



C E L E B R A T I N G

50

YEARS OF  
HEALTHY  
SMILES



WASHINGTON  
2025

For Clark or Cowlitz County groups  
with 1-50 employees

# Dental Product Portfolio

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



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



CELEBRATING

50 YEARS OF HEALTHY SMILES



Our highly integrated care team approach has been helping our members smile for 50 years, with dental care seamlessly connected to their medical care. Plus, with innovative features like the Kaiser Permanente app, teledentistry, nurses embedded in many of our dental offices, express check-in, Fast Pass, and more, we're helping our members save valuable time and manage their dental health more conveniently.<sup>1</sup>

Shared health records mean our dentists see when members are due for medical screenings and can help schedule their appointments right away, which can lead to early detection if there's a problem. And if members need services like an immunization, we can often take care of it during their dental visit, allowing them to save time and hassle.<sup>2</sup>

### High-quality, member-focused care

Did you know that oral health is connected to overall health?

- An infection in the mouth may trigger up to 50% of heart attacks.<sup>2</sup>
- Gum disease can increase colorectal cancer risk by almost 50%.<sup>3</sup>
- Gum disease can increase the risk of early labor by 45%.<sup>4</sup>

### Proactive philosophy

We know that poor dental health can lead to serious medical conditions, such as heart disease, cancer, diabetes, pregnancy complications, and more, which can be more expensive to treat down the road. So we focus on proactively identifying and taking care of any dental issues before they become more difficult to treat, and we cover a range of preventive services beyond routine cleanings, such as fluoride treatments and sealants to help keep members' teeth and gums healthy. This can help keep your employees healthier and more productive while keeping costs down for your business.

### Total health solution

Our medical and dental teams work as one to help protect the total health of our members. At Kaiser Permanente, you'll find dentists and hygienists who are highly skilled, knowledgeable, and passionate about what they do. They work with each of our members individually to create personalized treatment plans that follow evidence-based approaches.

<sup>1</sup>When appropriate and available. These features apply to care you get at Kaiser Permanente dental facilities. <sup>2</sup>According to the American Heart Association, <https://www.heart.org/en/news/2018/11/28/infections-may-be-a-trigger-for-heart-attack-stroke>. <sup>3</sup>According to the American Association for Cancer Research, <https://aacrjournals.org/cancerpreventionresearch/article/13/8/699/47350/Periodontal-Disease-Tooth-Loss-and-Risk-of>. <sup>4</sup>According to the Oral Health Foundation, <https://www.dentalhealth.org/news/study-highlights-link-between-gum-disease-and-premature-labour>.



KAISER PERMANENTE DENTIST	NON-KAISER PERMANENTE DENTIST
✓ General Dentistry	✓
✓ Special Dental Care	✓
✓ Teledentistry	✓
✓ Preventive Medical Care <sup>1</sup>	✗
✓ Diabetes Care Management	✗
✓ Tobacco Cessation	✗
✓ Cancer Screenings	✗

## How we put our members' needs first

### Freedom to choose

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

### More convenience

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

## Higher standards

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



### Dental + Medical: A BUSINESS BOOST

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

<sup>1</sup>Medical services are available at select dental locations. You must be enrolled in a Kaiser Permanente medical plan to receive medical care. <sup>2</sup>aaahc.org. <sup>3</sup>Kaiser Permanente Center for Health Research, Comparison of HEDIS Outcomes Among Dental/Medical vs. Medical Only Population, 2013.



### Innovation + easy access

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



#### Teledentistry

Options such as phone and email help employees access care when — and where — it's convenient, all with no copay and less time off the clock.<sup>1,2,3</sup>



#### Online appointments

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



#### Express check-in

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



#### Fast Pass

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

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



## Some terms you should know

### Annual benefit maximum:

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

### Annual deductible:

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

### Annual out-of-pocket maximum:

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

### Coinsurance:

A percentage of charges a member pays for covered services.

### Copay:

A specific dollar amount a member pays for covered services.

### PPO:

Preferred provider organization.

