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

Membership Services: 1-800-813-2000

KP WA Adult Choice 100 - \$100 Ded/\$2000 Max

2021 Contract

	In-network benefit (reimbursement is based on MAC) *	Out-of-network benefit (reimbursement is based on 90%UCC) *	
	You pay		
Benefit Maximum			
Per Member per Year	\$2,000		
Deductible			
For one Member	\$100		
For an entire Family	\$300		
Preventive and Diagnostic Services (Not subject to or counted	ed toward the Deductible or Be	enefit Maximum)	
Oral exam, including evaluations and diagnostic exams	\$0	\$0	
X-rays	\$0	\$0	
Teeth cleaning	\$0	\$0	
Fluoride treatment	\$0	\$0	
Minor Restoration Services	'		
Routine fillings	20% Coinsurance after Deductible	20% Coinsurance after Deductible	
Restorations (composite/acrylic and steel)	20% Coinsurance after Deductible	20% Coinsurance after Deductible	
Simple extractions	20% Coinsurance after Deductible	20% Coinsurance after Deductible	
Oral Surgery Services			
Surgical tooth extractions	20% Coinsurance after Deductible	20% Coinsurance after Deductible	
Periodontics			
Treatment of gum disease	20% Coinsurance after Deductible	20% Coinsurance after Deductible	
Scaling and root planing	20% Coinsurance after Deductible	20% Coinsurance after Deductible	
Endodontics			
Root canal therapy	20% Coinsurance after Deductible	20% Coinsurance after Deductible	
Major Restoration Services			
Nobel metal gold or porcelain crowns	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
Bridges abutments	50% Coinsurance after Deductible	50% Coinsurance after Deductible	

Removable Prosthetic Services		
Full and partial dentures	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Relines	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Rebases	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)	\$25	\$25
Orthodontic Services		
Orthodontic treatment for abnormally aligned or positioned teeth	Not covered	Not covered

*"UCC" means Usual and Customary Charge. "MAC" means Maximum Allowable Charge. See your Evidence of Coverage (EOC) for more details.

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.

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: 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.