Summary of Dental Benefits

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

Deductible PLAN EF **1/1/2024 - 12/31/2024**

Benefit Maximum per Calendar Year	
Per Member per Year	$1,000
	You pay
Dental Office Visit Charge – per visit, plus any Cost Share shown below for specific Services	$0 / $5 / $10 / $15 / $20
Deductible (Per Calendar Year; applies to all services unless otherwise indicated)	
For one Member per Year	$25 / $50 / $75 / $100
For an entire Family per Year	$75 / $150 / $225 / $300
Preventive and Diagnostic Services (Not subject to or counted toward the Deductible or Benefit Maximum)	
Oral exam	$0
X-rays	$0
Teeth cleaning	$0
Fluoride	$0
Minor Restoration Services	
Routine fillings	20% Coinsurance after Deductible
Plastic and steel crowns	20% Coinsurance after Deductible
Simple extractions	20% Coinsurance after Deductible
Oral Surgery Services	
Surgical tooth extractions	20% Coinsurance after Deductible
Periodontics	
Treatment of gum disease	20% Coinsurance after Deductible
Scaling and root planing	20% Coinsurance after Deductible
Endodontics	
Root canal therapy	20% Coinsurance after Deductible
Major Restoration Services	
Gold or porcelain crowns	50% Coinsurance after Deductible
Bridges	50% Coinsurance after Deductible
Removable Prosthetic Services	
Full upper and lower dentures	50% Coinsurance after Deductible
Partial dentures	50% Coinsurance after Deductible
Relines	50% Coinsurance after Deductible
Rebases	50% Coinsurance after Deductible
Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)	
Adults and children age 13 years and older	$25
Children age 12 years and younger	$0
Teledentistry	
Telephone and video visits	$0
Orthodontics	Rider Available for Purchase
Implants	Rider Available for Purchase

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Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request, or you may go to **kp.org/plandocuments**.

Questions? Call Member Services (M-F, 8 am-6 pm) or visit **kp.org**. Portland area: 503-813-2000
All other areas: 1-800-813-2000. TTY, all areas: 711. Language Interpretation Services, all areas: 1-800-324-8010

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 benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

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