### Usual and customary charge:

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

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

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





## Find the right dental plan for your business

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

### Traditional plans\*

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

### Dental Choice (PPO) plans\*

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

### Voluntary plans

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

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



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

### Administrative ease

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

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

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



## PreventaMax dental

### A proactive approach to prevention

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

This innovative plan design eliminates the administrative hassles of tracking rollover dollars and benefits, managing savings accounts, or waiting until the next plan year to receive benefits. In the example below, PreventaMax members have an extra \$726 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	\$270	\$1,230	\$1,500
TWO EXAMS	\$0	\$148	\$1,082	\$1,500
ONE SET OF X-RAYS	\$0	\$157	\$925	\$1,500
ONE PANORAMIC X-RAY	\$0	\$151	\$774	\$1,500
<b>TOTAL</b>	<b>\$0</b>	<b>\$726</b>	<b>\$774</b>	<b>\$1,500</b>

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

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





## Voluntary dental

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

### Why offer Kaiser Permanente’s Voluntary dental plans?

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

### Plan requirements

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

### Did you know?

Our online dental directory allows members to view biographies of our dentists and specialists throughout the area. Visit [kp.org/dental/nw/directory](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**.



### Visit us online

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



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



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

### Personalized care

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

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

### Coordinated and comprehensive care

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

We use our dental group, which includes dentists, specialists, and hygienists, to care for members.<sup>2</sup> For more than 3 decades, we've earned the highest level of accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC). In fact, Kaiser Permanente is 1 of only 5 dental practices in the nation accredited as a dental home by the AAAHC. We are the first and only in the Northwest to achieve this distinction.<sup>3</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>4</sup>

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

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

<sup>2</sup>Includes contracted community dentists. <sup>3</sup>[www.aaahc.org](https://www.aaahc.org). <sup>4</sup>According to the Press Ganey survey for January 2023–December 2023.



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

**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.

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





**TRADITIONAL PREVENTAMAX  
DENTAL ADULT PLANS**

	ADULT PLANS	
<b>PLAN NAMES</b>	KP WA Adult Traditional – \$3000/\$50 Ded  KP WA Adult Traditional – \$3000/\$100 Ded	KP WA Adult Traditional – \$2500/\$50 Ded  KP WA Adult Traditional – \$2500/\$100 Ded
<b>ANNUAL BENEFIT MAXIMUM</b>	\$3,000	\$2,500
<b>BENEFITS</b>	Member pays	
<b>OFFICE VISIT COPAY</b> The office visit charge applies to all visits.	\$10	\$10
<b>PREVENTIVE AND DIAGNOSTIC SERVICES*</b> Oral exam 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 extraction.	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>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*</b> Guards that protect teeth from nighttime grinding or clenching.	35%	35%
<b>NITROUS OXIDE*</b>	\$25	\$25
<b>EMERGENCY TREATMENT</b>	For in-network: 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, plus amounts that exceed usual and customary charges for qualifying claims.	

\*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum. Night guards are limited to 1 every 5 years (applicable to members 19 and older).

These plans cover members age 19 and older.



	ADULT PLANS		
<b>PLAN NAMES</b>	KP WA Adult Traditional – \$2000 KP WA Adult Traditional – \$2000/\$50 Ded KP WA Adult Traditional – \$2000/\$100 Ded	KP WA Adult Traditional – \$1500 KP WA Adult Traditional – \$1500/\$50 Ded KP WA Adult Traditional – \$1500/\$100 Ded	KP WA Adult Traditional – \$1000 KP WA Adult Traditional – \$1000/\$50 Ded KP WA Adult Traditional – \$1000/\$100 Ded
<b>ANNUAL BENEFIT MAXIMUM</b>	\$2,000	\$1,500	\$1,000
<b>BENEFITS</b>	Member pays		
<b>OFFICE VISIT COPAY</b> The office visit charge applies to all visits.	\$10	\$10	\$10
<b>PREVENTIVE AND DIAGNOSTIC SERVICES*</b> Oral exam and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%	0%
<b>BASIC RESTORATIVE SERVICES</b> Routine fillings and plastic and stainless steel crowns.	20%	20%	20%
<b>SIMPLE EXTRACTIONS</b> Simple tooth extraction.	20%	20%	20%
<b>ORAL SURGERY</b> Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	50%
<b>PERIODONTICS</b> Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	50%
<b>ENDODONTICS</b> Root canal and related therapy, including diagnosis and evaluation.	20%	20%	50%
<b>MAJOR RESTORATIVE SERVICES</b> Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%
<b>REMOVABLE PROSTHETIC SERVICES</b> Full and partial dentures, relines, and rebases.	50%	50%	50%
<b>NIGHT GUARDS*</b> Guards that protect teeth from nighttime grinding or clenching.	35%	35%	35%
<b>NITROUS OXIDE*</b>	\$25	\$25	\$25
<b>EMERGENCY TREATMENT</b>	For in-network: 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, plus amounts that exceed usual and customary charges for qualifying claims.		

