

2025 PHIP Dental Plan Comparison



Medicare and non-Medicare members can enroll in either dental plan regardless of their medical plan selection. For Kaiser Permanente Dental, you must live in the Kaiser dental service area. For details about each health plan's service area visit pershealth.com.

Benefit Description	Kaiser Permanente	Delta Dental Plan of Oregon
Providers/Network	Kaiser Permanente Dental Associates	Delta Dental Premier, PPO and non-Participating Dental Providers ¹
	Member Pays:	Member Pays:
Calendar Year Deductible	None	\$25 per individual ²
Calendar Year Benefit Maximum (Plan Pays)	\$1,750 per individual ³	\$1,750 per individual ³
Preventive care		
Exams/Cleanings/Diagnostics	Limit of two cleanings per calendar year \$10 copay per visit ³	Available twice in a calendar year Covered in full ^{2,3,5}
Basic services		
Restorative/Oral Surgery/Endodontic-Periodontic	\$10 copay, then 20%	20% after deductible ⁴
Major services		
Crowns/Cast Restorations/Dentures/Bridge Work/Implants	\$10 copay, then 50%	50% after deductible ⁴
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
Rates⁶ (per member, per month)		
Adult	\$70.74	\$72.96
Child	\$28.66	\$29.55

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

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

²Deductible waived on preventive services.

³Charges for preventive services do not apply to the calendar year benefit maximum.

⁴There 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.

⁵Additional cleanings may be covered through the Oral Health, Total Health program or Health through Oral Wellness program. Contact customer service for additional details.

⁶Apply the adult rate to the PERS retiree; spouse; and dependent domestic partner. Apply the child rate to a dependent child regardless of age. No additional premium (cost) for more than two children.