

# Dental and vision coverage

With our Kaiser Permanente for Individuals and Families dental plans and vision coverage, you can get the benefits you need and the high quality of care you've come to expect. There is no waiting period – you'll be eligible to start receiving covered services the minute your coverage takes effect.

## Quality dental care

Combining dental coverage with our medical coverage is a great way to experience Kaiser Permanente's uniquely coordinated approach to care. Save a trip – and often a copay – by taking care of minor medical needs, like flu shots or vaccinations, during your dental appointment.\* Plus, your dentist can view your electronic health record to see if you're due for a screening, lab test, or follow-up appointment. Our dental and medical teams work together to help support your total health, giving you another reason to smile.

### Choice

You'll have your first appointment with a dentist and dental hygienist at the location that works best for you. After that, you can choose to keep them as your providers, or request to be transferred. You can change your dentist or dental hygienist at any time.

### Convenience

We have 21 dental offices in the Portland metro area, southwest Washington, Longview, Salem, and Eugene, so there's sure to be one near you. Our dental group includes pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists.

### Quality

Our dental professionals exceed national standards. Since 1990, we've received accreditation from the Accreditation Association for Ambulatory Health Care (AAAH). Right now, we're the only dental practice in the Pacific Northwest with

AAAH accreditation.†

### How to make appointments

Our dental offices are open Monday through Friday, with Saturday hours for hygienist services and emergencies at most locations. To schedule a visit, call our Appointment Center at **1-800-813-2000** (TTY **711**) from 8 a.m. to 6 p.m., Monday through Friday (closed major holidays).

For more information, visit [kp.org/dental/nw](https://kp.org/dental/nw).

## Vision essentials

We offer eye care services to help keep your world in focus. Plus, when you're a Kaiser Foundation Health Plan of the Northwest member, your eye health information becomes part of your overall medical record, giving your care team a complete picture of your health.

The WA Gold 0/20, WA Gold 0/20 with Pediatric Dental, WA Gold 2000/30, WA Gold 2000/30 with Pediatric Dental, WA Silver 2500/40, WA Silver 2500/40 with Pediatric Dental, WA Silver 2500/40 73% CSR, WA Silver 2500/40 87% CSR, and WA Silver 2500/40 94% CSR plans have adult vision exams included. All plans include medically necessary eye exams, pediatric vision exams for children 18 and younger, as well as glasses or contact lenses for children, usually at no additional cost.‡ For more information, including our 10 optical locations, visit [kp2020.org](https://kp2020.org).

\* Medical services aren't available at all dental locations. You must be a Kaiser Permanente medical member to get medical care.

† Source: [https://eweb.aaahc.org/eweb/dynamicpage.aspx?site=aaahc\\_site&webcode=find\\_orgs](https://eweb.aaahc.org/eweb/dynamicpage.aspx?site=aaahc_site&webcode=find_orgs)

‡ Vision hardware must be prescribed and purchased at a Kaiser Permanente Optical Center, and there is no additional charge when selected from a list of standard frames.

# Dental benefit highlights and rates

These plans are only available from Kaiser Permanente outside of Washington Healthplanfinder.

	<b>KP</b> KP WA Dental 100 Adult (19 or older)	<b>KP</b> KP WA Dental 80 Adult (19 or older)
<b>Features</b>		
Benefit maximum	\$1,000	No maximum
Deductible (individual/family)	\$50/\$150	\$100/\$300
<b>Benefits (subject to deductible unless otherwise noted)</b>		
Preventive and diagnostic services	No charge (not subject to deductible)	20% coinsurance (not subject to deductible)
Basic restorative services	20%	50%
Oral surgery, endodontics, and periodontics	50%	50%
Major restorative services	50%	50%

These plans fulfill the pediatric dental coverage requirement for children 18 and younger.

	<b>E</b> KP WA Pediatric Dental 100* Children (18 and younger)	<b>KP</b> KPIF WA Pediatric Dental Benefits 1† Children (18 and younger)	<b>KP</b> KPIF WA Pediatric Dental Benefits 2** Children (18 and younger)
<b>Features</b>			
Benefit maximum	No maximum	No maximum	No maximum
Deductible (individual/family)	\$50/\$150	None	Subject to medical deductible
Out-of-pocket maximum (individual/family)	\$375/\$750	Subject to medical out-of-pocket max	Subject to medical out-of-pocket max
<b>Benefits (subject to deductible unless otherwise noted)</b>			
Preventive and diagnostic services	0% (not subject to deductible)	0% (not subject to deductible)	0% (not subject to deductible)
Basic restorative services	20%	50%	50%
Oral surgery, endodontics, and periodontics	50%	50%	50%
Major restorative services	50%	50%	50%

Monthly rates			
Age on 2022 effective date	KP WA Dental 100	KP WA Dental 80	KP WA Pediatric Dental 100
0-18	-	-	\$27.24
19-29	\$28.86	\$27.00	-
30-34	30.57	28.60	-
35-39	31.95	29.89	-
40-44	35.29	33.02	-
45-49	39.30	36.77	-
50-54	42.15	39.43	-
55-59	45.73	42.78	-
60+	47.06	44.02	-

Preventive and diagnostic services do not count towards the deductible.

\*On the KP WA Pediatric Dental 100 plan, periodontics are 20% coinsurance.

†These benefits are included with all non-HSA medical plans purchased directly from Kaiser Permanente.

\*\*These benefits are included with all HSA medical plans purchased directly from Kaiser Permanente. The KP WA Bronze \$6,900/0% HSA plan has no additional out-of-pocket charges.

This brochure provides summaries of various plans and is not a contract. Dental plan details are provided in your *Evidence of Coverage*.

For specific plan information about dental plans, see the following forms: *EWIDDEDADULTDNT0122* and *EWIDDEDPEDDNT0122-Evidence of Coverage*; *BWIDDEDADULTDNT800122*, *BWIDDEDADULTDNT1000122*, and *BWIDDEDPEDDNT1000122-Benefit Summaries*; *FSWIDADULTDNT1000122*, *FSWIDADULTDNT800122* and *FSWIDPEDDNT1000122-Face Sheet*.