

# ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union —  
Pacific Maritime Association [www.benefitplans.org](http://www.benefitplans.org)

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ILWU-PMA Pension Plan  
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

February 24, 2015

TO: ILWU Oregon Locals 04, 08, 40 and 92

FROM: Mario Perez, Manager, Welfare Plans

**SUBJECT: Kaiser Permanente Dental Plan Supplemental Summary Plan Description**

Enclosed is a Supplemental Summary Plan Description for Kaiser Permanente Dental Plan, consisting of the following publications:

- **ILWU-PMA Welfare Plan Supplemental Summary Plan Description**
- **Summary of dental benefits – Oregon Dental Plan**
- **Oregon Medical Plans Appeal Rights**
- **The Future of Dental Health is Taking Shape**

Kaiser will directly ship supplies of the packets to each Local. Please discard any old Kaiser dental descriptions that you may have.

Enclosure

cc: Ty Gorton, Area Welfare Director

A copy of this memo can be downloaded at [www.benefitplans.org](http://www.benefitplans.org)

# A better choice for good health

Discover the Kaiser Permanente difference

**A SUPPLEMENTAL SUMMARY PLAN DESCRIPTION  
KAISER PERMANENTE DENTAL PLAN  
PORTLAND/VANCOUVER LOCALS 4, 8, 40, 92**

A general description of the Kaiser Permanente Dental Plan is provided in the accompanying Kaiser inserts. This insert provides additional information for ILWU-PMA Welfare Plan Participants. The insert and the Kaiser inserts together comprise the ILWU-PMA Welfare Plan Supplemental Summary Plan Description of the Kaiser Permanente Dental Program.

**Eligibility**

Kaiser Dental Plan coverage is provided by the ILWU-PMA Welfare Plan for all persons with ILWU-PMA Welfare Plan eligibility and eligible for dental benefits. This includes active and retired longshoremen, ship clerks, walking bosses/foremen, and certain employees of the ILWU-PMA Benefit Plans, ILWU and the ILWU Locals, and their qualified dependents. Dependent children are eligible up to age 26. Qualified surviving spouses of active and retired employees are also covered. A full explanation of how eligibility is determined and lost is given in the ILWU-PMA Welfare Plan Summary Plan Description.

**Choice of Plans**

Eligible Participants in the Portland/Vancouver area are offered a choice between the Kaiser Permanente Dental Plan and the alternative plans, Oregon Dental Service (ODS)/Delta Dental of Washington or LifeMap – Willamette Dental. The choice is offered when eligibility is first obtained, and each year in May for coverage effective July 1. In addition to the May open enrollment period, Participants may change their dental plan coverage once at any time during the Plan Year (July 1 – June 30). Information about the choice is furnished by the ILWU-PMA Benefit Plans office.

**Address and Family Status Changes**

Address changes and changes in family status which might affect Welfare Plan eligibility (such as marriage, dissolution of marriage, birth or death of a dependent) must be reported to:

ILWU-PMA Benefit Plans  
1188 Franklin Street, Suite 101  
San Francisco, CA 94109

**IMPORTANT:** All enrollment forms must be submitted to the ILWU-PMA Welfare Plan office; do not submit address changes, changes in family status information or enrollment forms directly to Kaiser Permanente. The Benefit Plans office will forward the necessary information to Kaiser Permanente. Enrollment forms are available at the Locals or from the Benefit Plans office upon request.

**Prescription Drugs for Dental Conditions**

Drugs prescribed for dental conditions are not covered under the Kaiser Permanente Dental Program, but are instead covered under your elected prescription benefit plans, provided the drugs are prescribed for a dental condition and are included in the Provider's Dental Drug Formulary.

## **Dental Implants**

The Kaiser Permanente Dental Program does not provide benefits for dental implant procedures (appliances inserted into bone or soft tissue) nor the surgical removal of implants. However, the ILWU-PMA Welfare Plan offers a Dental Implant Program Benefit whereby all requests for pre-certification of dental implants or claims for payment of dental implants will be referred to Medical Review Institute of America (MRIOA). If MRIOA determines that a dental implant procedure is medically necessary, it will be covered at 80% of the average charges in your area, which means that you may be responsible for more than 20% of the billed charges. Information regarding the Dental Implant Program can be obtained by calling the ILWU-PMA Benefit Plans office.

