: \$25 plus 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.

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.

**TRADITIONAL
PREVENTAMAX DENTAL**
FAMILY VOLUNTARY
PLANS



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.	\$375 per member/ \$750 per family	\$375 per member/ \$750 per family	\$375 per member/ \$750 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: \$25 plus 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.



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.	\$375 per member/ \$750 per family	\$375 per member/ \$750 per family	\$375 per member/ \$750 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: \$25 plus 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 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 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.



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. 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 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)**
FAMILY PLANS



		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.	\$375 per member/ \$750 per family	NA	\$375 per member/ \$750 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: \$25 plus the cost shares that normally apply for nonemergency dental care services. For 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.



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.	\$375 per member/ \$750 per family	NA	\$375 per member/ \$750 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: \$25 plus the cost shares that normally apply for nonemergency dental care services. For out-of-network: the cost shares that normally apply for nonemergency dental care services.			

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

*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 VOLUNTARY
PLANS



PLAN NAMES	FAMILY VOLUNTARY PLANS					
	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.	\$375 per member/ \$750 per family	NA	\$375 per member/ \$750 per family	NA	\$375 per member/ \$750 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: \$25 plus the cost shares that normally apply for nonemergency dental care services. For out-of-network: the cost shares that normally apply for nonemergency dental care services.					

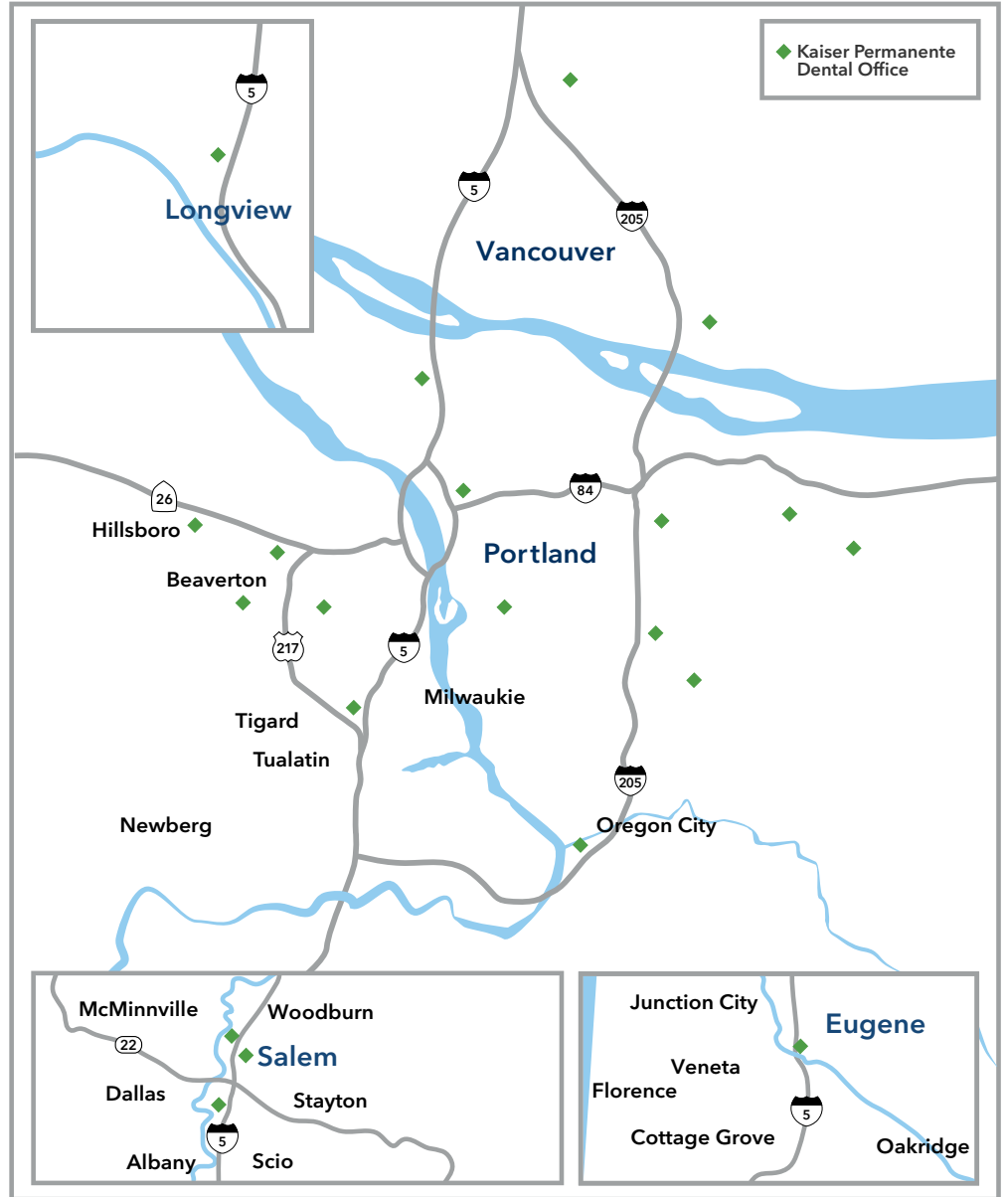
*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum.



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	\$375 per child/ \$750 per family		\$375 per child/ \$750 per family		\$375 per child/ \$750 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: \$25 plus the cost shares that normally apply for nonemergency dental care services. For 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



Facility information is current as of July 2021. For up-to-date information, please visit kp.org/facilities.



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.

¹These facilities are co-located with a medical facility.

²These offices have a nurse on staff for added convenience.

kp.org/dental

