

For Oregon and Washington groups with 51 or more eligible employees DENTAL PRODUCT PORTFOLIO oregon and washington 2023

kp.org/dental/nw

They say you can tell a lot by a person's smile. That's certainly true if you're talking about smiles treated by Kaiser Permanente. In fact, when it comes to customer satisfaction, 95% of our members would recommend Kaiser Permanente Dental to family and friends.<sup>1</sup> And protecting all those smiles — and helping create new ones — is at the root of everything we do.

#### DENTAL + MEDICAL: A BUSINESS BOOST

Did you know that Kaiser Permanente members with both medical and dental coverage weigh less, smoke less, and visit the hospital and emergency department less often than members with just medical coverage?<sup>3</sup> And healthier employees can support and improve your business productivity, while helping you manage costs.

#### ADMINISTRATIVE EASE

When it comes to managing your plan, hassles should be the last thing on any business's mind. With coordinated dental care and coverage from the same company, we can streamline plan administration, with:

- One point of contact
- One phone number to call
- One bill

All of which helps make it quicker and easier for you to stay focused on the health of your business.

# High-quality, member-focused care

At Kaiser Permanente, you'll find dentists and hygienists who are highly skilled, knowledgeable, and passionate about what they do. They work with each of our members individually to create personalized treatment plans that follow evidence-based approaches. Simply put: We focus on providing the right care, at the right time.

# Total health solution

Our medical and dental teams work as a team to help protect the total health of our members.

Shared health records mean our dentists see when members are due for medical screenings and can help schedule their appointments right away. And if members need services like an immunization, we take can often take care of it during their dental visit, allowing them to save time and hassle.<sup>2</sup>

# **Proactive philosophy**

We know that poor dental health can lead to serious medical conditions and more expensive treatments down the road. So we focus on proactively identifying and taking care of any dental issues before they become more difficult to treat, and we cover a range of preventive services beyond routine cleanings, such as fluoride treatments and sealants to help keep members' teeth and gums healthy.

<sup>1</sup>According to the Press Ganey Survey for January 2021–December 2021.

<sup>2</sup>Medical services are available at select dental locations. You must be enrolled in a Kaiser Permanente medical plan to receive medical care.

<sup>3</sup>Kaiser Permanente Center for Health Research, Comparison of HEDIS Outcomes Among Dental/ Medical vs. Medical Only Population, 2013.



# How we put our members' needs first

#### Freedom to choose

Having a dentist that you click with can go a long way toward maintaining overall dental health. So right from their first appointment, our members can pick which dentist and hygienist they want to see. And if a member isn't satisfied, they can make a change at any time.

#### More convenience

At Kaiser Permanente, we have more than 160 top-notch general and specialty dentists, whom you'll find throughout our 21 dental offices located in Oregon and Southwest Washington. And our connected providers can make referrals to Kaiser Permanente specialty dentists, creating a seamless experience for our members — without any additional paperwork or hassle. Plus, our broad PPO network provides even more choices, with access to more than 415,000 providers nationwide.

#### **Higher standards**

For more than 30 years, we've held the highest level of accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC).<sup>1</sup> In fact, we're the only dental practice in the Northwest to currently meet such rigorous national standards. And each of our 21 dental offices has also received dental home accreditation from the AAAHC — a distinction that means members have a personal dentist who directs their care, referrals, and follow-ups.

<sup>1</sup>aaahc.org.

<sup>2</sup>These features apply to care you get from Kaiser Permanente dental providers.

<sup>3</sup>Email capability is available for members with both Kaiser Permanente medical and dental coverage who are registered on kp.org.

<sup>4</sup>When appropriate and available.

<sup>5</sup>To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.



#### INNOVATION + EASY ACCESS

We're constantly creating new, innovative ways for employees to save time and manage their health more conveniently.

PLAN OVERVIEWS

- Virtual care: Options such as phone, video, and email help employees access care when — and where — it's convenient, all with no copay and less time off the clock.<sup>2,3,4</sup>
- Online appointments: Scheduling tickets, initiated by a member's treatment plan, allow members to make most dental appointments online or on the Kaiser Permanente app. New members can also schedule their first dental appointment online or on the app.<sup>5</sup>
- Express check-in: Members can check in 24 hours in advance from their computer or smartphone.
- Fast Pass: Email and text notifications let members know about earlier appointment options.

PLAN OVERVIEWS





#### **KEEP THEM SMILING**

Invest in dental care for healthy and productive employees.

# Find the right dental plan for your business

Our dental plans are designed to give your employees a wide range of care options with a focus on prevention. We offer a variety of dental plans that can be tailored to large businesses, including Traditional plans, Dental Choice (PPO) plans, and Voluntary plans.

