

# Dental and vision coverage

With our Kaiser Permanente for Individuals and Families dental plans and vision coverage, you 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 (AAAHC). Right now, we're the only dental practice in the Pacific Northwest with AAAHC 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.

Adult vision exams are included in our Gold plans (except Oregon Standard), KP OR Silver 750/30 X, KP OR Silver 750/30, KP OR 3500/40 X, and the KP OR Silver 3500/40 plan. CSR plans for plans listed above 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 are available at select 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 Plans

	KP OR Dental 100		KP OR Dental 80H		KP OR Dental 80L	
	Child (18 or younger)	Adult (19 or older)	Child (18 or younger)	Adult (19 or older)	Child (18 or younger)	Adult (19 or older)
<b>Features</b>						
<b>Benefit maximum</b>	Does not apply	\$1,000	Does not apply	\$1,000	Does not apply	No maximum
<b>Out-of-pocket maximum (individual/family)</b>	\$375/\$750	Does not apply	\$375/\$750	Does not apply	\$375/\$750	Does not apply
<b>Deductible (individual/family)</b>	\$50/\$150	\$50/\$150	\$0	\$0	\$100/\$300	\$100/\$300
<b>Benefits (subject to deductible unless otherwise noted)</b>						
<b>Preventive and diagnostic services</b>	0% (not subject to deductible)		20% coinsurance (not subject to deductible)		20% coinsurance (not subject to deductible)	
<b>Basic restorative services</b>	20% coinsurance		75% coinsurance		50% coinsurance	
<b>Oral surgery, endodontics, and periodontics</b>	20% coinsurance		75% coinsurance		50% coinsurance	
<b>Major restorative services</b>	50% coinsurance		75% coinsurance		50% coinsurance	

<b>Monthly rates</b>			
Age on 2023 effective date	KP OR Dental 100	KP OR Dental 80H	KP OR Dental 80L
<19	\$34.64	\$22.34	\$26.47
19-29	38.46	26.24	34.19
30-34	40.56	27.67	36.06
35-39	42.42	28.93	37.71
40-44	46.81	31.93	41.61
45-49	52.10	35.54	46.31
50-54	55.95	38.17	49.74
55-59	60.73	41.42	53.98
60+	62.51	42.64	55.57

To calculate the rate of your dental plan for you and your entire family, add the rate for each family member based on their age. For children who are under 21 and covered under the same dental plan, include a rate for no more than the 3 oldest children.

**Note:** All family members must enroll in a pediatric dental plan unless you confirm on your application that you and your family members are enrolled in another Oregon Health Insurance Marketplace-certified pediatric dental plan.

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: *EOIDFAMILYDNT0123*, *EOIDDEDFAMILYDNT0123-Evidence of Coverage*; *BOIDFAMILYDNT0123*, *BOIDDEDFAMILYDNT0123-Benefit Summaries*; *FSOIDFAMILYDNT0123-Face Sheet*.