## **Claims Review Procedures**

In addition to the appeal procedure described in the "Oregon Medical Plans Appeal Rights" insert (also applicable to dental claims), member requests for review may be submitted to the Trustees of the ILWU-PMA Welfare Plan. The Welfare Plan Trustees will either provide the review or refer the request to Kaiser Permanente, and will make certain that the claimant receives a full and fair review.

***The information in this Supplemental Summary Plan Description is subject to and does not change the provisions of the ILWU-PMA Welfare Plan Agreement or the provisions of the Welfare Plan Summary Plan Description.***

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

## Summary of dental benefits

ILWU-PMA Welfare Plan 1502-005  
Oregon Dental Plan A  
July 1, 2014 through June 30, 2015

<b>Benefit Maximum</b>	None per Calendar Year
	<b>You Pay</b>
<b>Dental Office Visit Charge</b> – Applies to all visits	\$0
<b>Deductible</b> (Per Calendar Year; applies to all services unless otherwise indicated)	
For one Member	\$0
For an entire Family	\$0
<b>Preventive and Diagnostic Services</b> (oral exam, x-rays, teeth cleaning, fluoride) (Not subject to or counted toward the Deductible)	No additional charge
<b>Basic Restoration Services</b> (routine fillings, plastic and steel crowns, simple extractions)	No additional charge
<b>Oral Surgery Services</b> (surgical tooth extractions)	No additional charge
<b>Periodontics</b> (treatment of gum disease, scaling and root planing)	No additional charge
<b>Endodontics</b> (root canal therapy)	No additional charge
<b>Major Restoration Services</b> (gold or porcelain crowns, bridges)	No additional charge
<b>Removable Prosthetic Services</b>	
Full and partial dentures	No additional charge
Relines	No additional charge
Rebases	No additional charge
<b>Emergency Dental Care</b>	
From Participating Providers	Copayments or Coinsurance that normally apply for non-emergency dental care Services.
From Non-Participating Providers outside the Service Area	All Charges over \$100
<b>Nitrous oxide</b> (Not subject to or counted toward the Deductible or Benefit Maximum)	
Adults and children age 13 years and older	\$15
Children age 12 years and younger	\$0
<b>Orthodontics</b>	Members age 17 years and younger: First \$100 of Charges, plus 30% of Charges, over the first \$100, to a maximum additional payment of \$200 (a total maximum payment of \$300). Members age 18 years and older: No Coverage.

### Exclusions

- Conditions for which Service or reimbursement is required by law to be provided at or by a government agency.

- Cosmetic Services.
- Dental implants unless coverage for dental implants as an additional benefit has been purchased.
- Experimental or investigational treatments.
- Fees a provider may charge for an Emergency Dental Care or Urgent Dental Care visit.
- Full mouth reconstruction and occlusal rehabilitation.
- Genetic testing.
- Hospital call fees.
- Medical or Hospital Services, unless otherwise specified in this *Summary*.
- Missed appointment fees.
- Orthodontic Services unless orthodontic coverage as an additional benefit has been purchased.
- Drugs obtainable with or without a prescription.
- Prosthetic devices following your decision to have a tooth (or teeth) extracted for nonclinical reasons or when a tooth is restorable.
- Replacement of prefabricated, noncast crowns, including noncast stainless steel crowns.
- Services covered by workers' compensation or that are the employer's responsibility.
- Services furnished by a family member.
- Services provided or arranged by criminal justice institutions for Members confined therein, unless care would be covered as Emergency Dental Care.
- Speech aid prosthetic devices and follow up modifications.
- Surgery to correct malocclusion or temporomandibular joint disorders.
- Treatment to restore tooth structure lost due to attrition, erosion, or abrasion.

#### **Limitations**

- Repair or replacement due to normal wear of fixed and removable prosthetic devices that are less than five years old.
- Sedation and general anesthesia are not covered, except nitrous oxide.
- Works-in-Progress started prior to effective date of coverage.

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**Questions? Call Membership Services** (M-F, 8 am-6 pm) or visit [kp.org/dental/nw](http://kp.org/dental/nw)

Portland area..503-813-2000. All other areas..1-800-813-2000. TTY..1-800-735-2900.

