

# 2025 Dental Benefit Outlines



You can enroll in either dental plan regardless of your medical plan selection.

	Kaiser Permanente*	Delta Dental of Oregon
Providers/Network	Kaiser Permanente Dental Associates	Delta Dental Premier, PPO and Non-Participating Providers <sup>1</sup>
	<b>Member Pays:</b>	<b>Member Pays:</b>
Calendar Year Deductible	None	\$25 per individual <sup>2</sup>
Calendar Year Benefit Maximum (plan pays)	\$1,750 per individual <sup>3</sup>	\$1,750 per individual <sup>3</sup>
<b>Preventive Care</b>		
	Limit of two cleanings per calendar year	Available twice in a calendar year
<ul style="list-style-type: none"> <li>Exams</li> <li>Cleanings</li> <li>Diagnostic</li> </ul>	<ul style="list-style-type: none"> <li>\$10 copay per visit<sup>3</sup></li> <li>\$10 copay per visit<sup>3</sup></li> <li>\$10 copay per visit<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Covered in full<sup>3</sup></li> <li>Covered in full<sup>3,6</sup></li> <li>Covered in full<sup>3,4</sup></li> </ul>
<b>Basic Services</b>		
<ul style="list-style-type: none"> <li>Restorative</li> <li>Oral Surgery (extractions)</li> <li>Endodontic/periodontic</li> </ul>	<ul style="list-style-type: none"> <li>\$10 copay, then 20%</li> <li>\$10 copay, then 20%</li> <li>\$10 copay, then 20%</li> </ul>	<ul style="list-style-type: none"> <li>20% after deductible<sup>5</sup></li> <li>20% after deductible<sup>5</sup></li> <li>20% after deductible<sup>5</sup></li> </ul>
<b>Major Services</b>		
<ul style="list-style-type: none"> <li>Crowns</li> <li>Cast Restorations</li> <li>Dentures/bridge work</li> <li>Implants</li> </ul>	<ul style="list-style-type: none"> <li>\$10 copay, then 50%</li> <li>\$10 copay, then 50%</li> <li>\$10 copay, then 50%</li> <li>\$10 copay, then 50%</li> </ul>	<ul style="list-style-type: none"> <li>50% after deductible<sup>5</sup></li> <li>50% after deductible<sup>5</sup></li> <li>50% after deductible<sup>5</sup></li> <li>50% after deductible<sup>5</sup></li> </ul>
<b>Travel Benefits</b>		
Out-of-Area Coverage	Kaiser Permanente allows a benefit of up to \$100 of reimbursement on an approved out-of-area emergency claim.	Worldwide for emergency services only
<b>Rates (per member, per month)</b>		
<ul style="list-style-type: none"> <li>Adult</li> </ul>	<ul style="list-style-type: none"> <li>\$70.74</li> </ul>	<ul style="list-style-type: none"> <li>\$72.96</li> </ul>
<ul style="list-style-type: none"> <li>Child</li> </ul>	<ul style="list-style-type: none"> <li>\$28.66</li> </ul>	<ul style="list-style-type: none"> <li>\$29.55</li> </ul>

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the health plan document, the information in the health plan document shall prevail.

\* To be enrolled in the Kaiser Permanente dental plan, you must live in the Kaiser Permanente dental service area.

<sup>1</sup> The amounts payable for services of a non-participating provider are limited to the amount in the PPO Fee Schedule. Non-participating providers may balance bill.

<sup>2</sup> Deductible waived on preventive services.

<sup>3</sup> Charges for preventive services do not apply to the calendar year benefit maximum.

<sup>4</sup> Some limitations apply.

<sup>5</sup> There is a 12-month waiting period for basic and major services following enrollment unless member has had continuous dental coverage for the previous 12 months immediately preceding PHIP dental enrollment.

<sup>6</sup> Additional cleanings may be covered through the Oral Health, Total Health program or Health through Oral Wellness® program. Contact customer service for additional details.