\*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum. Night guards are limited to 1 every 5 years (applicable to members 19 and older).

These plans cover members age 19 and older.



## Optional adult dental coverage additions

### Cosmetic orthodontia

Orthodontic coverage can be added to any of these plans (when purchased with a \$100 annual deductible):	KP WA Adult Traditional – \$3000/\$100 Ded + Ortho
	KP WA Adult Traditional – \$2500/\$100 Ded + Ortho
	KP WA Adult Traditional – \$2000/\$100 Ded + Ortho
	KP WA Adult Traditional – \$1500/\$100 Ded + Ortho
	KP WA Adult Traditional – \$1000/\$100 Ded + 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 WA Adult Traditional – \$3000/\$100 Ded + Implants
	KP WA Adult Traditional – \$2500/\$100 Ded + Implants
	KP WA Adult Traditional – \$2000/\$100 Ded + Implants
Implant lifetime maximum of 4 implants. The member pays 50% of charges up to the plan annual benefit maximum and then pays 100% thereafter.	
Implant coverage is only available to members 19 and older.	

### 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 WA Adult Traditional – \$3000/\$100 Ded + Ortho + Implants
	KP WA Adult Traditional – \$2500/\$100 Ded + Ortho + Implants
	KP WA Adult Traditional – \$2000/\$100 Ded + Ortho + Implants
Orthodontic lifetime benefit maximum is \$1,500. The member pays 50% of charges up to the orthodontic benefit maximum and then pays 100% thereafter.	
Implant lifetime maximum of 4 implants. The member pays 50% of charges up to the plan annual benefit maximum and then pays 100% thereafter.	
Implant coverage is only available to members 19 and older.	



PLAN NAMES	ADULT VOLUNTARY PLANS		
	KP WA Adult Traditional – \$2000/\$50 Ded – Voluntary	KP WA Adult Traditional – \$1500/\$50 Ded – Voluntary	KP WA Adult Traditional – \$1000/\$50 Ded – Voluntary
<b>ANNUAL BENEFIT MAXIMUM</b>	\$2,000	\$1,500	\$1,000
<b>BENEFITS</b>	<b>Member pays</b>		
<b>OFFICE VISIT COPAY</b> The office visit charge applies to all visits.	\$10	\$10	\$10
<b>PREVENTIVE AND DIAGNOSTIC SERVICES*</b> Oral exam and X-rays, cleaning (prophylaxis), fluoride treatments, instructions in the care of teeth and gums, and prescribed space maintainers.	0%	0%	0%
<b>BASIC RESTORATIVE SERVICES</b> Routine fillings and plastic and stainless steel crowns.	20%	20%	20%
<b>SIMPLE EXTRACTIONS</b> Simple tooth extraction.	20%	20%	20%
<b>ORAL SURGERY</b> Surgical tooth extractions, including diagnosis and evaluation.	20%	20%	50%
<b>PERIODONTICS</b> Diagnosis, evaluation, and treatment of gum disease, including scaling and root planing.	20%	20%	50%
<b>ENDODONTICS</b> Root canal and related therapy, including diagnosis and evaluation.	20%	20%	50%
<b>MAJOR RESTORATIVE SERVICES</b> Gold or porcelain crowns, inlays, bridge abutments, and pontics.	50%	50%	50%
<b>REMOVABLE PROSTHETIC SERVICES</b> Full and partial dentures, relines, and rebases.	50%	50%	50%
<b>NIGHT GUARDS*</b> Guards that protect teeth from nighttime grinding or clenching.	35%	35%	35%
<b>NITROUS OXIDE*</b>	\$25	\$25	\$25
<b>EMERGENCY TREATMENT</b>	For in-network: 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, plus amounts that exceed usual and customary charges for qualifying claims.		