Language Interpretation Services, all areas..1-800-324-8010

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This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on your benefit coverage, claims review, and adjudication procedures, please see your *Evidence of Coverage (EOC)* or call Membership Services. In the case of conflict between this summary and the *EOC*, the *EOC* will prevail.

## Oregon Medical Plans Appeal Rights

The following information explains the process for requesting review of our decision denying your claim (request) for benefits, which is also referred to as an adverse benefit determination. You may determine which one of the adverse benefit determination notices listed below you received by reading the title at the top of the first page of your notice:

- Pre-Service Claim Denial Notice;
- Post-Service Claim Denial Notice; or,
- Concurrent Care Claim Denial Notice.

Your request for review of any of these notices is also referred to as an appeal in this explanation. **Please read the rest of this explanation carefully. It explains your right to request review of our adverse benefit determination.**

You may request language assistance by calling 1-800-324-8010.

SPANISH (Español): Para obtener asistencia en Español, llame al 1-800-324-8010.
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TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-324-8010.
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CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-324-8010.
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NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-324-8010.
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### Requesting Review of Our Decision

You, or a representative whom you formally appoint **in writing**, have the right to appeal our decision by asking that we review it. To appeal the decision, please send your request for review **in writing** to:

Kaiser Foundation Health Plan of the Northwest  
Member Relations Department  
500 N.E. Multnomah St., Suite 100  
Portland, OR 97232-2099  
Or you can fax the letter to 503-813-3985

In your request, please include:

- (1) your name and your Medical Record Number,
- (2) your medical condition or symptom,
- (3) the specific treatment, service or supply that you are requesting, and
- (4) the specific reason(s) for your request that we review our initial decision.

### Timeframe for Requesting Review of Our Decision

We must receive your request within 180 days of your receiving the notice of our adverse benefit determination. Please note that we will count the 180 days starting 5 business days from the date of the notice to allow for delivery time, unless you can prove that you received the notice after that 5 business day period ends.

### Appointment of a Representative

You have the right to be represented in the appeal process by anyone you choose, including an attorney, but representation is not required. If you would like to have someone act on your behalf during our review, you must appoint an authorized representative in writing. Please contact Membership Services at 1-800-813-2000, Monday through Friday, 8 a.m. to 6 p.m., to request the necessary forms.

You must pay the cost of anyone you hire to represent or help you.

### Your Claim and/or Appeal File

If you want to review the information that we have collected regarding your claim for this service, you may request, and we will provide without charge, copies of all relevant documents, records and other information. Separately, you have the right to request any diagnostic and treatment codes and their meanings that may be the subject of your claim. To make a request, you should contact Membership Services at 1-800-813-2000, Monday through Friday, 8 a.m. to 6 p.m.

You may send us additional information including comments, documents, or additional medical records which you believe supports your claim. If we had asked for additional information before and you did not provide it, we would still like to have that additional information for our review. Please send all your additional information to:

Kaiser Foundation Health Plan of the Northwest  
Member Relations Department  
500 N.E. Multnomah St., Suite 100  
Portland, OR 97232-2099  
You may also fax this information to 503-813-3985.

In addition, you may give testimony in writing or by telephone. Please send your written testimony to the Member Relations Department at the address above. To arrange to give testimony by telephone, you should contact the Member Relations Department at 503-813-4480, Monday through Friday, 8 a.m. to 5 p.m. We will add all of the new information to your claim file and we will review it without regard to whether this information was submitted and/or considered in our initial decision. The individual who decides your appeal will not have participated in our original review and decision regarding your claim nor will he/she be the subordinate of someone who participated in our original decision.

We will share any additional information that we collect in the course of our review, and we will send it to you. If we believe that your request should not be granted, before we issue our final decision, we will also share with you any new or additional reasons for that decision. We will send you a letter explaining the new or additional information and/or reasons. Our letters will tell you how you can respond to the information provided if you choose to do so. If you do not respond before we must make our final decision, that decision will be based upon the information already in your claim file.



### Time Frame for Our Review of a Post-Service Appeal:

If you are seeking review of a Post-Service Claim, then we must make our decision within 30 days of receipt of your request for our review unless we inform you otherwise in advance.