### **Traditional plans\***

Our Traditional plans combine quality and affordability. You can choose from a wide range of plan choices and mix and match a number of deductibles or office visit copays for any plan combination. All plans come with no waiting periods or extra costs. On most plans, members can get a routine dental exam with X-rays, a cleaning, and fluoride treatment for a low copay.

## Dental Choice (PPO) plans\*

The Dental Choice plans offer more flexibility at an affordable price. You can give your employees access to a nationwide preferred provider organization (PPO) panel of more than 415,000 dentists. This panel includes more than 9,300 dentists in Oregon and Washington, including those in Kaiser Permanente dental facilities. Members on a Dental Choice plan don't need a referral to see any licensed dentists.

### Voluntary plans

Our Voluntary plans give individual employees in your company the opportunity to enjoy a high-quality dental plan — at no cost to you. Employees pay 100% of the premium through payroll deduction and can access quality dental care.

\*PreventaMax options are available on our Traditional plans and Dental Choice (PPO) plans and offer preventive care that does not count toward a plan's annual benefit maximum.



|                               | TRADITIONAL HMO<br>DENTAL   | PPO DENTAL<br>(DENTAL CHOICE)  |
|-------------------------------|---|--|
| About                         | Covers members' dental<br>expenses when they visit<br>Kaiser Permanente (in-<br>network) providers.                         | Flexibility for members to<br>visit any licensed provider<br>through out-of-network<br>coverage, without a<br>referral. Using in-network<br>providers may reduce out-<br>of-pocket expenses. |
| Network                       | More than 160 dentists in<br>Oregon and Washington.   | 9,300 dentists in Oregon<br>and Washington (including<br>more than 160 Kaiser<br>Permanente dentists).<br>415,000 preferred dentists<br>nationwide.  |
| Facilities                    | 21 offices in Oregon and<br>Washington. Open 5 days<br>a week, 7 a.m. to 6 p.m.,<br>with some appointments<br>on Saturdays. | Varies by provider.  |
| Cost                          | Varies by plan. Premiums<br>are typically less expensive<br>than PPO plans.   | Varies by plan. Premiums<br>are typically more<br>expensive than HMO plans.  |
| Deductible/<br>Office Visit   | Deductible or office visit copay options available.   | Deductible amount varies<br>by plan. No office visit<br>copays.  |
| Benefit<br>Maximum            | Plans available with or<br>without annual benefit<br>maximum.   | Annual maximum varies<br>by plan.  |
| Limitations<br>and Exclusions | Fewer limitations and exclusions.   | Industry standard.   |

# PreventaMax dental

### A proactive approach to prevention

With our innovative PreventaMax plans, benefits for covered diagnostic and preventive care services do not count toward the annual plan benefit maximum. This leaves more dollars to use for other covered services and promotes preventive care, which can lead to better dental health. Members can get the overall care they need without giving up coverage for fillings, crowns, and other dental procedures.

This innovative plan design eliminates the administrative hassles of tracking rollover dollars and benefits, managing savings accounts, or waiting until the next plan year to receive benefits. In the example below, PreventaMax members have an extra \$697 to use on other dental services.\* PreventaMax is available on our Traditional plans and Dental Choice (PPO) plans.

| ANNUAL<br>PREVENTIVE CARE | MEMBER<br>PAYS | WE<br>PAY | ANNUAL MAX<br>REMAINING<br>WITHOUT<br>PREVENTAMAX | ANNUAL MAX<br>REMAINING<br>WITH<br>PREVENTAMAX |
|---------------------------|----------------|-----------|---|--|
| TWO CLEANINGS             | \$0            | \$242     | \$1,258   | \$1,500  |
| TWO EXAMS                 | \$0            | \$148     | \$1,110   | \$1,500  |
| ONE SET OF X-RAYS         | \$0            | \$160     | \$950   | \$1,500  |
| ONE PANORAMIC X-RAY       | \$0            | \$147     | \$803   | \$1,500  |
| TOTAL                     | \$0            | \$697     | \$803   | \$1,500  |

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.

\*This scenario is based on a \$1,500 annual benefit maximum. It is an example and may not reflect a member's actual plan maximum, procedure fees, or available benefits.

PLAN OVERVIEWS



# Voluntary dental

Our Voluntary plans give individual employees in your company the opportunity to enjoy a high-quality dental plan — at no cost to you.\* Employees pay up to 100%\* of the premium through payroll deduction and can access quality dental care.