\*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum. Night guards are limited to 1 every 5 years (applicable to members 19 and older).

These plans cover members age 19 and older.



## 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 network of more than 440,000 dentists. It includes more than 9,500 dentists in Washington and Oregon, including our own Permanente Dental Associates.

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

### **PPO purchasing power**

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

Dental Choice covers a percentage of these already low fees:

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

When members see a nonparticipating dentist:

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

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





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

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

**Stand-alone pediatric plans:** 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 \$425 out-of-pocket maximum per child, with an \$850 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 6927  
Columbia, SC 29260

## 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 7 a.m. to 7 p.m. Pacific time, Monday through Friday, at **1-866-653-0338** (toll-free). For more information about our dental plans and services, visit [business.kp.org](https://business.kp.org).



\*See plan descriptions on page 23 for more details.



## DENTAL CHOICE PREVENTAMAX (PPO) ADULT PLANS

	ADULT PLANS			
PLAN NAMES	KP WA Adult Choice – \$2500/\$50 Ded KP WA Adult Choice – \$2500/\$100 Ded		KP WA Adult Choice – \$2000/\$50 Ded KP WA Adult Choice – \$2000/\$100 Ded	
	IN	OUT	IN	OUT
ANNUAL BENEFIT MAXIMUM	\$2,500		\$2,000	
BENEFITS	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%
<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.	35%	35%	35%	35%
<b>NITROUS OXIDE*</b>	\$25	\$25	\$25	\$25
<b>EMERGENCY TREATMENT</b>	For in-network and out-of-network: the cost shares that normally apply for nonemergency dental care services.			

\*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum. Night guards are limited to 1 every 5 years (applicable to members 19 and older).

All adult PPO plans cover members 19 and older.



	ADULT PLANS			
PLAN NAMES	KP WA Adult Choice – \$1500/\$50 Ded KP WA Adult Choice – \$1500/\$100 Ded		KP WA Adult Choice – \$1000/\$50 Ded KP WA Adult Choice – \$1000/\$100 Ded	
	IN	OUT	IN	OUT
<b>ANNUAL BENEFIT MAXIMUM</b>	\$1,500		\$1,000	
BENEFITS	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%
<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.	35%	35%	35%	35%
<b>NITROUS OXIDE*</b>	\$25	\$25	\$25	\$25
<b>EMERGENCY TREATMENT</b>	For in-network and out-of-network: the cost shares that normally apply for nonemergency dental care services.			

\*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum. Night guards are limited to 1 every 5 years (applicable to members 19 and older).

All adult PPO plans cover members 19 and older.



## DENTAL CHOICE PREVENTAMAX (PPO) ADULT PLANS

### Optional dental coverage additions

#### Orthodontic coverage

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

#### Implant coverage

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

#### Orthodontic + implant coverage

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



ADULT PLAN (WITH PEDIATRIC COSMETIC ORTHODONTIA)		
PLAN NAME	KP WA Adult Choice + Child-Only Ortho	
NETWORK	IN	OUT
<b>ANNUAL BENEFIT MAXIMUM</b> 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	
BENEFITS <sup>1</sup>	Member pays	
<b>PREVENTIVE AND DIAGNOSTIC SERVICES<sup>2</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>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>ORTHODONTIC TREATMENT</b> For abnormally aligned or positioned teeth. <sup>3</sup>	50% up to \$1,500 lifetime benefit maximum	50% up to \$1,500 lifetime benefit maximum
<b>NIGHT GUARDS<sup>2</sup></b> Guards that protect teeth from nighttime grinding or clenching.	35%	35%
<b>NITROUS OXIDE<sup>2</sup></b>	\$25	\$25
<b>EMERGENCY TREATMENT</b>	For in-network and out-of-network: the cost shares that normally apply for nonemergency dental care services.	

