

Dental benefit highlights and rates

KP 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†	KP WA Pediatric Dental Benefits 2**
Adult (19 or older)	Adult (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	E	E	E
KP WA Family Dental - \$1000/\$50 Ded	KP WA Family Dental - \$2000/\$100 Ded	KP WA Family Dental - \$1000/\$50 Ded	KP WA Family Dental - \$2000/\$100 Ded
Children (18 or younger)	Adult (19 or older)	Children (18 or younger)	Adult (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)	\$450/\$900	Does not apply	\$450/\$900	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 2026 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 - \$1000/\$50 Ded
0-18	–	–	\$51.60	\$40.94
19-29	\$28.72	\$27.37	45.93	43.81
30-34	31.00	29.54	45.93	43.81
35-39	32.58	31.05	45.93	43.81
40-44	35.13	33.48	45.93	43.81
45-49	38.44	36.63	45.93	43.81
50-54	41.28	39.34	45.93	43.81
55-59	45.13	43.01	45.93	43.81
60+	47.98	45.72	45.93	43.81

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 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: EWIDDEDADULTDNT0126 and EWIDDEDADULTDNT0126-Evidence of Coverage; BWIDDEDADULTDNT000126, BWIDDEDADULTDNT800126, BWIDDEDADULTDNT800126 and BWIDDEDADULTDNT1000126-Benefit Summaries; FSWIDFAMILYDNT1000126, FSWIDFAMILYDNT800126, FSWIDADULTDNT1000126 and FSWIDADULTDNT800126-Face Sheet.