### Why offer Kaiser Permanente's new Voluntary plans?

- Engaged employees By adding Voluntary plans to your benefit package, you're more likely to attract and retain skilled and productive employees.
- Easy to administer Since monthly premiums are conveniently deducted from payroll, paperwork is kept to a minimum.
- More choices In addition to a Traditional plan, featuring 21 dental office locations and more than 160 dentists, we offer a PPO plan that allows members to choose from more than 9,300 dentists in Oregon and Washington, including more than 415,000 in-network providers nationwide.

### **Plan requirements**

- The Voluntary plan is available to groups of 51 or more employees.
- A minimum of 25% of employees must participate in the Voluntary plan.
- The employer must set up payroll deductions and submit premiums on behalf of their employees.
- Employees participating in the Voluntary plan are required to contribute to the plan's monthly premium.
- Once enrolled, employees cannot change their selection until the next open enrollment period.

#### **VISIT US ONLINE**

For more information about our dental plans and services, visit **kp.org/dental/nw**.



#### WE'RE HERE TO HELP

If you are interested in any of these plans or have any questions, please contact your sales executive or account manager.

\*Employee must contribute 51% or greater to meet voluntary guidelines.



### IMPLANT BUY-UP OPTIONS

(These options apply to any PPO or Traditional plans)

50% coinsurance up to the plan benefit maximum\*

#### **ORTHODONTIA BUY-UP OPTIONS**

(These options apply to any PPO or Traditional plans)

Available to children only or to all members (adults and children)

50% of charges up to the \$1,000 lifetime benefit maximum

50% of charges up to the \$1,500 lifetime benefit maximum

50% of charges up to the \$2,000 lifetime benefit maximum

50% of charges up to the \$3,000 lifetime benefit maximum

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.

\*\$2,000 implant-specific benefit limit for plans without a benefit maximum.

# Know what's important

Our Traditional plans combine quality and affordability. Our dental group<sup>1</sup> consists of dentists, specialists, and hygienists who practice evidence-based preventive care. We know poor dental health can lead to serious medical conditions and more missed days at work. So we focus on proactively identifying and taking care of any dental issues before they become serious. For a fixed copay, members can get a routine exam with X-rays, a cleaning, and fluoride treatment.

# Personalized care

Members are encouraged to choose a personal dentist and hygienist. These personal care teams get to know patients and their individual needs. That helps members get the care that's right for them. Members can change dentists or hygienists any time they wish.

Every member gets a dental health assessment and a personal treatment plan.

# Coordinated care

Our dental plan and medical plan work together. Members of our dental plan receive health screenings, including head and neck cancer screenings and blood pressure checks. If members need immunizations or have health concerns, we help them get the care they need.

# Patient satisfaction

In 2021, 95% of our dental members said they would recommend our Dental Program to their family and friends.<sup>2</sup> We deliver a quality experience to our members through our coverage and high-quality care.

# Evidence-based dentistry

Evidence-based dentistry is based on scientific research that the prescribed treatment will provide the best outcome for the patient. The goal is to shift dental services from treating the effects of disease toward preventing, monitoring, and reversing disease.

<sup>1</sup>Includes contracted community dentists.

<sup>2</sup>According to the Press Ganey survey for January 2021–December 2021.

# Choice of plan designs

With Traditional plans, you can choose from a wide range of choices and mix and match a number of deductibles or office visit copays for any plan combination. All plans come with no waiting periods or hidden costs. You also have the flexibility to customize plans for groups with more than 100 eligible employees.

These plans can be offered on a stand-alone basis or bundled with one of our medical plan offerings. Bundled plans offer convenience for brokers, employers, and members. With one carrier for medical and dental, you have one account team, coordinated enrollment, one bill, one ID card, one website, and one member service line. Contact your sales and account management team for more information.

# Easy access to care

We have 21 dental offices to choose from so members can easily find a dentist near home or work. We have offices in Beaverton, Clackamas, Eugene, Gresham, Hillsboro, Longview, Oregon City, Portland, Salem, Tigard, and Vancouver.

- General dentist services available 5 days a week
- Hygiene services available 6 days a week
- Emergency services available 7 days a week

# Dental directory

Our members can learn more about our dentists and the quality of care we provide through our online dental directory. Members can view educational backgrounds of more than 162 dentists and specialists. Visit **kp.org/dental/nw/directory** to search by location, specialty, or name.