<sup>1</sup>All benefits listed, with the exception of orthodontics, apply to adults only. <sup>2</sup>Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum. Night guards are limited to 1 every 5 years (applicable to members 19 and older). <sup>3</sup>Orthodontic treatment for members up to 19 years of age.

All adult PPO plans cover members 19 and older.



## DENTAL CHOICE PREVENTAMAX (PPO) ADULT VOLUNTARY PLANS

	ADULT VOLUNTARY PLANS					
PLAN NAMES	KP WA Adult Choice – \$2000/\$50 Ded – Voluntary		KP WA Adult Choice – \$1500/\$50 Ded – Voluntary		KP WA Adult Choice – \$1000/\$50 Ded – Voluntary	
NETWORK	IN	OUT	IN	OUT	IN	OUT
<b>ANNUAL BENEFIT MAXIMUM</b>	\$2,000		\$1,500		\$1,000	
<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.	35%	35%	35%	35%	35%	35%
<b>NITROUS OXIDE*</b>	\$25	\$25	\$25	\$25	\$25	\$25
<b>EMERGENCY TREATMENT</b>	For in-network and out-of-network: the cost shares that normally apply for nonemergency dental care services.					

\*Preventive and diagnostic services, night guards, and nitrous oxide services do not apply to the deductible nor count toward the annual benefit maximum. Night guards are limited to 1 every 5 years (applicable to members 19 and older).

All adult PPO plans cover members 19 and older.

