



smile.

**YOUR DENTAL HEALTH IS OUR CAUSE**

**DENTAL CHOICE (PPO)**

[kp.org/dental/nw](https://kp.org/dental/nw)



All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.  
500 NE Multnomah St., Suite 100, Portland, OR 97232.

# ALL THE OPTIONS AND THEN SOME



With Dental Choice (PPO), you can choose anyone in our dental network as your personal dentist.

## Unparalleled choice

Dental Choice (PPO) has all the advantages of other preferred provider dental plans on the market. With Dental Choice (PPO), you can:

- **See any dentist you want.** Our Dental Choice (PPO) covers care from any licensed dentist. So if you want to stay with your current dentist, you're already covered.
- **Find a great dentist.** Need a new dentist? We can help. Dentists in our network must meet rigorous standards before they can join. Our dentists combine personalized care with the best available scientific research on prevention and treatment.
- **Save money.** You'll pay lower out-of-pocket costs when you see a participating dentist.

- **Get care when traveling.**

With more than 340,000 network dentists nationwide, you can find a participating provider almost anywhere. Or you can see a non-participating dentist if you wish.

- **Get care without a referral.**

You won't need a referral to see an oral surgeon, periodontist, or other specialist. (However, some individual specialists may not see patients without a referral from a general dentist.)

Dentists have different policies, hours of operation, and procedures for accepting new patients and making appointments. Some charge fees for emergency appointments or missed appointments. These fees are not covered by this plan. They are between you and the dentist. You should discuss these fees with your dentist and/or dental office staff.



## Frequently asked questions

### How many dentists are in the Dental Choice network?

Dental Choice has more than 340,000 participating dentists nationwide and 6,800 dentists in Oregon and Washington (including those in Kaiser Permanente dental facilities). This includes more than 50,000 specialists. All participating dentists meet strict credentialing standards in order to become a participating dentist. Recredentialing is required every 3 years to ensure that the network retains its level of quality. Participating dentists also agree to accept negotiated discounts as payment in full. This means you will have no balance billing for any covered services you receive from a participating provider.

### Do I have to use a network dentist to receive benefits?

No, you can visit any licensed dentist and still receive your dental benefit. However, you will receive the highest level of benefits available in your group's program by choosing an in-network dentist. When you visit a participating dentist, you have the opportunity to maximize your benefit plan with access to negotiated network fees, resulting in lower out-of-pocket expense.

Dental Choice (PPO) includes dentists in our own dental practice. We have 20 dental offices in Oregon and Washington.





### **How do I locate participating dentists?**

To find a participating dentist, visit [kp.org/dental/nw/ppo](https://kp.org/dental/nw/ppo). You may also call Dental Choice Customer Care toll free at 1-844-621-4577. Hours of operation are: Monday through Friday, 6:30 a.m. to 5 p.m. Pacific time, except major holidays.

Available online features:

- Print an ID card.
- Search for a dental provider.
- Update other insurance coverage.
- View dental claims.

### **I already have a personal dentist. Can I still see them?**

Yes. You may see any dentist you choose. However, you'll receive the highest level of benefits if you choose a participating provider. When you visit a participating dentist, you pay your share of negotiated fees. This means lower out-of-pocket costs.

### **The dentist I want to use does not participate in your network. Is there anything I can do to encourage them to participate?**

Yes. Our dental network may add a dentist if the dentist meets our credentialing standards. Please have your benefit administrator contact the Kaiser Permanente Dental Choice team for more information.

### **Can dependents visit a different dentist than I do?**

Yes, dependents have the freedom to choose any dentist.

### **Can I change dentists?**

Yes, you can change dentists as many times as you like. However, we encourage you to find a personal dentist you feel comfortable with and want to stay with. Your dentist will become familiar with your dental history and needs.

## **QUICK REFERENCE NUMBERS AND WEBSITES**

You can find answers to many questions on our website, [kp.org/dental/nw/ppo](https://kp.org/dental/nw/ppo). You may also call Customer Care toll free at 1-844-621-4577, Monday through Friday, 6:30 a.m. to 5 p.m.