Members can make an appointment by calling our Appointment Center at **1-800-448-6118.** For TTY, call **711.** For language interpretation services, call **1-800-324-8010.** 

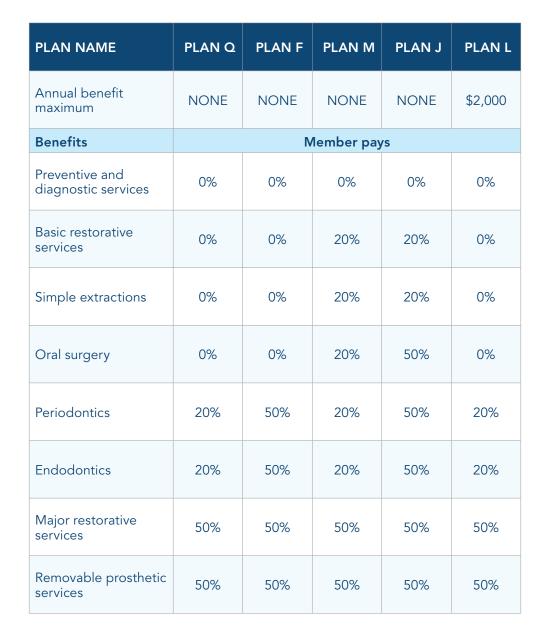
For more information about our dental plans and services, visit **kp.org/dental/nw**.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.



| PLAN NAME                          | PLAN<br>ED | PLAN<br>EA | PLAN<br>EE | PLAN<br>EF | PLAN<br>EB | PLAN<br>EJ |
|------------------------------------|------------|------------|------------|------------|------------|------------|
| Annual benefit<br>maximum          | \$2,000    | \$1,500    | \$1,500    | \$1,000    | \$1,000    | \$1,000    |
| Benefits                           |            |            | Memb       | er pays    |            |            |
| Preventive and diagnostic services | 0%         | 0%         | 0%         | 0%         | 0%         | 20%        |
| Basic restorative services         | 20%        | 20%        | 20%        | 20%        | 20%        | 20%        |
| Simple extractions                 | 20%        | 20%        | 20%        | 20%        | 20%        | 20%        |
| Oral surgery                       | 20%        | 20%        | 50%        | 20%        | 50%        | 20%        |
| Periodontics                       | 20%        | 20%        | 50%        | 20%        | 50%        | 20%        |
| Endodontics                        | 20%        | 20%        | 50%        | 20%        | 50%        | 20%        |
| Major restorative services         | 50%        | 50%        | 50%        | 50%        | 50%        | 50%        |
| Removable<br>prosthetic services   | 50%        | 50%        | 50%        | 50%        | 50%        | 50%        |

With PreventaMax, preventive and diagnostic services do not accumulate toward the annual benefit maximum.



These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.

TRADITIONAL

PLANS

| PLAN NAME                          | PLAN W  | PLAN 9  | PLAN T  | PLAN AN |
|------------------------------------|---------|---------|---------|---------|
| Annual benefit<br>maximum          | \$1,500 | \$1,500 | \$1,000 | \$1,000 |
| Benefits                           |         | Memb    | er pays |         |
| Preventive and diagnostic services | 0%      | 0%      | 0%      | 20%     |
| Basic restorative services         | 0%      | 20%     | 20%     | 20%     |
| Simple extractions                 | 0%      | 20% 20% |         | 20%     |
| Oral surgery                       | 20%     | 20%     | 50%     | 20%     |
| Periodontics                       | 20%     | 20%     | 50%     | 20%     |
| Endodontics                        | 20%     | 20%     | 50%     | 20%     |
| Major restorative services         | 20%     | 50%     | 50% 50% |         |
| Removable prosthetic services      | 20%     | 50%     | 50%     | 50%     |



Kaiser Permanente Flat Fee plans offer your employees predictable cost shares with standard out-of-pocket copays for services.

| PLAN NAME                                  | FLAT FEE<br>HIGH OPTION | FLAT FEE<br>MID OPTION | FLAT FEE<br>LOW OPTION |
|--|-------------------------|------------------------|------------------------|
| Annual benefit<br>maximum                  | NONE                    | \$1,500                | \$1,000                |
| Benefits                                   |                         | Member pays            |                        |
| Preventive and diagnostic services         | 0%                      | 0%                     | 0%                     |
| Basic restorative services                 | \$80                    | \$80                   | \$155                  |
| Simple extractions                         | 0%                      | 0%                     | 0%                     |
| Oral surgery                               | \$120                   | \$120                  | \$280                  |
| Major restorative services                 | \$555                   | \$555                  | \$555                  |
| Periodontics                               |                         |                        |                        |
| Perio preventive and all other services    | \$0                     | \$0                    | \$0                    |
| Scaling and root<br>planing (per quadrant) | \$40                    | \$40                   | \$125                  |
| Surgery                                    | \$120                   | \$120                  | \$350                  |
| Endodontics                                |                         |                        |                        |
| Anterior                                   | \$150                   | \$150                  | \$425                  |
| Bicuspid                                   | \$170                   | \$170                  | \$475                  |
| Molar                                      | \$200                   | \$200                  | \$560                  |
| Removable prosthetic                       | services                |                        |                        |
| Repairs and sectioning                     | \$0                     | \$0                    | \$0                    |
| Full upper and lower dentures              | \$680                   | \$680                  | \$680                  |
| Partial dentures                           | \$750                   | \$750                  | \$750                  |

Members will pay their office visit copay during their visit in addition to fees for all services, including preventive services.