### Time Frame for Our Review of a Pre-Service Appeal, Urgent Pre-Service Appeal, Concurrent Care Appeal or Urgent Concurrent Care Appeal

The time frame for our decision depends upon the type of claim (request) that you are appealing. The type of claim is indicated in the title of your adverse benefit notice (listed on the first page of this explanation):

- Pre-Service Appeal- Because you have not yet received the services or equipment that you requested, we will decide your appeal within a reasonable period of time appropriate to the circumstances but, in no event, later than 30 days from the date that we receive your request for our review unless we inform you otherwise in advance.
- Urgent Pre-Service Appeal–We will decide such an appeal as soon as possible, but no later than 72 hours from our receipt of your request for review if you qualify for expedited review. An Urgent Pre-Service Appeal is a claim (request) for medical services for which a longer period of review (1) could seriously jeopardize your life or health or your ability to regain maximum function or, (2) in the opinion of a physician with knowledge of your medical condition, would subject you to severe pain that cannot be adequately managed without the medical services that you are seeking, or (3) your attending provider determines that your claim is urgent.
- Concurrent Care Appeal- We will decide your appeal within a reasonable period of time appropriate to the circumstances but, in no event, later than 30 days from the date that we receive your request for review unless we inform you otherwise in advance.
- Urgent Concurrent Care Appeal- We will decide such an appeal as soon as possible, but no later than 72 hours from our receipt of your request for review if you qualify for expedited review. An Urgent Concurrent Care Appeal is a claim (request) for continuing medical services for which a longer period of review (1) could seriously jeopardize your life or health or your ability to regain maximum function or, (2) in the opinion of a physician with knowledge of your medical condition, would subject you to severe pain that cannot be adequately managed without the medical services that you are seeking, or (3) your attending provider determines that your claim is urgent.

### Expedited Review of a Pre-Service Appeal or Concurrent Care Appeal

For review of a Pre-Service Appeal or a Concurrent Care Appeal, you may be entitled to expedited review. You can submit your request for expedited review of your appeal by calling 503-813-4480 or faxing the request to 503-813-3985. If you qualify for an expedited appeal decision, you also have the right to pursue an external review at the same time as your internal appeal, provided that you request this simultaneous external review when you make your request for expedited review. We will determine if your medical condition meets the criteria for expedited review. Generally, an appeal is urgent only if using the procedure for non-urgent appeals (1) could seriously jeopardize your life or health or your ability to regain maximum function, or (2) in the opinion of a physician with

knowledge of your medical condition, the 30 day period would subject you to severe pain that cannot be adequately managed without the medical services that you are seeking, or (3) your attending provider determines that your medical condition is urgent, in which case your appeal will be automatically expedited. We will resolve an expedited review as soon as possible, but no later than 72 hours from our receipt of your request for review unless we request additional information.

For an expedited internal appeal, we will transmit all necessary information to you by telephone, facsimile, or other means designed to transmit information quickly. We may communicate our decision on your request for review orally within 72 hours and then send a written notice no later than 3 days after the oral communication.

#### Ability to Continue Care During Your Urgent Concurrent Care Appeal or Concurrent Care Appeal

If we received your request to continue payment for the services that are the subject of your appeal, and you asked for our review at least 24 hours before those services ended, then you may continue to receive those services during the time that we are considering your appeal. When you continue to receive care during your internal appeal and your internal appeal does not result in an authorization for the services that you requested, you will be financially responsible for the entire cost of those services. Otherwise, if your request for continuation of the services was not timely, we will decide your request for review within a reasonable period of time appropriate to the circumstances but, in no event, later than 30 days from the date on which we receive it unless we inform you otherwise in advance.