To make an appointment at one of our dental offices, call our appointment center at 503-286-6868.



### **How do I get reimbursed if I visit a non-participating dentist?**

If you see a non-participating dentist, you may need to pay the entire bill at the time of the visit. The charges could be higher than what you would pay for the same service from a participating provider. You or your dentist must submit a claim form to Kaiser Permanente Dental Choice. We will send you an explanation of your benefits and reimbursement, according to your plan. If you have questions about claims or benefits, please call Customer Care toll free at 1-844-621-4577.

### **What is a negotiated network fee?**

A negotiated network fee refers to a discounted schedule that participating in-network dentists agree to accept as payment in full for services rendered. Typical discounts range from approximately 20% to 50%. Depending on the services rendered, your plan may cover all or part of the discounted fee. All in-network dentists have agreed to accept the negotiated fees as payment in full for covered services rendered, and there is no balance billing.

### **Do you require prior authorization for any services?**

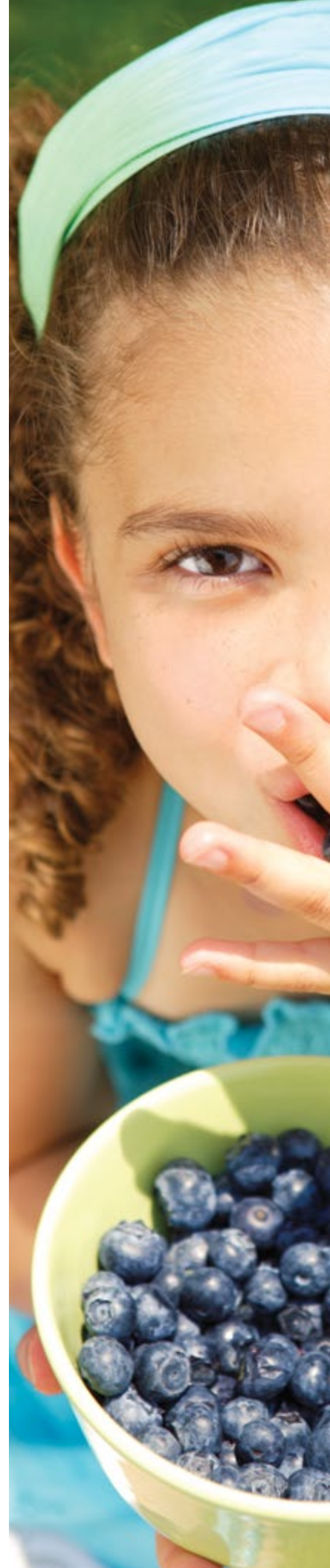
Your dentist must submit a request for prior authorization for any procedure over \$500. This typically applies to major services such as crowns, bridges, dentures, periodontal services, and oral surgery. For periodontal scaling and root planing, your dentist must send the treatment plan and necessary X-rays or periodontal charting to Kaiser Permanente Dental Choice. The mailing address is:

Kaiser Permanente Dental Choice  
PO Box 714  
Milwaukee, WI 53201

A representative will review the procedure or procedures and send a response to you and your dentist within 2 business days.

### **Can I find out in advance how much a service will cost me out of pocket? Can I get an estimate of what will be covered?**

Yes. You or your provider may request a pretreatment estimate to find out what your benefits will be. We'll send both you and your provider an estimate that shows what services will be covered and at what level.





### What happens after I fill out my enrollment form? How will I know when I can start using my coverage?

You will be eligible for coverage starting on your group's effective date. Check with your group's benefits administrator to find out the date. We will send a welcome packet with information on how to use your coverage. It will also include ID cards for the enrolled members of your family. Your Dental Choice (PPO) Evidence of Coverage, which explains your plan, will be mailed separately.