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If you are interested in these plans, please contact your sales executive.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence* of *Coverage* (*EOC*). To get a copy of the *EOC*, please contact your sales executive or account manager.

| PLAN NAME                          | VOL<br>PTRAD 4 | VOL<br>PTRAD 3 | VOL<br>PTRAD 1 | VOL<br>PTRAD 2 |
|------------------------------------|----------------|----------------|----------------|----------------|
| Annual benefit<br>maximum          | \$2,000        | \$1,500        | \$1,000        | \$1,000        |
| Benefits                           |                | Memb           | er pays        |                |
| Preventive and diagnostic services | 0%             | 0%             | 0%             | 20%            |
| Basic restorative services         | 20%            | 20%            | 20%            | 20%            |
| Simple extractions                 | 20%            | 20%            | 20%            | 20%            |
| Oral surgery                       | 20%            | 20%            | 20%            | 20%            |
| Periodontics                       | 20%            | 20%            | 20%            | 20%            |
| Endodontics                        | 20%            | 20%            | 20%            | 20%            |
| Major restorative services         | 50%            | 50% 50% 50%    |                | 50%            |
| Removable prosthetic<br>services   | 50%            | 50%            | 50%            | 50%            |

With PreventaMax, preventive and diagnostic services do not accumulate toward the annual benefit maximum.

# 1

PLANS

VOLUNTARY TRADITIONAL PREVENTAMAX

#### PLAN DESIGNS

Select from a variety of Voluntary plan choices and combinations. Ask your sales executive or account manager about the available options for deductibles, office visit fees (Traditional plans only), and orthodontia.



| PLAN NAME                          | VOL<br>TRAD 4 | VOL<br>TRAD 3 | VOL<br>TRAD 1 | VOL<br>TRAD 2 |
|------------------------------------|---------------|---------------|---------------|---------------|
| Annual benefit<br>maximum          | \$2,000       | \$1,500       | \$1,000       | \$1,000       |
| Benefits                           |               | Memb          | er pays       |               |
| Preventive and diagnostic services | 0%            | 0%            | 0%            | 20%           |
| Basic restorative services         | 20%           | 20%           | 20%           | 20%           |
| Simple extractions                 | 20%           | 20%           | 20%           | 20%           |
| Oral surgery                       | 20%           | 20%           | 20%           | 20%           |
| Periodontics                       | 20%           | 20%           | 20%           | 20%           |
| Endodontics                        | 20%           | 20%           | 20%           | 20%           |
| Major restorative services         | 50%           | 50%           | 50%           | 50%           |
| Removable prosthetic<br>services   | 50%           | 50%           | 50%           | 50%           |

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.

# PPO purchasing power

PPO dentists have agreed to charge fees that are up to 50% less than usual and customary charges.

Dental Choice covers a percentage of these already low fees:

- For regular checkups, we offer plans that cover 80% to 100% of charges.
- Coverage for other services ranges from 50% to 100%.
- Members pay their portion of the charges.

When members see a non-participating dentist:

- Our Usual and Customary plans cover up to the 90th percentile of usual and customary charges for the service (less any applicable coinsurance and copays).
- Members pay the balance of the charges.
- Non-participating dentists may charge more than usual and customary charges. Members' out-of-pocket costs may be higher if they see a non-participating dentist. Any charges in excess of usual and customary charges are the member's responsibility.

# A choice of plan designs

With Dental Choice, you can choose from a wide range of plan options. You can mix and match a number of deductibles for any plan combination. All plans come with no waiting periods or hidden costs. You also have the flexibility to customize plans for groups with more than 100 eligible employees. Contact your sales and account management team for more information.



Dental Choice gives your employees access to a nationwide preferred provider organization (PPO) panel of more than 415,000 dentists. It includes more than 9,300 dentists in Oregon and Washington, including those in our dental facilities.

Dental Choice members don't need a referral.\* They can see both participating (PPO) and non-participating dentists.