You have the right to seek assistance from the Consumer Protection Unit at the Oregon Insurance Division related to the appeal and external review processes. You may contact them by mail, telephone, email or over the internet at:

Oregon Division of Insurance  
Consumer Advocacy Unit  
P.O. Box 14480  
Salem, OR 97309-0405  
503-947-7984 or 1-888-877-4894  
[www.insurance.oregon.gov/consumer/consumer.html](http://www.insurance.oregon.gov/consumer/consumer.html)  
[cp.ins@state.or.us](mailto:cp.ins@state.or.us)

#### External Review

If you are dissatisfied with our decision regarding your appeal, you may have the right to an external review by an Independent Review Organization (IRO). If you wish to pursue an external review, you must send your written request within 180 days from the date on our appeal denial letter to:

Kaiser Foundation Health Plan of the Northwest  
Member Relations Department  
500 N.E. Multnomah St., Suite 100  
Portland, OR 97232-2099  
Or you can fax the request to 503-813-3985

If our decision is overturned by the IRO, we will provide coverage or payment for your health care service or supply. **Except when external review is permitted to occur at the same time as your appeal (see the “Expedited Review of a Pre-Service Appeal or Concurrent Care Appeal” section), you must exhaust all internal appeals before you may file a request for external review unless we have failed to comply with federal requirements regarding our internal claims and appeal procedures.**

We will not impose fees as part of the internal appeal procedure or external review process.

#### Your Claim After External Review

You may have certain additional rights if you remain dissatisfied after you have exhausted all levels of review including external review. If you are enrolled through a plan that is subject to the Employee Retirement Income Security Act (ERISA), you may file a civil action under section 502(a) of the federal ERISA statute. To understand these rights, you should check with your benefits office or contact the Employee Benefits Security Administration (part of the U.S. Department of Labor) at 1-866-444-EBSA (3272). Alternatively, if your plan is not subject to ERISA (for example, most state or local government plans and church plans or all individual plans), you may have a right to request review in state court. The Consumer Advocacy Unit of the Oregon Insurance Division (listed above) should be able to help you understand any further review rights available to you.

#### Further Assistance from Kaiser Permanente

Should you have any questions regarding your internal appeal rights or external review rights, please contact the Member Relations Department at 503-813-4480 or Membership Services at 1-800-813-2000 and ask for Member Relations, Monday through Friday, 8 a.m. to 5 p.m. (TTY- 1-800-735-2900). You can also log on to **kp.org** and email us.



smile.

# THE FUTURE OF DENTAL HEALTH IS TAKING SHAPE

## SUMMARY OF DENTAL SERVICES

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

# WELCOME TO KAISER PERMANENTE

Your mouth is home to your smile, and that's just the start. It shapes your words and expresses the real you. And when your mouth is healthy, you have more reasons to smile.

## GOOD DENTAL HEALTH IS WORTH CELEBRATING

### Why Kaiser Permanente?

We believe in total health, beginning with outstanding dental and oral care. That's why we hire some of the best dentists and hygienists. It's why every member gets a personalized prevention and treatment plan. And it's why dental preventive care is at the core of our philosophy.

### Know what's important

#### Choice

Your dentist and dental hygienist play an important role in keeping you healthy. When you call for your first appointment, we'll schedule you with a dentist and hygienist at the dental office you choose. After your appointment, you can let us know if you'd like that dentist and hygienist to be your personal dental care providers, or you may request different ones. If at any time you are not satisfied, you may change your dentist or dental hygienist.

#### Convenience

We have 17 dental offices in the Portland-Vancouver metro area, Longview, and Salem, so there's sure to be one near your home or work. Our dental group has pediatric dentists, orthodontists, periodontists, oral surgeons, endodontists, and prosthodontists, should you or a family member need to see a specialist. This makes specialist referrals and teamwork easy.

#### Teamwork

Our dentists know that dental care is an important part of your overall health. Our dentists and dental staff can easily work together with our doctors and medical staff. That's because they're all part of our system.

#### Our philosophy of care

We follow research that shows what dental practices work best. We emphasize preventive care to help keep your teeth and gums healthy. You'll receive a personalized prevention and treatment plan after we assess your risk for dental disease. We might suggest other steps to improve your overall health because they may improve your dental health, too.

#### Quality

We set high standards for our Dental Program. For more than two decades, we've received the highest level of accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC). This means our Dental Program has met rigorous national standards. Currently we are the only dental practice in the Pacific Northwest with AAAHC accreditation. We also have received dental home accreditation from the AAAHC for all 17 of our dental offices. Our dental home is the first in the Northwest – and the third in the nation – to become accredited. With a dental home, you have a personal dentist who directs all your care, referrals, and follow-up visits. Our dentists and other dental professionals work as a team to care for you – from pediatric dentistry to adult and geriatric dentistry.



