

# The Kaiser Permanente dental difference

For 50 years, Kaiser Permanente Northwest has been helping our members thrive with healthy smiles and dental care that connects seamlessly to their medical plans. Your oral health – the health of your teeth and gums – affects your overall health, medical costs, and quality of life. That’s why prevention is at the core of our philosophy and why our medical and dental teams work together to help protect the total health of our members.

Taking care of your dental health can help decrease the risk of serious medical issues, such as:

- Heart disease
- Diabetes
- Arthritis
- Certain types of cancers
- Pregnancy and birth complications
- And more

Shared health records mean our dentists see when members are due for medical screenings and can even help schedule their appointments right away, which can lead to early detection if there is a problem. Plus, members with both Kaiser Permanente medical and dental plans can save a trip by taking care of minor medical needs, like flu shots or vaccinations, during their dental appointment.\*

## **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 nonurgent 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.†

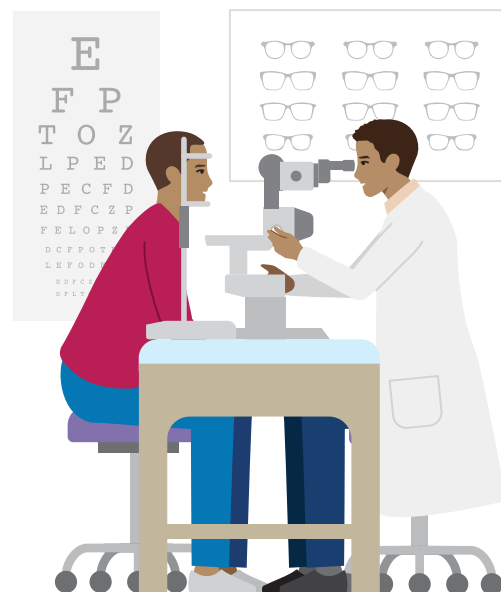
Visit [kp.org/dental](https://kp.org/dental) to learn more.

# 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 Washington Cascade), KP WA Silver 750 with Pediatric Dental, and the KP WA Silver 750 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 8 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 benefit highlights and rates

Offered through Kaiser Foundation Health Plan of the Northwest	KP	KP	KP	KP
	KP WA Adult Dental - \$1000/\$50 Ded	KP WA Adult Dental - \$2000/\$100 Ded	KP WA Pediatric Dental Benefits 1 <sup>†</sup>	KP WA Pediatric Dental Benefits 2 <sup>**</sup>
	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%

Offered through the health benefit exchange, Washington Healthplanfinder	E		E	
	KP WA Family Dental - \$1000/\$50 Ded		KP WA Family Dental - \$2000/\$100 Ded	
	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)	\$425/\$850	Does not apply	\$425/\$850	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				
Age on 2025 effective date	KP	KP	E	E
	KP WA Adult Dental - \$1000/\$50 Ded	KP WA Adult Dental - \$2000/\$100 Ded	KP WA Family Dental - \$1000/\$50 Ded	KP WA Family Dental - \$2000/\$100 Ded
0-18	-	-	\$41.61	\$33.39
19-29	\$29.53	\$28.18	41.97	40.12
30-34	30.60	29.20	41.97	40.12
35-39	32.19	30.71	41.97	40.12
40-44	35.42	33.80	41.97	40.12
45-49	39.32	37.53	41.97	40.12
50-54	42.33	40.39	41.97	40.12
55-59	45.87	43.78	41.97	40.12
60+	47.26	45.11	41.97	40.12

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. <sup>†</sup> These benefits are included with all non-HSA medical plans purchased directly from Kaiser Permanente. <sup>\*\*</sup> These benefits are included with all HSA medical plans purchased directly from Kaiser Permanente. The KP WA Bronze HSA 7100 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: *EWIDDEDFAMILYDNT0125 and EWIDDEDADULTDNT0125-Evidence of Coverage; BWIDDEDFAMILYDNT1000125, BWIDDEDFAMILYDNT800125, BWIDDEDADULTDNT800125 and BWIDDEDADULTDNT1000125-Benefit Summaries; FSWIDFAMILYDNT1000125, FSWIDFAMILYDNT800125, FSWIDADULTDNT1000125 and FSWIDADULTDNT800125-Face Sheet*.