### DEFINITIONS

**PPO** — Preferred provider organization.

MAC — Maximum allowable charge. Kaiser Foundation Health Plan of the Northwest's dental fee schedule.

UCC — Usual and customary charge. Kaiser Foundation Health Plan of the Northwest determines such charges at the 90th percentile of the standard fees for that area where the service was received.

Please see your *Evidence of Coverage (EOC)* for a complete description of these terms.

# Online access

Dental Choice members can get answers to claims questions at **kp.org/ dental/nw/ppo**. They can get information on the status of a claim and claim payments once they register on the site.

The site also lets members search for providers by name, specialty, location, and language. Registered members can order ID cards from the web portal or print a temporary card too.

Members can also call Dental Choice Customer Care Monday through Friday, 6:30 a.m. to 5 p.m. Pacific time, at **1-866-653-0338** (toll free).

# Fast, accurate administration

A third-party administrator processes claims.

Mailing address for PPO claims:

Kaiser Permanente Dental Choice P.O. Box 6927 Columbia, SC 29260

Note: Dentists who do not belong to our PPO have not agreed to our contracted fee schedule. That means they may charge higher fees and the member may have higher out-of-pocket costs.



| PLAN NAME                          | PLAI    | N FG    | PLA     | N FH    | PLAN FI |         | PLAN FN |         |
|------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Annual benefit<br>maximum          | \$2,000 | \$2,000 | \$1,500 | \$1,500 | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| Benefits                           |         | 1       |         | Memb    | er pays |         |         |         |
| Network                            | IN      | OUT     | IN      | OUT     | IN      | OUT     | IN      | OUT     |
| Preventive and diagnostic services | 0%      | 0%      | 0%      | 0%      | 0%      | 0%      | 20%     | 20%     |
| Basic restorative services         | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     |
| Simple extractions                 | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     |
| Oral surgery                       | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     |
| Periodontics                       | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     |
| Endodontics                        | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     |
| Major restorative services         | 50%     | 50%     | 50%     | 50%     | 50%     | 50%     | 50%     | 50%     |
| Removable prosthetic services      | 50%     | 50%     | 50%     | 50%     | 50%     | 50%     | 50%     | 50%     |

Definitions of MAC and UCC are available on page 18.

With PreventaMax, preventive and diagnostic services do not accumulate toward the annual benefit maximum.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.



| PLAN NAME                          | PLA     | N LD    | PLA     | N LB    | PLAN LC |         | PLAN 97 |         |
|------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Annual benefit<br>maximum          | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$1,500 | \$1,500 | \$1,500 |
| Benefits                           |         |         |         | Membe   | er pays |         |         |         |
| Network                            | IN      | OUT     | IN      | OUT     | IN      | OUT     | IN      | OUT     |
| Preventive and diagnostic services | 0%      | 0%      | 0%      | 10%     | 0%      | 0%      | 0%      | 0%      |
| Basic restorative services         | 20%     | 20%     | 20%     | 30%     | 20%     | 20%     | 20%     | 20%     |
| Simple extractions                 | 20%     | 20%     | 20%     | 30%     | 20%     | 20%     | 20%     | 20%     |
| Oral surgery                       | 20%     | 20%     | 20%     | 30%     | 20%     | 20%     | 20%     | 20%     |
| Periodontics                       | 20%     | 20%     | 20%     | 30%     | 20%     | 20%     | 20%     | 20%     |
| Endodontics                        | 20%     | 20%     | 20%     | 30%     | 20%     | 20%     | 20%     | 20%     |
| Major restorative<br>services      | 50%     | 50%     | 50%     | 60%     | 50%     | 50%     | 50%     | 50%     |
| Removable prosthetic services      | 50%     | 50%     | 50%     | 60%     | 50%     | 50%     | 50%     | 50%     |

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.



| PLAN NAME                          | PLA     | N 96    | PLA     | N 95    | PLAN ME |         | PLAN TA |         |
|------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Annual benefit<br>maximum          | \$1,500 | \$1,500 | \$1,500 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| Benefits                           |         |         |         | Memb    | er pays |         |         |         |
| Network                            | IN      | OUT     | IN      | OUT     | IN      | OUT     | IN      | OUT     |
| Preventive and diagnostic services | 0%      | 10%     | 0%      | 0%      | 0%      | 0%      | 0%      | 0%      |
| Basic restorative services         | 20%     | 30%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     |
| Simple extractions                 | 20%     | 30%     | 20%     | 20%     | 20%     | 20%     | 20%     | 20%     |
| Oral surgery                       | 20%     | 30%     | 20%     | 20%     | 20%     | 20%     | 50%     | 50%     |
| Periodontics                       | 20%     | 30%     | 20%     | 20%     | 20%     | 20%     | 50%     | 50%     |
| Endodontics                        | 20%     | 30%     | 20%     | 20%     | 20%     | 20%     | 50%     | 50%     |
| Major restorative services         | 50%     | 60%     | 50%     | 50%     | 50%     | 50%     | 50%     | 50%     |
| Removable prosthetic services      | 50%     | 60%     | 50%     | 50%     | 50%     | 50%     | 50%     | 50%     |