## TOP-NOTCH DENTISTS

### Patient satisfaction

96 percent of our members would recommend us to family and friends.\* Our excellent coverage and high-quality care allow us to deliver you an exemplary experience.

### Hiring top dentists

Recruitment focuses on dentists with advanced education and training and/or dentists who have experience in group or private practice. We encourage our dentists to grow professionally through continuing education.

We are always looking for ways to integrate medical and dental care, such as hypertension screening and tobacco cessation support. We also focus on hiring dentists with exceptional communication skills as well as excellent clinical and diagnostic abilities.

We are proud to have a high retention rate among our dentists. Quality of care and quality of patient experience help maintain the dentist-patient relationship.

### Dental Directory

You can learn more about our dentists and the quality of care we provide through our online *Dental Directory*. You can view photos and learn about the educational backgrounds of more than 125 dentists and specialists. Visit [kp.org/dental/nw/directory](http://kp.org/dental/nw/directory) to search by area, location, provider, or specialist.

\*According to the Press Ganey survey for January-June 2014.

# INTEGRATED CARE

## Total health

We believe that dental health is an important part of your overall health because poor dental health can cause serious health problems in other parts of your body. That's why we focus on your total health, with prevention in mind at all times.

It all starts with a personalized risk assessment. This allows our dentists to create a treatment plan that addresses your dental health needs. It also may help identify other health issues that are affected by your oral health.

If you are a Kaiser Foundation Health Plan of the Northwest member with medical and dental coverage, you are part of our integrated health care network. We can catch potential physical conditions before they become serious health issues. Typically our dental providers will see you at least twice a year, instilling good habits. We can help you prevent tooth decay and gum disease, which can contribute to physical illness.

Our comprehensive electronic medical record system gives Dental Care Program providers access to your health history. This helps them safely treat you, whether for dental care or referral to another Kaiser Permanente provider.

Our dentists can also communicate with your Kaiser Permanente medical clinicians, providing seamless care. This saves you time and money and helps you rest easy, knowing we are looking out for your total health.

This access extends beyond the dental office. Several of our dentists provide pre-surgery oral health evaluations and treatment for heart patients at Kaiser Permanente Sunnyside Medical Center. It's through our fully integrated health care network that we are able to provide you with the right care at the right time.

## We've got you covered

Our integrated dental, medical, and insurance services make health care management easy for you. They provide you with a long-term approach to total health and well-being — all to promote long-term cost savings.

# QUALITY WITH A PREVENTIVE FOCUS

## Quality assurance

Kaiser Permanente dentists personalize your care using the best available peer-reviewed literature to guide clinical decisions.

Our dentists value the daily interactions, camaraderie, and professional growth that a group practice offers. The sharing of ideas results in higher-quality care.

The Kaiser Permanente Dental Care Program also has a Quality Assurance/Improvement Committee that reviews all processes to assure that you receive top-quality care.

## Dental lab

We have an in-house dental lab for prosthetic restorations and appliances. This allows our committee to review the quality of prosthetics, such as crowns, bridges, and dentures.

In addition, the Dental Care Program buys supplies and materials only from companies based in the United States.

## Evidence-based dentistry

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



## OTHER CONVENIENT SERVICES

### Orthodontics

We offer orthodontic services at certain dental offices in Portland, Vancouver, and Salem. A referral is needed from your dentist.

### Dental care products

Each of our dental offices carries a complete line of quality dental care products. You can buy these items at or below normal retail prices. Your dentist or dental hygienist can tell you which products are best for your needs.

### Prescription drugs

You may use the pharmacies in our medical offices to fill prescriptions written by our dentists and doctors whether or not you have a prescription drug benefit with us. Our prices are competitive, and there's always a pharmacist to answer questions.

### A wealth of health services

As a member of our dental plan, you have access to the wide range of health services Kaiser Permanente offers, including:

- Free Talk with a Health Coach service.
- Health education classes.
- Health services and tools at [kp.org](http://kp.org).

### Cosmetic dentistry

We offer cosmetic dental services on a fee-for-service basis. These services include:

- Invisalign®.
- Clear braces.
- Teeth whitening.
- Veneers.
- Composites.
- Dental implants.

Our integrated dental, medical, and insurance services make health care management easy for you.