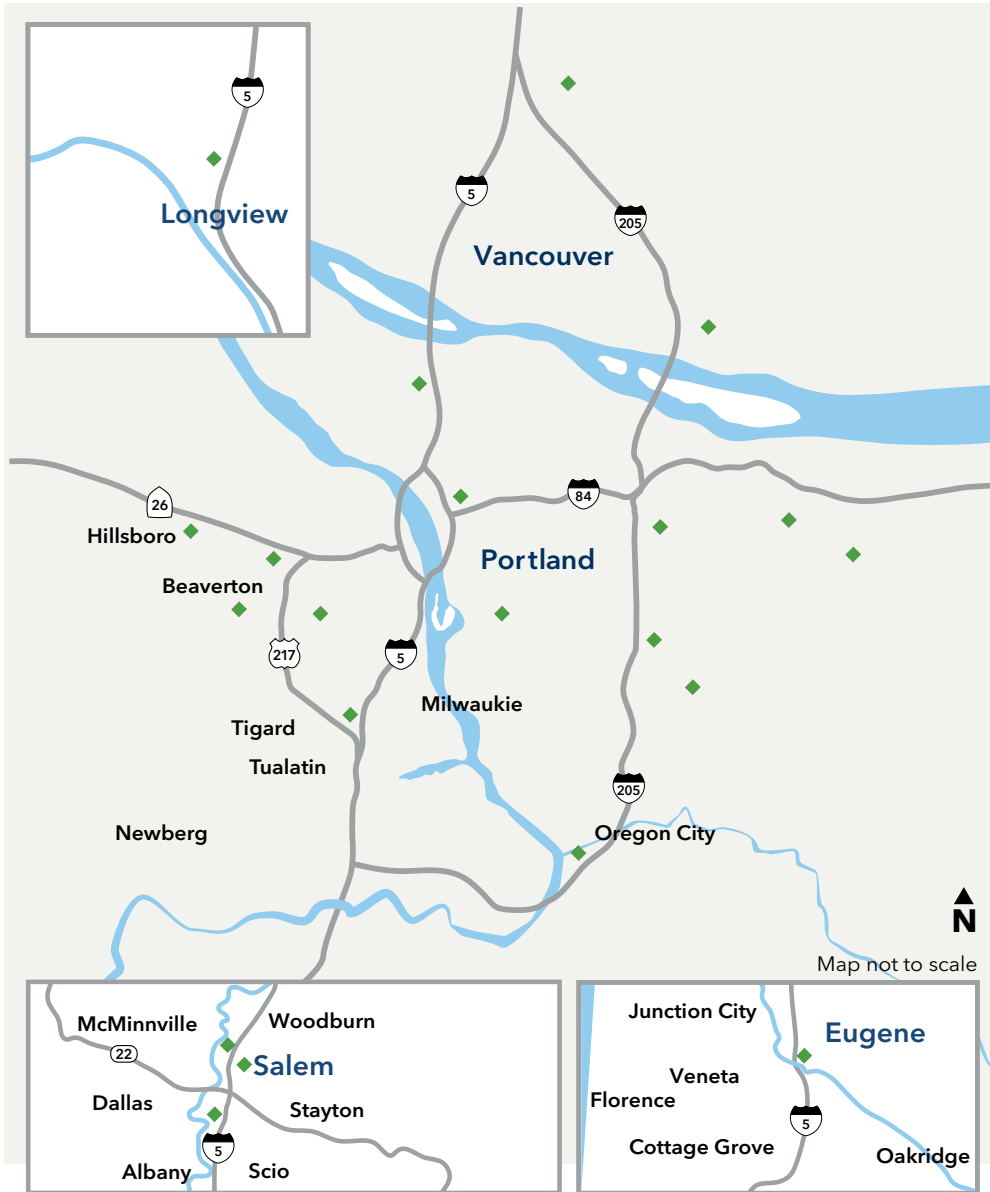


	PEDIATRIC PLANS			
PLAN NAMES	KP WA Pediatric Choice Dental Plan (\$50 individual/\$150 family)		KP WA Pediatric Choice + Ortho Dental Plan (\$50 individual/\$150 family)	
NETWORK	IN	OUT	IN	OUT
<b>OUT-OF-POCKET MAXIMUM</b>	\$425 per member/ \$850 per family	NA	\$425 per member/ \$850 per family	NA
<b>BENEFITS</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%
<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>MEDICALLY NECESSARY ORTHODONTICS</b> Diagnosis of cleft palate/lip.	50%	50%	50%	50%
<b>ORTHODONTIC TREATMENT</b> For abnormally aligned or positioned teeth.*	Not covered	Not covered	50% up to \$1,500 lifetime benefit maximum	50% up to \$1,500 lifetime benefit maximum
<b>NIGHT GUARDS</b> Guards that protect teeth from nighttime grinding or clenching.	35%	35%	35%	35%
<b>NITROUS OXIDE</b>	\$25	\$25	\$25	\$25
<b>EMERGENCY TREATMENT</b>	For in-network and out-of-network: the cost shares that normally apply for nonemergency dental care services.			

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




# DENTAL FACILITY LOCATIONS



◆ Kaiser Permanente Dental Office

Go to [kp.org/dental/nw/directory](https://kp.org/dental/nw/directory) to see all our current locations and to find the facility closest to you.



Facility information is current as of August 2024.





## Dental facilities

### Portland-area dental offices

- ◆ Aloha Dental Office  
17675 SW Tualatin Valley Hwy.  
Beaverton, OR 97003
- ◆ Beaverton Dental Office<sup>1,2</sup>  
4855 SW Western Ave.  
Beaverton, OR 97005
- ◆ Cedar Hills Dental Office<sup>1,2</sup>  
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<sup>2</sup>  
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<sup>1,2</sup>  
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<sup>1</sup>  
12711 SE Mill Plain Blvd.  
Vancouver, WA 98684
- ◆ Salmon Creek Dental Office<sup>1</sup>  
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<sup>1</sup>  
2300 Lancaster Drive NE  
Salem, OR 97305
- ◆ Skyline Dental Office<sup>1</sup>  
5135 Skyline Road S.  
Salem, OR 97306

### Longview-area dental office

- ◆ Longview-Kelso Dental Office<sup>1</sup>  
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.

[business.kp.org](https://business.kp.org)  
**1-877-813-7295**

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





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



Information in this brochure was accurate at the time of production.  
Details may have changed since publication.