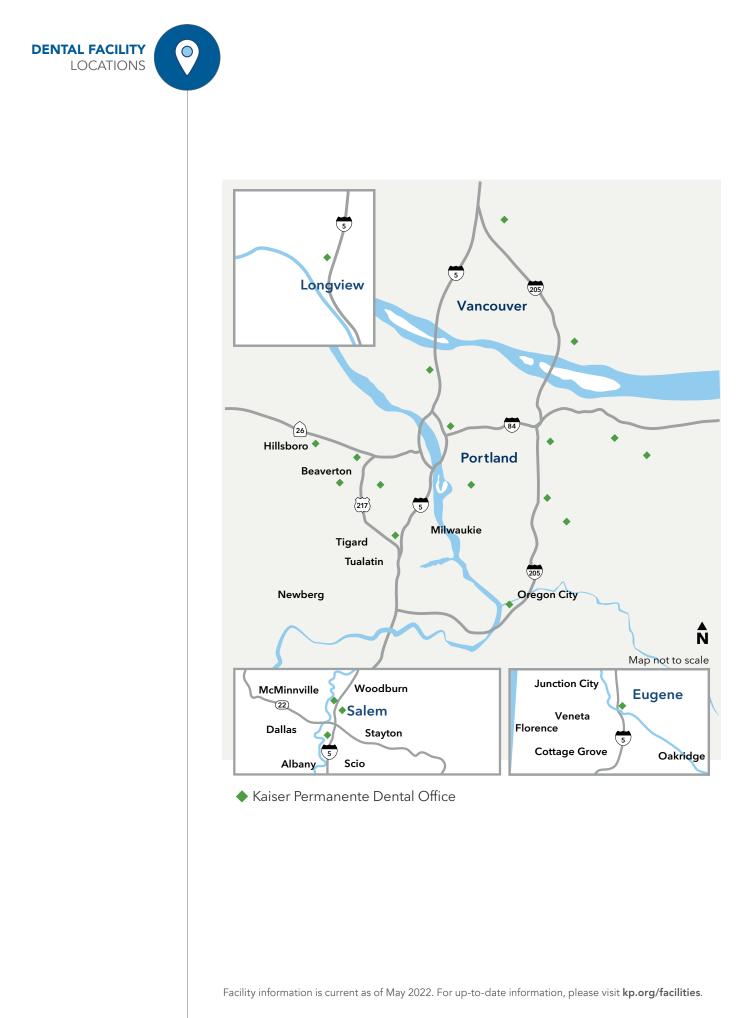
| PLAN NAME                          | VOL PMAX<br>PPO 4 |     | VOL PMAX<br>PPO 3 |      | VOL PMAX<br>PPO 1 |     | VOL PMAX<br>PPO 2 |     |
|------------------------------------|-------------------|-----|-------------------|------|-------------------|-----|-------------------|-----|
| Annual benefit<br>maximum          | \$2,              | 000 | \$1,500           |      | \$1,000           |     | \$1,000           |     |
| Benefits                           |                   |     |                   | Memb | er pays           |     |                   |     |
| Network                            | IN                | OUT | IN                | OUT  | IN                | OUT | IN                | OUT |
| Preventive and diagnostic services | 0%                | 0%  | 0%                | 0%   | 0%                | 0%  | 20%               | 20% |
| Basic restorative services         | 20%               | 20% | 20%               | 20%  | 20%               | 20% | 20%               | 20% |
| Simple extractions                 | 20%               | 20% | 20%               | 20%  | 20%               | 20% | 20%               | 20% |
| Oral surgery                       | 20%               | 20% | 20%               | 20%  | 20%               | 20% | 20%               | 20% |
| Periodontics                       | 20%               | 20% | 20%               | 20%  | 20%               | 20% | 20%               | 20% |
| Endodontics                        | 20%               | 20% | 20%               | 20%  | 20%               | 20% | 20%               | 20% |
| Major restorative services         | 50%               | 50% | 50%               | 50%  | 50%               | 50% | 50%               | 50% |
| Removable<br>prosthetic services   | 50%               | 50% | 50%               | 50%  | 50%               | 50% | 50%               | 50% |

With PreventaMax, preventive and diagnostic services do not accumulate toward the annual benefit maximum.