HERE'S TO YOUR DENTAL HEALTH



# HOW TO MAKE APPOINTMENTS

## Visit us online

For more information about dental plans and services, visit [kp.org/dental/nw](http://kp.org/dental/nw).

Our dental offices are open Monday through Friday. We also offer Saturday hours for hygienist services and emergencies at most dental offices. To make an appointment, please call our Appointment Center. When you call, let the member assistant know what type of appointment you need, and please have your member ID card handy.

## Your first appointment

As a new patient, your first visit will include:

- Diagnostic X-rays.
- Gum disease test and tooth decay assessment.
- Head and neck cancer screening and blood pressure check.
- Assessment of tobacco use.

After your exam, your dentist will discuss the findings with you and ask about your medical and dental history. He or she will talk with you about any treatment you may need and plan a routine cleaning schedule.

For children, we recommend a visit after the first teeth come in.

## Urgent and emergency care

Urgent conditions include toothaches, broken fillings, chipped teeth, and swelling around a tooth. If you need urgent care, please call the Appointment Center.

Emergency dental conditions include severe swelling or infection, severe traumatic injury to teeth, bleeding that doesn't stop, and extreme pain. If you need emergency care, please call the Appointment Center any time, any day.

Your dentist may charge a fee for an emergency appointment. This fee is not covered by this plan. You should discuss this fee with your dentist and/or dental office staff.

## When you're away from home

If you have a dental emergency outside our service area, you may go to the nearest dental office. You have limited coverage for out-of-area emergency care if your condition meets the emergency criteria above.

We want you to be able to get dental care and information from us whenever you need it, day or night.

## Our Appointment Center

Call the Appointment Center to:

- Make appointments.
- Verify or cancel appointments.\*
- Ask about eligibility.
- Get advice or arrange to be seen for a dental emergency.\*
- Ask about benefits.
- Get information about dental offices, including directions.\*

Hours are 6:30 a.m. to 6 p.m. Monday through Friday and 7:30 a.m. to 4 p.m. Saturday.

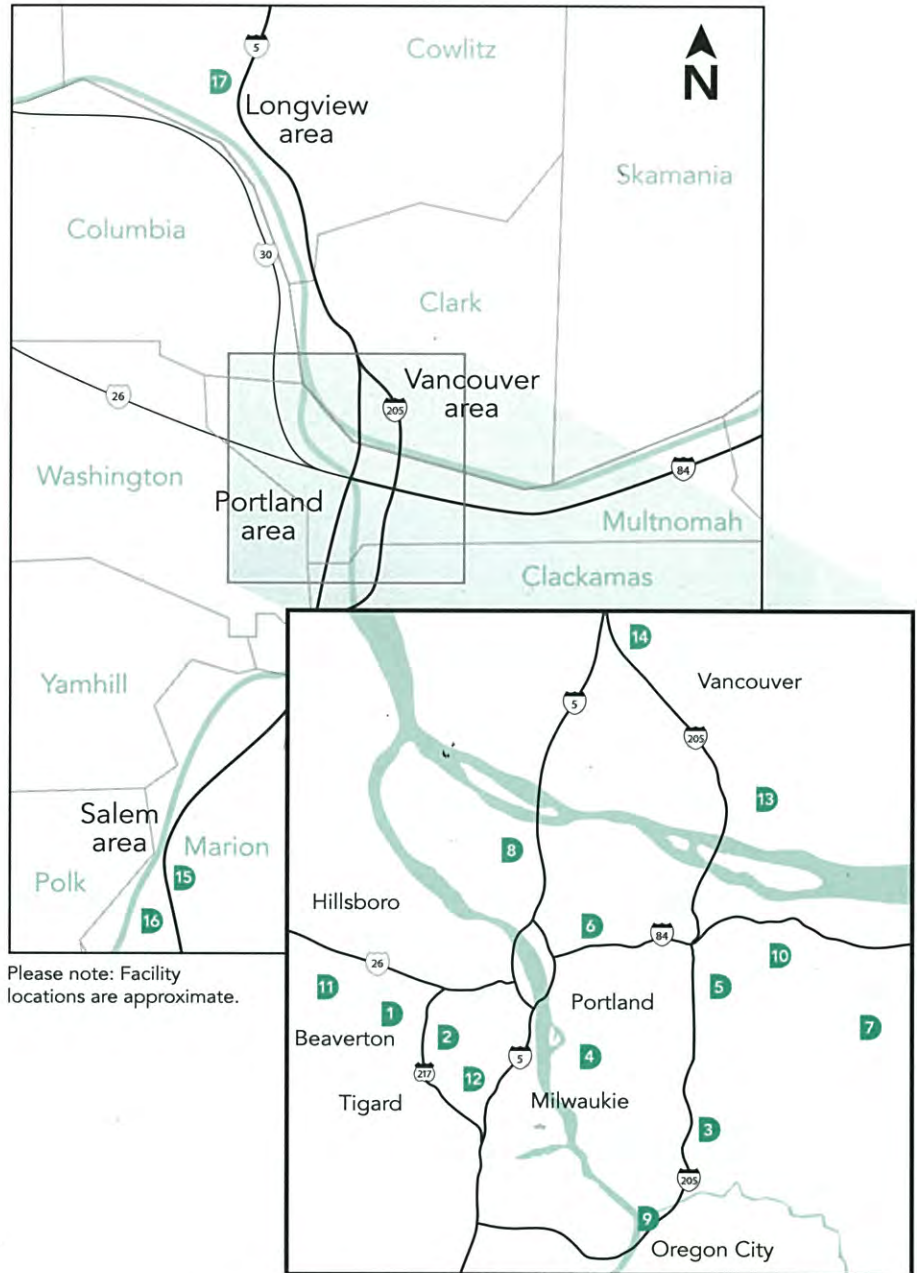
Portland .....	503-286-6868
Salem.....	503-370-4311
Vancouver.....	360-254-9158
Longview .....	360-575-4800
Language interpretation services: Use the numbers above.	
TTY (all areas).....	711

