

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

Our Oregon and Southwest Washington dental group has more than 160 general and pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists, who all work together for your care.

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. You can also save time by getting answers or advice for non-urgent dental questions virtually, by phone or email.

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 6:30 a.m. to 6 p.m., Monday through Friday, and 7:30 a.m. to 4 p.m. on Saturday. Members can also speak with an advice nurse 24 hours a day 7-days a week (closed major holidays).

For more information, visit 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 0/15, WA Gold 0/15 with Pediatric Dental, WA Gold 1750/20, WA Gold 1750/20 with Pediatric Dental, WA Silver 750/35, WA Silver 750/30 with Pediatric and CSR plans for the 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.

* 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

‡ 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

KP Offered through Kaiser Foundation Health Plan of the Northwest

	KP KP WA Adult Dental 100	KP KP WA Adult Dental 80	KP KP WA Pediatric Dental Benefits 1 [†]	KP KP WA Pediatric Dental Benefits 2 ^{**}
	Adults (19 or older)	Adults (19 or older)	Children (18 or younger)	Children (18 or younger)

Features				
Benefit maximum	\$1,000	\$2,000	No maximum	No maximum
Deductible (individual/family)	\$50/\$150	\$100/\$300	None	Subject to medical deductible
Out-of-pocket maximum (individual/family)	Does not apply	Does not apply	Subject to medical out-of-pocket max	Subject to medical out-of-pocket max

Benefits (subject to deductible unless otherwise noted)				
Preventive and diagnostic services	No charge (not subject to deductible)	20% coinsurance (not subject to deductible)	0% (not subject to deductible)	0% (not subject to deductible)
Basic restorative services	20%	50%	50%	50%
Oral surgery, endodontics, and periodontics	50%	50%	50%	50%
Major restorative services	50%	50%	50%	50%

E Offered through the health benefit exchange, Washington Healthplanfinder

	E KP WA Family Dental 100		E KP WA Family Dental 80	
	Children (18 or younger)	Adults (19 or older)	Children (18 or younger)	Adults (19 or older)

Features				
Benefit maximum	Does not apply	\$1,000	Does not apply	\$2,000
Deductible (individual/family)	\$50/\$150	\$50/\$150	\$100/\$300	\$100/\$300
Out-of-pocket maximum (individual/family)	\$400/\$800	Does not apply	\$400/\$800	Does not apply

Benefits (subject to deductible unless otherwise noted)		
Preventive and diagnostic services	0% (not subject to deductible)	20% coinsurance (not subject to deductible)
Basic restorative services	20% coinsurance	50% coinsurance
Oral surgery, endodontics, and periodontics	50% coinsurance	50% coinsurance
Major restorative services	50% coinsurance	50% coinsurance

Monthly rates

	KP KP WA Adult Dental 100	KP KP WA Adult Dental 80	E KP WA Family Dental 100	E KP WA Family Dental 80
Age on 2024 effective date				
0-18	-	-	\$38.90	\$31.19
19-29	\$29.39	\$28.05	40.80	38.98
30-34	30.50	29.10	40.80	38.98
35-39	32.11	30.65	40.80	38.98
40-44	35.38	33.76	40.80	38.98
45-49	39.36	37.57	40.80	38.98
50-54	42.34	40.40	40.80	38.98
55-59	45.91	43.81	40.80	38.98
60+	47.25	45.09	40.80	38.98

All family dental and pediatric dental plans fulfill the pediatric dental coverage requirement for children 18 and younger. Preventive and diagnostic services do not count towards the deductible. [†] 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 \$7,100/0% 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: EWIDDEDADULTDNT0124 and EWIDDEDADULTDNT0124-Evidence of Coverage; BWIDDEDADULTDNT1000124, BWIDDEDADULTDNT800124, BWIDDEDADULTDNT800124 and BWIDDEDADULTDNT1000124-Benefit Summaries; FSWIDFAMILYDNT1000124, FSWIDFAMILYDNT800124, FSWIDADULTDNT1000124 and FSWIDADULTDNT800124-Face Sheet.