These plans are subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the *Evidence of Coverage (EOC)*. To get a copy of the *EOC*, please contact your sales executive or account manager.



| PLAN NAME                          | VOL PPO 4 |     | VOL I   | VOL PPO 3 |         | VOL PPO 1 |         | VOL PPO 2 |  |
|------------------------------------|-----------|-----|---------|-----------|---------|-----------|---------|-----------|--|
| Annual benefit<br>maximum          | \$2,      | 000 | \$1,500 |           | \$1,000 |           | \$1,000 |           |  |
| Benefits                           |           | 1   |         | Memb      | er pays | 1         |         |           |  |
| Network                            | IN        | OUT | IN      | OUT       | IN      | OUT       | IN      | OUT       |  |
| Preventive and diagnostic services | 0%        | 0%  | 0%      | 0%        | 0%      | 0%        | 20%     | 20%       |  |
| Basic restorative services         | 20%       | 20% | 20%     | 20%       | 20%     | 20%       | 20%     | 20%       |  |
| Simple extractions                 | 20%       | 20% | 20%     | 20%       | 20%     | 20%       | 20%     | 20%       |  |
| Oral surgery                       | 20%       | 20% | 20%     | 20%       | 20%     | 20%       | 20%     | 20%       |  |
| Periodontics                       | 20%       | 20% | 20%     | 20%       | 20%     | 20%       | 20%     | 20%       |  |
| Endodontics                        | 20%       | 20% | 20%     | 20%       | 20%     | 20%       | 20%     | 20%       |  |
| Major restorative services         | 50%       | 50% | 50%     | 50%       | 50%     | 50%       | 50%     | 50%       |  |
| Removable<br>prosthetic services   | 50%       | 50% | 50%     | 50%       | 50%     | 50%       | 50%     | 50%       |  |



# Dental facilities

# Portland-area dental offices

- Aloha Dental Office
  17675 SW Tualatin Valley Hwy.
  Beaverton, OR 97003
- Beaverton Dental Office<sup>1,2</sup> 4855 SW Western Ave. Beaverton, OR 97005
- Cedar Hills Dental Office<sup>1,2</sup> 12450 SW Walker Rd. Beaverton, OR 97005
- Clackamas Dental Office 10209 SE Sunnyside Road Clackamas, OR 97015
- Eastmoreland Dental Office 5025 SE 28th Ave.
   Portland, OR 97202
- Glisan Dental Office<sup>2</sup> 10102 NE Glisan St. Portland, OR 97220
- Grand Avenue Dental Office 1314 NE Grand Ave. Portland, OR 97232
- Gresham Dental Office 360 NW Burnside St. Gresham, OR 97030
- Kaiser Permanente Dental at Johnson Creek
   9300 SE 91st Ave., Ste. 310
   Happy Valley, OR 97086
- North Interstate Dental Office 7201 N. Interstate Ave. Portland, OR 97217
- Oregon City Dental Office
  1900 McLoughlin Blvd., Suite 68
  Oregon City, OR 97045
- Rockwood Dental Office 822 NE 181st Ave. Portland, OR 97230

- Tanasbourne Dental Office<sup>1,2</sup> 10315 NE Tanasbourne Drive Hillsboro, OR 97124
- Tigard Dental Office 7105 SW Hampton St. Tigard, OR 97223

### Vancouver-area dental offices

- Cascade Park Dental Office<sup>1</sup> 12711 SE Mill Plain Blvd. Vancouver, WA 98684
- Salmon Creek Dental Office<sup>1</sup>
  14406 NE 20th Ave.
  Vancouver, WA 98686

# Salem-area dental offices

- Kaiser Permanente Dental at Keizer Station 5910 Ulali Dr. Keizer, OR 97303
- North Lancaster Dental Office<sup>1</sup>
  2300 Lancaster Drive NE
  Salem, OR 97305
- Skyline Dental Office<sup>1</sup>
  5135 Skyline Road S.
  Salem, OR 97306

# Longview-area dental office

Longview-Kelso Dental Office<sup>1</sup>
 1230 Seventh Ave.
 Longview, WA 98632

# Lane County dental office

 Valley River Dental Office 1011 Valley River Way Eugene, OR 97401

<sup>1</sup>These facilities are co-located with a medical facility.

<sup>2</sup>These offices have a nurse on staff for added convenience.



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# kp.org/dental/nw

Information in this brochure was accurate at the time of production. Details may have changed since publication.

For the most current information on our plans and services, check with your broker or producer or Kaiser Permanente sales executive or account manager.