\*Available 24 hours a day through our automated phone messaging system.

# WHERE TO GET DENTAL CARE

## Portland-area dental offices 503-286-6868

- 1 Aloha Dental Office  
17675 SW Tualatin Valley Hwy.  
Beaverton, OR 97006
- 2 Beaverton Dental Office  
4855 SW Western Ave.  
Beaverton, OR 97005
- 3 Clackamas Dental Office  
10209 SE Sunnyside Road  
Clackamas, OR 97015
- 4 Eastmoreland Dental Office  
5025 SE 28th Ave.  
Portland, OR 97202
- 5 Glisan Dental Office  
10102 NE Glisan St.  
Portland, OR 97220
- 6 Grand Avenue Dental Office  
1314 NE Grand Ave.  
Portland, OR 97232
- 7 Gresham Dental Office  
360 NW Burnside St.  
Gresham, OR 97030
- 8 North Interstate Dental Office  
7201 N Interstate Ave.  
Portland, OR 97217
- 9 Oregon City Dental Office  
1900 McLoughlin Blvd., Suite 68  
Oregon City, OR 97045
- 10 Rockwood Dental Office  
822 NE 181st Ave.  
Portland, OR 97230
- 11 Sunset Dental Office  
19075 NW Tanasbourne Drive  
Hillsboro, OR 97124
- 12 Tigard Dental Office  
7105 SW Hampton St.  
Tigard, OR 97223



Please note: Facility locations are approximate.

## Vancouver-area dental offices 360-254-9158

- 13 Cascade Park Dental Office  
12711 SE Mill Plain Blvd.  
Vancouver, WA 98684
- 14 Salmon Creek Dental Office  
14406 NE 20th Ave.  
Vancouver, WA 98686

## Salem-area dental offices 503-370-4311


- 15 North Lancaster Dental Office  
2300 Lancaster Drive NE  
Salem, OR 97305
- 16 Skyline Dental Office  
5135 Skyline Road S  
Salem, OR 97306

## Longview-area dental office 360-575-4800

- 17 Longview-Kelso Dental Office  
1230 Seventh Ave.  
Longview, WA 98632

The information in this brochure applies when you use the Kaiser Permanente dental care system. The information in this brochure does not apply to Dental Choice members when they obtain services from PPO providers and facilities and non-participating providers and facilities. This brochure is not a contract. Read your *Evidence of Coverage (EOC)* carefully to make sure you understand your coverage.

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