### Do I need an ID card to receive services?

No. You do not need to show your ID card to receive services. You can tell your dentist that you are enrolled in the Dental Choice (PPO) plan. Your dentist can call 1-844-621-4577 for verification. However, we encourage you to carry your ID card for your and your provider's convenience.

### If I have questions about my plan, who should I call?

Call 1-844-621-4577 for any question regarding your PPO plan.

## Example Dental Choice ID Card:

The ID card features three logos at the top: DENTEMAX, Connection DENTAL, and Careington. Below the logos, it identifies the plan as Dental Choice (PPO) and lists member information: Member Name: TEST MCTEST, Member Health Record Number: 00000000, Subscriber Health Record Number: 10929702, Group Number: 1234-001, Date of Birth: 06/07/1955, and Gender: M. At the bottom, it provides contact information for customer service: 1-844-621-4577, TTY: 1-855-934-9817, and website: www.kp.org/dental/nw/ppo.

**DENTEMAX** **Connection DENTAL** **Careington**  
Member Name: TEST MCTEST  
Member Health Record Number: 00000000  
Subscriber Health Record Number: 10929702  
Group Number: 1234-001  
Date of Birth: 06/07/1955 Gender: M

For Customer Service, please call:  
**1-844-621-4577**  
For TTY: 1-855-934-9817  
Website: www.kp.org/dental/nw/ppo

The back of the ID card contains instructions for pre-authorization and claim submission. It states that pre-authorization is required for procedures over \$500 and provides the payor ID as SDCOM. It lists the address for submitting dental claims: Kaiser Permanente Dental Choice, PO Box 714, Milwaukee, WI 53201. It also includes the provider portal URL: www.kp.org/dental/nw/ppo/providers, and notes that the plan is underwritten by Kaiser Foundation Health Plan of the Northwest. The Kaiser Permanente Dental logo is at the bottom.

Please obtain pre-authorization from Kaiser Permanente for all procedures over \$500  
Payor ID: SDCOM  
Submit Dental Claims to:  
Kaiser Permanente Dental Choice  
PO Box 714  
Milwaukee, WI 53201

Provider Portal:  
www.kp.org/dental/nw/ppo/providers  
Underwritten by Kaiser Foundation  
Health Plan of the Northwest

**KAISER PERMANENTE DENTAL**

This brochure is not a contract. Plan details are provided in the Evidence of Coverage (EOC). To obtain an EOC for a particular plan, contact Member Services. Member Services is available Monday through Friday, 8 a.m. to 6 p.m. From Portland, call 503-813-2000. From all other areas, call 1-800-813-2000. For TTY, call 711. For language interpretation services, call 1-800-324-8010.



## NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-813-2000** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Member Relations, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232, telephone number: 1-800-813-2000.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-813-2000** (TTY: **711**).

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000** (TTY: **711**)።

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-813-2000** (TTY: **711**) .

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-813-2000** (TTY: **711**) 。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-813-2000** (TTY: **711**) تماس بگیرید.



**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000** (TTY: **711**).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-800-813-2000** (TTY: **711**).

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-813-2000** (TTY: **711**) まで、お電話にてご連絡ください。

**ខ្មែរ (Khmer) ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-800-813-2000** (TTY: **711**)។

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-813-2000** (TTY: **711**) 번으로 전화해 주십시오.

**ລາວ (Laotian) ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-813-2000 (TTY: 711).

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kóji' hódíílnih **1-800-813-2000** (TTY: **711**).

**Afaan Oromoo (Oromo) XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-813-2000** (TTY: **711**).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-800-813-2000** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

**Română (Romanian) ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-800-813-2000** (TTY: **711**).

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-813-2000** (TTY: **711**).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-813-2000** (TTY: **711**).

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  
Tumawag sa **1-800-813-2000** (TTY: **711**).

**ไทย (Thai) เรียน:** ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-813-2000** (TTY: **711**).

**Українська (Ukrainian) УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-800-813-2000** (TTY: **711**).

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-813-2000** (TTY: **711**).





[kp.org/dental/nw](http://kp.org/dental/nw)

