

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 Mid Option

1/1/2022 - 12/31/2022

Benefit Maximum per Calendar Year	\$1,500
	You pay
Dental Office Visit Charge – Per visit	\$0 / \$5 / \$10 / \$15 / \$20
Deductible (Per Calendar Year; applies to all service	ces unless otherwise indicated)
For one Member	\$0 / \$25 / \$50 / \$75 / \$100
For an entire Family	\$0 / \$75 / \$150 / \$225 / \$300
Preventive and Diagnostic Services (Not subject	to or counted toward the Deductible)
Oral exam	\$0
X-rays	\$0
Teeth cleaning	\$0
Fluoride	\$0
Minor Restoration Services	
Routine fillings	\$80
Plastic and steel crowns	\$80
Simple extractions	\$0
Oral Surgery Services	
Surgical tooth extractions	\$120 for each surgical extraction
Periodontics	
Treatment of gum disease	\$0
Scaling and root planing	\$40 per quadrant
Endodontics	
Root canal therapy	\$150 for anterior/\$170 for posterior/\$200 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	e Deductible 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.

R141

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.

ORLGDental0122 R141

