

## 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

## **Traditional Flat Fee Low Option**

1/1/2022 - 12/31/2022

Dental Office Visit Charge – Per visit  Deductible (Per Calendar Year; applies to all services unle For one Member For an entire Family  Preventive and Diagnostic Services (Not subject to or co Oral exam	\$0 / \$25 / \$50 / \$75 / \$100 \$0 / \$75 / \$150 / \$225 / \$300
Deductible (Per Calendar Year; applies to all services unle For one Member For an entire Family Preventive and Diagnostic Services (Not subject to or co	\$\ \\$0 \ \\$25 \ \\$50 \ \\$75 \ \\$100 \\\$0 \ \\$75 \ \\$300 \\\\$0 \ \\$0 \ \\$0 \ \\$0 \ \\$0 \ \\$0 \ \\$0
For one Member For an entire Family  Preventive and Diagnostic Services (Not subject to or co	\$0 / \$25 / \$50 / \$75 / \$100 \$0 / \$75 / \$150 / \$225 / \$300 unted toward the Deductible) \$0
For an entire Family  Preventive and Diagnostic Services (Not subject to or co	\$0 / \$75 / \$150 / \$225 / \$300 unted toward the Deductible) \$0
Preventive and Diagnostic Services (Not subject to or co	unted toward the Deductible) \$0
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Oral exam	·
Oral Cxam	0.2
X-rays	φυ
Teeth cleaning	\$0
Fluoride	\$0
Minor Restoration Services	
Routine fillings	\$155
Plastic and steel crowns	\$155
Simple extractions	\$0
Oral Surgery Services	
Surgical tooth extractions	\$280 for each surgical extraction
Periodontics	
Treatment of gum disease	\$0
Scaling and root planing	\$125 per quadrant
Endodontics	
Root canal therapy	\$425 for anterior/\$475 for posterior/\$560 for molar per procedure per tooth
Major Restoration Services	
Gold or porcelain crowns	\$555
Bridges	\$555
Removable Prosthetic Services	
Full upper and lower dentures	\$680
Partial dentures	\$750
Relines	\$0
Rebases	\$0
Nitrous oxide (Not subject to or counted toward the Deduc	tible or Benefit Maximum)
Adults and children age 13 years and older	\$25
Children age 12 years and younger	\$0

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.

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**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.

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